

**Hamaspik Medicare Select (HMO-DSNP)
and
Hamaspik Medicare Choice (HMO-DSNP)
2024 Formulary
(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 24401, Version Number 18

This formulary was updated on 12/01/2024.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice at 888-426-2774. (TTY users, please call 711.) We are open 7 days a week, from 8:00 am to 8:00 pm, October 1, 2023, through March 31, 2024; and Monday through Friday, 8:00 am to 8:00 pm, from April 1, 2024, through September 30, 2024.

Hamaspik Medicare Select and Hamaspik Medicare Choice
2024 Part D Comprehensive Formulary

Note:

This document is available for free in Spanish. Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.

This information is also available in alternate formats such as large print and Braille. Please call Member Services at the above numbers for more information.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2025.

Hamaspik Medicare Select and Hamaspik Medicare Choice are an HMO D-SNP with a Medicare contract. Enrollment in a Hamaspik Medicare Advantage plan depends on contract renewal.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Hamaspik Inc. When it refers to “plan” or “our plan,” it means Hamaspik Medicare Select and Hamaspik Medicare Choice.

This document includes the list of the drugs (formulary) for our plan which is current as of 12/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You can also find updated formulary information on our website at www.hamaspik.com.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?

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

Can the Formulary (drug list) change?

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

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

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

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?”

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

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice, please contact us. Our contact information appears on the front and back cover pages. You can request a new printed formulary and we will mail it to your home. You can also find updated formulary information on our website at: www.hamaspik.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents” If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 141. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Hamaspik Medicare Select and Hamaspik Medicare Choice require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Hamaspik before you fill your prescriptions. If you don't get approval, Hamaspik may not cover the drug.
- **Quantity Limits:** For certain drugs, Hamaspik Medicare Select and Hamaspik Medicare Choice limit the amount of the drug that Hamaspik will cover. For example, Hamaspik provides 3 units per 28 days per prescription for Ozempic. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Hamaspik Medicare Select and Hamaspik Medicare Choice require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Hamaspik may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Hamaspik will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. (www.hamaspik.com) We have posted online a document that explains our prior authorization restrictions, step therapy restrictions, and quantity limit restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Hamaspik Medicare Select and Hamaspik Medicare Choice to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice formulary?" on the next page, for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Hamaspik Medicare Select and Hamaspik Medicare Choice covers your OTC drugs through a supplemental benefit. Please see your Evidence of Coverage for more information about how this benefit works. Your OTC drugs are provided at no cost to you, up to your monthly coverage limit.

The cost of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Hamaspik Medicare Select and Hamaspik Medicare Choice do not cover your drug, you have two options:

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

How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?

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

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

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

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

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

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

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

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

For more information

For more detailed information about your Hamaspik Medicare Select and Hamaspik Medicare Choice prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 141.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., BRILINTA 60 MG TABLET) and generic drugs are listed in lower-case italics (e.g., *bumetanide 0.5 mg tablet*).

The information in the Requirements/Limits column tells you if Hamaspik Medicare Select and Hamaspik Medicare Choice have any special requirements for coverage of your drug.

FORMULARY KEY TO ABBREVIATIONS

LA – Limited Availability: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-888-426-2774. TTY users should call 711.

PA – Prior Authorization: The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug.

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

QL – Quantity Limit: For certain drugs, the Plan limits the amount of the drug that we will cover.

ST – Step Therapy: In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
<i>butalbital-acetaminophen -acetaminophn 50-325</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe --50-300-40, --50-325-40</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine --cp</i>	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
<i>tencon 50-325 mg tablet</i>	1	QL (180 PER 30 DAYS)
ZEBUTAL 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50 MG-200 MCG TAB	1	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	1	QL (90 PER 30 DAYS)
<i>cataflam 50 mg tablet</i>	1	QL (120 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	1	QL (30 PER 30 DAYS)
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	1	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	1	QL (60 PER 30 DAYS)
DAYPRO 600 MG CAPLET	1	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	1	
<i>diclofenac sodium dr 25 mg tab, ec 25 mg tab</i>	1	QL (240 PER 30 DAYS)
<i>diclofenac sodium dr 50 mg tab, ec 50 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium dr 75 mg tab, ec 75 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -50-0.2 mg</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb</i>	1	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ec-naproxen -dr 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ec-naproxen -dr 500 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	1	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>etodolac 400 mg tablet, 500 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>etodolac er er 400 mg tablet, er 500 mg tablet</i>	1	QL (60 PER 30 DAYS)
FELDENE 10 MG CAPSULE	1	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	1	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	1	
<i>ibuprofen 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	1	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>meloxicam 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	1	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet, dr 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>naproxen 500 mg kit, 500 mg tablet, dr 500 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	1	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	1	QL (90 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxaprozin 600 mg caplet, 600 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	1	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	1	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	1	QL (60 PER 30 DAYS)
<i>sulindac 150 mg tablet, 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	1	PA, QL (60 PER 30 DAYS)
<i>buprenorphine 5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch</i>	1	PA, QL (4 PER 28 DAYS)
BUTRANS 5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH	1	PA, QL (4 PER 28 DAYS)
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch</i>	1	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule</i>	1	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate 2 mg tablet, 3 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>morphine sulfate er er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine -#2 tablet, -#3 tablet</i>	1	QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acetaminophen-codeine -#4 tablet</i>	1	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol tartrate 1 mg/ml vial, 2 mg/ml vial, 4 mg/2 ml vial</i>	1	
<i>butorphanol tartrate 10 mg/ml spray</i>	1	QL (48 PER 30 DAYS)
<i>codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
DURAMORPH 5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL	1	Part D vs Part B
<i>endocet 10-325 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>fentanyl citrate cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg</i>	1	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen -10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	1	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-300 mg, -5-325 mg</i>	1	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen -acetamin 2.5-108/5, -acetamin 5-217/10, -acetamn 7.5-325/15</i>	1	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen -5-200 mg, -10-200, -7.5-200</i>	1	QL (150 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	1	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl</i>	1	PA
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp</i>	1	Part D vs Part B
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	1	QL (2700 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate 100 mg/5 ml conc</i>	1	QL (270 PER 30 DAYS)
<i>morphine sulfate 20 mg/5 ml soln</i>	1	QL (1350 PER 30 DAYS)
<i>morphine sulfate 5 mg/10 ml vial, 10 mg/10 ml vial</i>	1	Part D vs Part B
<i>morphine sulfate ir 15 mg tab</i>	1	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen -10-325</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen - acetaminophen 5-325, -acetaminophen 2.5-325</i>	1	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen - acetaminophen 7.5-325</i>	1	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET, 30 MG TABLET	1	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen - acetaminophen 37.5-325</i>	1	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocaine 5% patch</i>	1	PA, QL (90 PER 30 DAYS)
<i>glydo 2% jelly syringe</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vial, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vial, 1% ampul, 1% vial</i>	1	
<i>lidocaine hcl 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution</i>	1	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous 2% 15 ml cup, 2% soln</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine-prilocaine -cream</i>	1	PA, QL (60 PER 30 DAYS)
<i>lidocan iii 5% patch</i>	1	PA, QL (90 PER 30 DAYS)
LIDODERM 5% PATCH	1	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	1	
XYLOCAINE-MPF -1% AMPUL, -1% VIAL	1	
ZTLIDO 1.8% TOPICAL SYSTEM	1	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium dr 333 mg tab</i>	1	
<i>disulfiram 250 mg tablet, 500 mg tablet</i>	1	

Opioid Dependence

<i>buprenorphine hcl 2 mg tablet, 8 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone -2-fm, -2-tb</i>	1	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone -4-1mg film, -8-2mg film, -12-3mg flm</i>	1	QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone -8-2 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>naltrexone hcl 50 mg tablet</i>	1	
SUBLOCADE 100 MG/0.5 ML SYRING, 300 MG/1.5 ML SYRING	1	
SUBOXONE 2 MG-0.5 MG SL FILM	1	QL (120 PER 30 DAYS)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM	1	QL (60 PER 30 DAYS)
VIVITROL 380 MG VIAL, 380 MG VIAL-DILUENT	1	

Opioid Reversal Agents

KLOXXADO 8 MG NASAL SPRAY	1	
<i>naloxone hcl 0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray</i>	1	
NARCAN 4 MG NASAL SPRAY	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	1	
NICOTROL CARTRIDGE INHALER	1	
NICOTROL NS 10 MG/ML SPRAY	1	
<i>varenicline tartrate 0.5 mg tablet, apo-0.5 mg tablet, 1 mg cont month bx, 1 mg tablet, apo-1 mg tablet, starting month box</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate 1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl</i>	1	
<i>gentamicin sulfate in ns iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml</i>	1	
<i>gentamicin sulfate ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial</i>	1	
HUMATIN 250 MG CAPSULE	1	
<i>neomycin sulfate 500 mg tablet</i>	1	
<i>paromomycin sulfate 250 mg capsule</i>	1	
<i>streptomycin sulfate 1 gm vial</i>	1	
<i>tobramycin sulfate 1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial</i>	1	
Antibacterials, Other		
AZACTAM 1 GM VIAL, 2 GM VIAL	1	
<i>aztreonam 1 gm vial, 2 gm vial</i>	1	
<i>chloramphenicol sod succinate 1 gm vl</i>	1	
CLEOCIN 2% VAGINAL CREAM	1	
CLEOCIN HCL 75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN	1	
CLEOCIN T 1% LOION	1	
<i>clindacin etz 1% pledget</i>	1	
<i>clindacin p 1% ledgets</i>	1	
<i>clindamycin (pediatric) (pedi) 75 mg/5 ml</i>	1	
<i>clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule</i>	1	
<i>clindamycin phosphate ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel</i>	1	
<i>clindamycin phosphate-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>clindamycin-0.9% nacl 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	
<i>colistimethate 150 mg vial</i>	1	
CUBICIN 500 MG VIAL	1	
CUBICIN RF 500 MG VIAL	1	
DALVANCE 500 MG VIAL	1	
<i>daptomycin 500 mg vial</i>	1	
FLAGYL 375 CAPSULE	1	
IMPAVIDO 50 MG CAPSULE	1	
<i>linezolid 100 mg/5 ml susp, 600 mg tablet</i>	1	PA
<i>linezolid-0.9% nacl 600mg/300ml-0.9%nacl</i>	1	
<i>linezolid-d5w 600 mg/300 ml</i>	1	
<i>methenamine hippurate 1 gm tablet</i>	1	
METRO IV 500 MG/100 ML	1	
<i>metronidazole vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml</i>	1	
<i>neomycin-polymyxin b -40 mg/ml amp, -40 mg/ml vl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitrofurantoin 50 mg cap, 100 mg cap</i>	1	
<i>nitrofurantoin mono-macro -mcr 100 mg</i>	1	
SIVEXTRO 200 MG TABLET	1	PA
SIVEXTRO 200 MG VIAL	1	
<i>tigecycline 50 mg vial</i>	1	
<i>trimethoprim 100 mg tablet</i>	1	
TYGACIL 50 MG VIAL	1	
<i>vancomycin 750 mg/150 ml bag</i>	1	
<i>vancomycin hcl 1 gm add-van vial, 1 gm vial, 1 gram/200 ml bag, hcl 1g/200 ml bag, 1.25 gm/250 ml bag, hcl 1.25 gram vial, 1.5 gram/300 ml bag, hcl 1.5 gram vial, 1.75 gm/350 ml bag, 2 gram/400 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, 750 mg/150 ml bag, hcl 750 mg vial</i>	1	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
<i>vancomycin hcl-0.9% nacl vanco 500 mg/100 ml, vanco 750 mg/150 ml, vancomycin 1 g/200ml</i>	1	
<i>vancomycin hcl-d5w 1.25 gram/250ml, 1.5 gram/300 ml, -500 mg/100 ml</i>	1	
VANDAZOLE VAGINAL 0.75% GEL	1	
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	1	PA
ZYVOX 200 MG/100 ML, 600 MG/300 ML	1	
Beta-lactam, Cephalosporins		
<i>cefaclor 250 mg capsule, 500 mg capsule</i>	1	
<i>cefadroxil 1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp</i>	1	
<i>cefazolin sodium 1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium-dextrose 1 g/50 ml, 2 g/50 ml</i>	1	
<i>cefdinir 125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule</i>	1	
<i>cefepime 1 gm, 2 gm</i>	1	
<i>cefepime hcl 1 gm vial, 2 gram vial</i>	1	
<i>cefepime-dextrose -1 gm/50 ml, -2 gm/50 ml</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefoxitin 1 gm vial, 2 gm vial, 10 gm vial</i>	1	
<i>cefoxitin sodium 1 gm, 2 gm</i>	1	
<i>cefpodoxime proxetil 50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet</i>	1	
<i>cefprozil 125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet</i>	1	
<i>ceftazidime 1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial</i>	1	
<i>ceftriaxone 1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial</i>	1	
<i>cefuroxime 250 mg tab, 500 mg tab</i>	1	
<i>cefuroxime sodium 1.5 gm vial, 750 mg vial</i>	1	
<i>cephalexin 125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule</i>	1	
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE	1	
<i>tazicef 1 gm add-vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial</i>	1	
TEFLARO 400 MG VIAL, 600 MG VIAL	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-lactam, Penicillins		
<i>amoxicillin 125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet</i>	1	
<i>amoxicillin-clavulanate pot er -1,000-62.5 mg tab</i>	1	
<i>amoxicillin-clavulanate potass -200-28.5 mg tab chew, -200-28.5 mg/5 ml sus, -250-125 mg tablet, -250-62.5 mg/5 ml sus, -400-57 mg tab chew, -400-57 mg/5 ml susp, -500-125 mg tablet, -600-42.9 mg/5 ml sus, -875-125 mg tablet</i>	1	
<i>ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial</i>	1	
<i>ampicillin trihydrate 500 mg capsule</i>	1	
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	1	
AUGMENTIN 500-125 TABLET	1	
BICILLIN L-A L-600,000 UNIT/ML, L-1,200,000 UNITS, L-2,400,000 UNITS	1	
<i>dicloxacillin sodium 250 mg capsule, 500 mg capsule</i>	1	
EXTENCILLINE 1,200,000 UNIT VL, 2,400,000 UNIT VL	1	
<i>lentocilin s 1,200,000 unit</i>	1	
<i>nafcillin 1 gm/ 50 ml, 2 gm/ 100 ml</i>	1	
<i>nafcillin sodium 1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial</i>	1	
<i>penicillin g potassium 5 million, 20 million</i>	1	
<i>penicillin g sodium na 5 million unit</i>	1	
<i>penicillin gk-iso-osm dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin v potassium 125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pfizerpen 5 million vial, 20 million vial</i>	1	
<i>piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial</i>	1	
ZOSYN 2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG	1	
Carbapenems		
<i>ertapenem 1 gram vial</i>	1	
<i>imipenem-cilastatin sodium -250 mg, -500 mg</i>	1	
INVANZ 1 GM VIAL	1	
<i>meropenem 1 gm vial, 500 mg vial</i>	1	
<i>meropenem-0.9% nacl -0.9% 1 gram/50, -0.9% 500 mg/50</i>	1	
Macrolides		
<i>azithromycin 1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial</i>	1	
<i>clarithromycin 125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet</i>	1	
<i>clarithromycin er 500 mg tab</i>	1	
DIFICID 200 MG TABLET	1	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	1	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	1	
<i>ery 2% pads</i>	1	
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 333 MG TABLET, -TAB DR 500 MG TABLET	1	
ERYPED 200 MG/5 ML SUSPENSION	1	
ERYPED 400 MG/5 ML SUSPENSION	1	
ERYTHROCIN LACTOBIONATE 500 MG ADDVAN VIAL, LACT 500 MG VIAL	1	
ERYTHROCIN STEARATE 250 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin 2% solution, 250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet</i>	1	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin lactobionate 500 mg vial</i>	1	
ZITHROMAX 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL	1	
ZITHROMAX TRI-PAK -500 MG TAB	1	
Quinolones		
CIPRO 5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET	1	
<i>ciprofloxacin 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
<i>ciprofloxacin-d5w 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin 25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial</i>	1	
<i>levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl 400 mg tablet</i>	1	
<i>ofloxacin 400 mg tablet</i>	1	
Sulfonamides		
BACTRIM 400-80 MG TABLET	1	
BACTRIM DS TABLET	1	
<i>sulfadiazine 500 mg tablet</i>	1	
<i>sulfamethoxazole-trimethoprim -20 ml cup, -ds tablet, -iv vial, -ss tablet, -susp</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tetracyclines		
<i>avidoxy 100 mg tablet</i>	1	
<i>demeclocycline hcl 150 mg tablet, 300 mg tablet</i>	1	
<i>doxy 100 mg vial</i>	1	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl</i>	1	
<i>doxycycline monohydrate 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet</i>	1	
<i>minocycline hcl 50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet</i>	1	
<i>mondoxyne nl 100 mg capsule</i>	1	
NUZYRA 100 MG VIAL, 150 MG TABLET	1	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	1	
VIBRAMYCIN 100 MG CAPSULE	1	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT 10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET	1	
DEPAKOTE DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET	1	
DEPAKOTE ER ER 250 MG TABLET, ER 500 MG TABLET	1	
DEPAKOTE SPRINKLE DR 125 MG CP	1	
DIACOMIT 250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET	1	
<i>divalproex sodium dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>divalproex sodium er er 250 mg tab, er 500 mg tab</i>	1	
EPIDIOLEX 100 MG/ML SOLN PACK, 100 MG/ML SOLUTION	1	PA
EPRONTIA 25 MG/ML SOLUTION	1	
<i>felbamate 400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup</i>	1	
FINTEPLA 2.2 MG/ML SOLUTION	1	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	1	
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET	1	
LAMICTAL (BLUE) TAB START KIT	1	
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	
<i>lamotrigine (blue) tab start kit</i>	1	
<i>lamotrigine 5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	1	
<i>levetiracetam 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup</i>	1	
<i>levetiracetam er er 500 mg tablet, er 750 mg tablet</i>	1	
<i>levetiracetam-nacl -500 mg/100, -1,000mg/100, -1,500mg/100</i>	1	
<i>roweepra 500 mg tablet</i>	1	
SPRITAM 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>subvenite (blue) tab start kit</i>	1	
<i>subvenite 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>topiramate 15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	1	
<i>valproate sodium 500 mg/5 ml vl</i>	1	
<i>valproic acid 250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol</i>	1	
XCOPRI 12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	1	
Calcium Channel Modifying Agents		
CELONTIN 300 MG CAPSULE	1	
<i>ethosuximide 250 mg capsule, 250 mg/5 ml soln</i>	1	
LYRICA 20 MG/ML ORAL SOLUTION	1	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	1	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	1	QL (90 PER 30 DAYS)
<i>methsuximide 300 mg capsule</i>	1	
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	1	QL (90 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam 10 mg tablet, 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1	PA, QL (480 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam 2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)</i>	1	QL (5 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup</i>	1	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	1	QL (135 PER 30 DAYS)
GABITRIL 2 MG TABLET, 4 MG TABLET, 12 MG TABLET, 16 MG TABLET	1	
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	1	QL (10 PER 30 DAYS)
MYSOLINE 50 MG TABLET, 250 MG TABLET	1	
NAYZILAM 5 MG NASAL SPRAY	1	QL (10 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	1	QL (1080 PER 30 DAYS)
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	1	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	1	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	1	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	1	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	1	QL (135 PER 30 DAYS)
ONFI 10 MG TABLET, 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	1	PA, QL (480 PER 30 DAYS)
<i>phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet</i>	1	
<i>phenobarbital sodium 65 mg/ml vial, 130 mg/ml vial</i>	1	
<i>primidone 50 mg tablet, 125 mg tablet, 250 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SABRIL 500 MG POWDER PACKET, 500 MG TABLET	1	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM, 20 MG FILM	1	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	1	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl 2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet</i>	1	
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY	1	QL (10 PER 30 DAYS)
<i>vigabatrin 500 mg powder packet, 500 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>vigadrone 500 mg powder packet, 500 mg tablet</i>	1	QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML ORAL SOLN	1	QL (750 PER 30 DAYS)
<i>vigpoder 500 mg powder packet</i>	1	QL (180 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	1	

Sodium Channel Agents

APTIOM 200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET	1	
BANZEL 40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET	1	
<i>carbamazepine 100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup</i>	1	
<i>carbamazepine er er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet</i>	1	
CARBATROL ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	1	
DILANTIN 30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE	1	
DILANTIN-125 MG/5 ML SUSP	1	
<i>epitol 200 mg tablet</i>	1	
<i>fosphenytoin sodium 100 mg pe/2 ml vl, 500 mg pe/10 ml</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lacosamide 10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup, 200 mg/20 ml vial</i>	1	
<i>oxcarbazepine 150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet</i>	1	
PHENYTEK 200 MG CAPSULE, 300 MG CAPSULE	1	
<i>phenytoin 50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp</i>	1	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	1	
<i>rufinamide 40 mg/ml suspension, 200 mg tablet, 400 mg tablet</i>	1	
TEGRETOL 100 MG/5 ML SUSP, 200 MG TABLET	1	
TEGRETOL XR 100 MG TABLET, 200 MG TABLET, 400 MG TABLET	1	
TRILEPTAL 150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET	1	
VIMPAT 10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL	1	
ZONEGRAN 25 MG CAPSULE, 100 MG CAPSULE	1	
ZONISADE 100 MG/5 ML ORAL SUSP	1	
<i>zonisamide 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	1	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY 5 MG/DAY PATCH, 10MG/DAY PATCH	1	
ARICEPT 5 MG TABLET, 10 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil hcl 5 mg tablet, 10 mg tablet, 23 mg tablet</i>	1	
<i>donepezil hcl odt odt 5 mg tablet, odt 10 mg tablet</i>	1	
EXELON 4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH	1	
<i>galantamine er er 8 mg capsule, er 16 mg capsule, er 24 mg capsule</i>	1	
<i>galantamine hbr 4 mg tablet, 8 mg tablet, 12 mg tablet</i>	1	
<i>galantamine hydrobromide 4 mg/ml oral soln</i>	1	
<i>rivastigmine 1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch</i>	1	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl er er 7 mg capsule, er 14 mg capsule, er 21 mg capsule, er 28 mg capsule</i>	1	PA
<i>memantine hcl hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet</i>	1	PA
NAMENDA 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET	1	PA

Antidepressants

Antidepressants, Other

AUVELITY ER 45-105 MG TABLET	1	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion xl hcl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion xl hcl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>mirtazapine 7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet</i>	1	QL (30 PER 30 DAYS)
REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB	1	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	1	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	1	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	1	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR 100 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET	1	QL (60 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	1	QL (30 PER 30 DAYS)
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	1	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	1	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM 6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH	1	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TABLET	1	
NARDIL 15 MG TABLET	1	
PARNATE 10 MG TABLET	1	
<i>phenelzine sulfate 15 mg tab</i>	1	
<i>tranylcypromine sulfate 10 mg tab</i>	1	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito

CELEXA 10 MG TABLET, 20 MG TABLET	1	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	1	QL (30 PER 30 DAYS)
<i>citalopram hbr 10 mg tablet, 20 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr 10 mg/5 ml soln, 20 mg/10 ml cup</i>	1	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYMBALTA 20 MG CAPSULE, 60 MG CAPSULE	1	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	1	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er er 25 mg, er 50 mg, er 100mg</i>	1	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	1	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 20 mg cap, dr 60 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	1	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	1	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	1	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	1	QL (30 PER 30 DAYS)
<i>fluoxetine dr 90 mg capsule</i>	1	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 10 mg capsule, 10 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule, 20 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution</i>	1	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	1	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	1	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	1	QL (45 PER 30 DAYS)
<i>nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine cr 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine cr 25 mg tablet, 37.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine er er 25 mg tablet, er 37.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	1	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	1	QL (60 PER 30 DAYS)
PAXIL 10 MG TABLET, 40 MG TABLET	1	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	1	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	1	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	1	QL (60 PER 30 DAYS)
PRISTIQ ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET	1	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	1	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	1	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	1	QL (60 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	1	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tablet, 50 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet</i>	1	
TRINTELLIX 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er 112.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	1	QL (90 PER 30 DAYS)
VIIBRYD 10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vilazodone hcl 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	1	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	1	QL (300 PER 30 DAYS)
ZOLOFT 25 MG TABLET, 50 MG TABLET	1	QL (45 PER 30 DAYS)

Tricyclics

<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	1	
<i>amoxapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	1	
<i>clomipramine hcl 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	1	
<i>desipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	1	
<i>doxepin hcl 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	1	
<i>imipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	1	
NORPRAMIN 10 MG TABLET, 25 MG TABLET	1	
<i>nortriptyline hcl 10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap</i>	1	
<i>protriptyline hcl 5 mg tablet, 10 mg tablet</i>	1	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cp</i>	1	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet</i>	1	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 8

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>compro 25 mg suppository</i>	1	
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	1	
<i>perphenazine 2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet</i>	1	PA
<i>prochlorperazine 25 mg supp</i>	1	
<i>prochlorperazine edisylate 10 mg/2 ml vl</i>	1	
<i>prochlorperazine maleate 5 mg tablet, 10 mg tab</i>	1	
<i>promethazine hcl 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet</i>	1	PA
<i>promethegan 12.5 mg suppos, 25 mg suppository</i>	1	PA
<i>scopolamine 1 mg/3 day patch</i>	1	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant 40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack</i>	1	PA
<i>dronabinol 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	1	PA
EMEND 80 MG CAPSULE, TRIPACK	1	PA
<i>fosaprepitant dimeglumine 150 mg vial</i>	1	
<i>granisetron hcl 1 mg tablet</i>	1	PA
<i>granisetron hcl 1 mg/ml vial, 4 mg/4 ml vial</i>	1	
<i>ondansetron hcl 4 mg/2 ml isecure, 4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, hcl 8 mg tablet, hcl 24 mg tablet, 40 mg/20 ml vial</i>	1	
<i>ondansetron odt odt 4 mg tablet, odt 8 mg tablet</i>	1	
<i>palonosetron hcl 0.25 mg/2 ml vial, 0.25 mg/5 ml vial, hcl 0.25 mg/5 ml</i>	1	
Antifungals		
AMBISOME 50 MG VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphotericin b 50 mg vial</i>	1	PA
<i>amphotericin b liposome 50 mg</i>	1	Part D vs Part B
CANCIDAS IV 50 MG VIAL, IV 70 MG VIAL	1	
<i>casprofungin acetate 50 mg vial, 70 mg vial</i>	1	
<i>ciclodan 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>ciclopirox 0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo</i>	1	
<i>ciclopirox 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>clotrimazole 1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche</i>	1	
CRESEMBA 74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL	1	PA
DIFLUCAN 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	
<i>econazole nitrate 1% cream</i>	1	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>fluconazole-nacl -200 mg/100 ml, -400 mg/200 ml</i>	1	
<i>flucytosine 250 mg capsule, 500 mg capsule</i>	1	
<i>griseofulvin 125 mg/5 ml susp, micro 500 mg tab</i>	1	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	1	
<i>itraconazole 100 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>ketoconazole 2% cream, 2% shampoo, 200 mg tablet</i>	1	
<i>klayesta 100,000 unit/gm powd</i>	1	
LOPROX 1% SHAMPOO	1	
<i>micafungin 50 mg vial, 100 mg vial</i>	1	
<i>micafungin-0.9% nacl 50 mg/50ml-0.9%nacl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL	1	PA
<i>nyamyc 100,000 unit/gm powder</i>	1	
<i>nystatin 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus</i>	1	
<i>nystop 100,000 unit/gm powder</i>	1	
<i>posaconazole dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl</i>	1	PA
SPORANOX 100 MG CAPSULE	1	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>terconazole 0.4% cream, 0.8% cream, 80 mg suppository</i>	1	
VFEND IV 200 MG VIAL	1	PA
<i>voriconazole 40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial</i>	1	PA

Antigout Agents

<i>allopurinol 100 mg tablet, 300 mg tablet</i>	1	
<i>allopurinol sodium 500 mg vial</i>	1	
ALOPRIM 500 MG VIAL	1	
<i>colchicine 0.6 mg tablet</i>	1	
COLCRYS 0.6 MG TABLET	1	
<i>probenecid 500 mg tablet</i>	1	
<i>probenecid-colchicine -tablet</i>	1	
ZYLOPRIM 100 MG TABLET, 300 MG TABLET	1	

Antimigraine Agents

AIMOVIG AUTOINJECTOR 140 MG/ML	1	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	1	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml spry</i>	1	PA, QL (8 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY PEN 120 MG/ML	1	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	1	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	1	PA, QL (2 PER 30 DAYS)
<i>ergotamine-caffeine -1-100mg tb</i>	1	
MIGRANAL NASAL SPRAY	1	PA, QL (8 PER 28 DAYS)
NURTEC ODT 75 MG TABLET	1	PA, QL (16 PER 30 DAYS)
UBRELVY 50 MG TABLET, 100 MG TABLET	1	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	ST, QL (18 PER 30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	1	ST, QL (6 PER 30 DAYS)
IMITREX 5 MG SPRAY, 20 MG SPRAY	1	ST, QL (12 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	1	QL (6 PER 30 DAYS)
MAXALT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl 1 mg tablet, 2.5 mg tablet</i>	1	QL (18 PER 30 DAYS)
<i>rizatriptan 5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan 5 mg, 20 mg</i>	1	QL (12 PER 30 DAYS)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj</i>	1	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5 ml vial</i>	1	QL (5 PER 30 DAYS)
<i>zolmitriptan odt 2.5 mg odt, 5 mg odt</i>	1	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON 60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 8

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet</i>	1	
<i>pyridostigmine bromide er 180 mg tab</i>	1	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone 25 mg tablet, 100 mg tablet</i>	1	
MYCOBUTIN 150 MG CAPSULE	1	
<i>rifabutin 150 mg capsule</i>	1	

Antituberculars

<i>cycloserine 250 mg capsule</i>	1	
<i>ethambutol hcl 100 mg tablet, 400 mg tablet</i>	1	
<i>isoniazid 50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet</i>	1	
PRIFTIN 150 MG TABLET	1	
<i>pyrazinamide 500 mg tablet</i>	1	
RIFADIN IV 600 MG VIAL	1	
<i>rifampin 150 mg capsule, 300 mg capsule, iv 600 mg vial</i>	1	
SIRTURO 20 MG TABLET, 100 MG TABLET	1	
TRECTOR 250 MG TABLET	1	

Antineoplastics

Alkylating Agents

<i>busulfan 60 mg/10 ml vial</i>	1	
<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclophosphamide cyclophosphamide 1 gm vial, cyclophosphamide 1 gm/2 ml vial, cyclophosphamide 1 gm/5 ml vial, cyclophosphamide 2 gm vial, cyclophosphamide 2 gm/10 ml vial, cyclophosphamide 2 gm/4 ml vial, cyclophosphamide 500 mg vial, cyclophosphamide 500 mg/2.5 ml, cyclophosphamide 500 mg/ml vial, cyclophosphamide 1 gm/5 ml vial, cyclophosphamide 500 mg/2.5 ml</i>	1	
EVOMELA 50 MG VIAL	1	
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	1	
LEUKERAN 2 MG TABLET	1	
MATULANE 50 MG CAPSULE	1	PA
<i>melphalan hcl 50 mg vial w-diluent, hcl 50 mg vial</i>	1	
TEMODAR 100 MG VIAL	1	
VALCHLOR 0.016% GEL	1	
YONDELIS 1 MG VIAL	1	PA
ZEPZELCA 4 MG VIAL	1	PA

Antiandrogens

<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>bicalutamide 50 mg tablet</i>	1	
CASODEX 50 MG TABLET	1	
ERLEADA 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	1	PA, QL (120 PER 30 DAYS)
EULEXIN 125 MG CAPSULE	1	
NILANDRON 150 MG TABLET	1	
<i>nilutamide 150 mg tablet</i>	1	
NUBEQA 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
YONSA 125 MG TABLET	1	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiangiogenic Agents		
<i>lenalidomide 15 mg capsule, 20 mg capsule, 25 mg capsule</i>	1	PA, QL (21 PER 28 DAYS)
<i>lenalidomide 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	1	PA, QL (30 PER 30 DAYS)
POMALYST 1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
REVLIMID 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
REVLIMID 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
ZALTRAP 100 MG/4 ML VIAL, 200 MG/8 ML VIAL	1	PA
Antiestrogens/Modifiers		
EMCYT 140 MG CAPSULE	1	
FARESTON 60 MG TABLET	1	
FASLODEX 250 MG/5 ML SYRINGE	1	PA
<i>fulvestrant 250 mg/5 ml syring</i>	1	PA
ORSERDU 345 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SOLTAMOX 20 MG/10 ML SOLN	1	
<i>tamoxifen citrate 10 mg tablet, 20 mg tablet</i>	1	
<i>toremifene citrate 60 mg tab</i>	1	
Antimetabolites		
<i>fluorouracil 1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial</i>	1	Part D vs Part B
FOLOTYN 20 MG/ML VIAL, 40 MG/2 ML VIAL	1	PA
HYDREA 500 MG CAPSULE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxyurea 500 mg capsule</i>	1	
<i>mercaptopurine 50 mg tablet</i>	1	
PURIXAN 20 MG/ML ORAL SUSP	1	
TABLOID 40 MG TABLET	1	
Antineoplastics, Other		
ABRAXANE 100 MG VIAL	1	PA
<i>adriamycin adriamycin 20 mg/10 ml vial, adriamycin 50 mg vial, adriamycin 10 mg vial, adriamycin 10 mg/5 ml vial, adriamycin 50 mg/25 ml vial, adriamycin 200 mg/100 ml vial</i>	1	Part D vs Part B
ALIMTA 100 MG VIAL, 500 MG VIAL	1	PA
ARRANON 250 MG/50 ML VIAL	1	PA
<i>arsenic trioxide 10 mg/10ml, 12 mg/6 ml</i>	1	
ASPARLAS 3,750 UNIT/5 ML VIAL	1	
<i>azacitidine 100 mg vial</i>	1	
<i>bendamustine hcl 25 mg vial, 100 mg vial</i>	1	
BENDEKA 100 MG/4 ML VIAL	1	
BICNU 100 MG VIAL	1	
<i>bleomycin sulfate 15 vial, 30 vial</i>	1	Part D vs Part B
BLINCYTO 35MCG VL W-STABILIZER	1	PA
<i>carboplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial</i>	1	
<i>carmustine 100 mg vial</i>	1	
<i>cisplatin 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial</i>	1	
<i>cladribine 10 mg/10 ml vial</i>	1	Part D vs Part B
<i>clofarabine 20 mg/20 ml vial</i>	1	
CLOLAR 20 MG/20 ML VIAL	1	
COSMEGEN 500 MCG VIAL	1	
<i>cytarabine 2 g/20 ml vial, 20 mg/ml vial, 100 mg/5 ml vial</i>	1	Part D vs Part B

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dacarbazine 100 mg vial, 200 mg vial</i>	1	
<i>dactinomycin 500 mcg vial</i>	1	
<i>daunorubicin hcl 20 mg/4 ml vial, 50 mg/10 ml vial</i>	1	
<i>decitabine 50 mg vial</i>	1	
<i>docetaxel 20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial</i>	1	
<i>doxorubicin hcl 10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial</i>	1	Part D vs Part B
<i>doxorubicin hcl liposome 20mg/10ml, 50mg/25ml</i>	1	PA
<i>eribulin mesylate 1 mg/2 ml vl</i>	1	PA
<i>fludarabine phosphate 50 mg vial, 50 mg/2 ml vial</i>	1	
<i>gemcitabine hcl 1 gram/26.3 ml vl, hcl 1 gram vial, 2 gram/52.6 ml vl, hcl 2 gram vial, 200 mg/5.26 ml vl, hcl 200 mg vial</i>	1	
HALAVEN 1 MG/2 ML VIAL	1	PA
<i>idarubicin hcl 5 mg/5 ml vial, 10 mg/10 ml vl, 20 mg/20 ml vl</i>	1	
IFEX 3 GM VIAL	1	
<i>ifosfamide 1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial</i>	1	
IMLYGIC 1 MILLION PFU/ML VIAL, 100 MILLION PFU/ML VL	1	
INQOVI 35 MG-100 MG TABLET	1	PA, QL (5 PER 28 DAYS)
ISTODAX 10 MG KIT, 10 MG VIAL	1	PA
IXEMPRA 15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL	1	
<i>kemoplat 50 mg/50 ml vial</i>	1	
KISQALI FEMARA CO-PACK 200 MG	1	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	1	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	1	PA, QL (91 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leucovorin calcium cal 100 mg/10 ml vl, cal 500 mg/50 ml vl, calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vial</i>	1	
LONSURF 15 MG-6.14 MG TABLET	1	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	1	PA, QL (80 PER 28 DAYS)
<i>mitomycin 5 mg vial, 20 mg vial, 40 mg vial</i>	1	
<i>mitoxantrone hcl 20 mg/10 ml vial, 25 mg/12.5 ml vl, 30 mg/15 ml vial</i>	1	
MUTAMYCIN 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	1	
<i>nelarabine 250 mg/50 ml vial</i>	1	PA
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	1	PA, QL (3 PER 28 DAYS)
NIPENT 10 MG VIAL	1	
ONCASPAR 3,750 UNIT/5 ML VIAL	1	
ONUREG 200 MG TABLET, 300 MG TABLET	1	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin 50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial</i>	1	
<i>paclitaxel 30 mg/5 ml vial, 100 mg/16.7 ml vial, 150 mg/25 ml vial, 300 mg/50 ml vial</i>	1	
<i>paraplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial, 1,000 mg/100 ml vl</i>	1	
<i>pemetrexed 100 mg vial, 500 mg vial</i>	1	PA
<i>pemetrexed disodium 1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl</i>	1	PA
ROMIDEPSIN ROMIDEPSIN 10 MG KIT, ROMIDEPSIN 10 MG VIAL, ROMIDEPSIN 27.5 MG/5.5 ML VIAL	1	PA
RYLAZE 10 MG/0.5 ML VIAL	1	
SYNRIBO 3.5 MG/ML VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>thiotepa 15 mg vial, 100 mg vial</i>	1	
TREANDA 25 MG VIAL, 100 MG VIAL	1	
TRISENOX 12 MG/6 ML VIAL	1	
<i>vinblastine sulfate 1 mg/ml vial</i>	1	Part D vs Part B
<i>vincasar pfs 1 mg/ml vial, 2 mg/2 ml vial</i>	1	Part D vs Part B
<i>vincristine sulfate 1 mg/ml vial, 2 mg/2 ml vial</i>	1	Part D vs Part B
<i>vinorelbine tartrate 10 mg/ml vial, 50 mg/5 ml vial</i>	1	
VYXEOS 44 MG-100 MG VIAL	1	PA
WELIREG 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	1	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	1	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	1	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	1	PA, QL (32 PER 28 DAYS)
ZANOSAR 1 GM POWDER VIAL	1	
ZOLINZA 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX 1 MG TABLET	1	
AROMASIN 25 MG TABLET	1	
<i>exemestane 25 mg tablet</i>	1	
FEMARA 2.5 MG TABLET	1	
<i>letrozole 2.5 mg tablet</i>	1	
Enzyme Inhibitors		
ETOPOPHOS 100 MG VIAL	1	
<i>etoposide 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	1	
<i>irinotecan hcl 40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl</i>	1	
IWILFIN 192 MG TABLET	1	PA, QL (240 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONIVYDE 43 MG/10 ML VIAL	1	PA
<i>toposar 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	1	
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	1	
Molecular Target Inhibitors		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 2 MG TABLET, 5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
AKEEGA 50-500 MG TABLET, 100-500 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
ALIQOPA 60 MG VIAL	1	PA
ALUNBRIG 30 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	1	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
AYVAKIT 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	1	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BELEODAQ 500 MG VIAL	1	PA
<i>bortezomib 1 mg vial, 2.5 mg vial, 3.5 mg iv vial, 3.5 mg vial</i>	1	PA
BOSULIF 100 MG CAPSULE, 100 MG TABLET	1	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	1	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABOMETYX 20 MG TABLET, 40 MG TABLET, 60 MG TABLET	1	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE, 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	1	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	1	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	1	PA, QL (84 PER 28 DAYS)
COPIKTRA 15 MG CAPSULE, 25 MG CAPSULE	1	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	1	PA, QL (63 PER 28 DAYS)
CYRAMZA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
<i>dasatinib 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>dasatinib 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ERIVEDGE 150 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>everolimus 2 mg tab for susp, 5 mg tab for susp, 5 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	1	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
FARYDAK 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE	1	PA, QL (6 PER 21 DAYS)
FOTIVDA 0.89 MG CAPSULE, 1.34 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	1	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAVRETO 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	1	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	1	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
IBRANCE 75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET	1	PA, QL (21 PER 28 DAYS)
ICLUSIG 10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	1	PA, QL (30 PER 30 DAYS)
IDHIFA 50 MG TABLET, 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	1	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	1	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	1	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	1	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	1	PA, QL (30 PER 30 DAYS)
JAKAFI 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
JEVTANA 60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL	1	PA
KISQALI 200 MG DAILY DOSE	1	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	1	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	1	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KRAZATI 200 MG TABLET	1	PA, QL (180 PER 30 DAYS)
KYPROLIS 10 MG VIAL, 30 MG VIAL, 60 MG VIAL	1	PA
<i>lapatinib 250 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	1	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	1	PA, QL (30 PER 30 DAYS)
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	1	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	1	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TABLET, 150 MG TABLET	1	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	1	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	1	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	1	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	1	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	1	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	1	PA, QL (180 PER 30 DAYS)
NERLYNX 40 MG TABLET	1	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	1	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	1	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	1	PA, QL (24 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA 25 MG/ML ORAL SUSP	1	PA, QL (96 PER 28 DAYS)
OJJAARA 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
PEMAZYRE 4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET	1	PA, QL (14 PER 21 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	1	PA, QL (30 PER 30 DAYS)
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	1	PA, QL (60 PER 30 DAYS)
QINLOCK 50 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	1	PA, QL (60 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	1	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	1	PA, QL (336 PER 28 DAYS)
RUBRACA 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TABLET	1	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	1	PA, QL (300 PER 30 DAYS)
<i>sorafenib 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	1	PA, QL (30 PER 30 DAYS)
STIVARGA 40 MG TABLET	1	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	1	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule</i>	1	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUTENT 12.5 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
TABRECTA 150 MG TABLET, 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	1	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TAGRISO 40 MG TABLET, 80 MG TABLET	1	PA, QL (30 PER 30 DAYS)
TALZENNA 0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL	1	PA, QL (30 PER 30 DAYS)
TARCEVA 100 MG TABLET, 150 MG TABLET	1	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TASIGNA 50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TABLET	1	PA, QL (240 PER 30 DAYS)
<i>temsirolimus 25 mg vial</i>	1	
TEPMETKO 225 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TORISEL 25 MG KIT, 25 MG VIAL	1	
<i>torpenz 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
TRUQAP 160 MG TABLET, 200 MG TABLET	1	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	1	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	1	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TYKERB 250 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VANFLYTA 17.7 MG TABLET, 26.5 MG TABLET	1	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VELCADE 3.5 MG VIAL	1	PA
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	1	PA, QL (42 PER 28 DAYS)
VERZENIO 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	1	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	1	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
XOSPATA 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	1	PA, QL (240 PER 30 DAYS)
ZYDELIG 100 MG TABLET, 150 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	1	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS 50 MG VIAL	1	PA
ALYMSYS 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
ARZERRA 100 MG/5 ML VIAL, 1,000 MG/50 ML VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVASTIN 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
BAVENCIO 200 MG/10 ML VIAL	1	PA
BESPOUSA 0.9 MG VIAL	1	PA
BLENREP 100 MG VIAL	1	PA
DANYELZA 40 MG/10 ML VIAL	1	PA
DARZALEX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	1	PA
DARZALEX FASPRO 1,800MG-30,000	1	PA
EMPLICITI 300 MG VIAL, 400 MG VIAL	1	PA
ENHERTU 100 MG VIAL	1	PA
ERBITUX 100 MG/50 ML VIAL, 200 MG/100 ML VIAL	1	PA
GAZYVA 1,000 MG/40 ML VIAL	1	PA
HERCEPTIN 150 MG VIAL	1	PA
HERCEPTIN HYLECTA 600MG-10,000	1	PA
HERZUMA 150 MG VIAL, 420 MG VIAL	1	PA
IMFINZI 120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL	1	PA
JEMPERLI 500 MG/10 ML VIAL	1	PA
KADCYLA 100 MG VIAL, 160 MG VIAL	1	PA
KANJINTI 150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT	1	PA
KEYTRUDA 100 MG/4 ML VIAL	1	PA
LIBTAYO 350 MG/7 ML VIAL	1	PA
LUMOXITI 1 MG VIAL	1	PA
MARGENZA 250 MG/10 ML VIAL	1	PA
MONJUVI 200 MG VIAL	1	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
MYLOTARG 4.5 MG VIAL	1	PA
OGIVRI 150 MG VIAL, 420 MG VIAL	1	PA
ONTRUZANT 150 MG VIAL, 420 MG VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPDIVO 40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL	1	PA
PADCEV 20 MG VIAL, 30 MG VIAL	1	PA
PERJETA 420 MG/14 ML VIAL	1	PA
PHESGO 600-600 MG-20,000 UNIT, 1,200-600MG-30,000 UNIT	1	PA
POLIVY 30 MG VIAL, 140 MG VIAL	1	PA
PORTRAZZA 800 MG/50 ML VIAL	1	PA
POTELIGEO 20 MG/5 ML VIAL	1	PA
RIABNI 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
RITUXAN 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
RITUXAN HYCELA 1,400 MG-23,400, 1,600 MG-26,800	1	PA
RUXIENCE 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
RYBREVANT 350 MG/7 ML VIAL	1	PA
SARCLISA 100 MG/5 ML VIAL, 500 MG/25 ML VIAL	1	PA
TECENTRIQ 840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL	1	PA
TRAZIMERA 150 MG VIAL, 420 MG VIAL	1	PA
TRODELVY 180 MG VIAL	1	PA
TRUXIMA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	1	PA
UNITUXIN 17.5 MG/ 5 ML VIAL	1	PA
VECTIBIX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	1	PA
VEGZELMA 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA
YERVOY 50 MG/10 ML VIAL, 200 MG/40 ML VIAL	1	PA
ZIRABEV 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYNLONTA 10 MG VIAL	1	PA
Retinoids		
<i>bexarotene 1% gel, 75 mg capsule</i>	1	PA
PANRETIN 0.1% GEL	1	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	1	PA
<i>tretinoin 10 mg capsule</i>	1	PA
Treatment Adjuncts		
COSELA 300 MG VIAL	1	
<i>dexrazoxane 250 mg vial, 500 mg vial</i>	1	
ELITEK 1.5 MG VIAL, 7.5 MG VIAL	1	
<i>mesna 1 gram/10 ml vial</i>	1	
MESNEX 400 MG TABLET	1	
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	1	
<i>benznidazole 12.5 mg tablet, 100 mg tablet</i>	1	
BILTRICIDE 600 MG TABLET	1	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel 600 mg tablet</i>	1	
STROMEKTOL 3 MG TABLET	1	PA
Antiprotozoals		
<i>atovaquone 750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl -62.5-25, -250-100</i>	1	
<i>chloroquine phosphate 250 mg tablet, 500 mg tablet</i>	1	
COARTEM TABLETS	1	
DARAPRIM 25 MG TABLET	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	
MALARONE 62.5-25 MG PED TAB, 250-100 MG TABLET	1	
<i>mefloquine hcl 250 mg tablet</i>	1	
NEBUPENT 300 MG INHAL POWDER	1	PA
<i>nitazoxanide 500 mg tablet</i>	1	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	1	
<i>pentamidine isethionate 300 mg inhal powder</i>	1	PA
<i>pentamidine isethionate 300 mg inject vial</i>	1	
PLAQUENIL 200 MG TABLET	1	
<i>primaquine 26.3 mg tablet</i>	1	
<i>pyrimethamine 25 mg tablet</i>	1	PA
<i>quinine sulfate 324 mg capsule</i>	1	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine 50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln</i>	1	
<i>benztropine mesylate 0.5 mg tab, 1 mg tablet, 2 mg tablet</i>	1	PA
<i>carbidopa-levodopa-entacapone -50 mg-, -75 mg-, -100 mg-, -125 mg-, -150 mg-, -200 mg-</i>	1	
COMTAN 200 MG TABLET	1	
<i>entacapone 200 mg tablet</i>	1	
TASMAR 100 MG TABLET	1	
<i>tolcapone 100 mg tablet</i>	1	

Dopamine Agonists

APOKYN 30 MG/3 ML CARTRIDGE	1	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl 30 mg/3 ml cartrdg</i>	1	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate 2.5 mg tablet, 5 mg capsule</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEUPRO 1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH	1	
<i>pramipexole dihydrochloride 0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet</i>	1	
<i>ropinirole er er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet</i>	1	
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet</i>	1	

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<i>carbidopa 25 mg tablet</i>	1	
<i>carbidopa-levodopa -levo 10-100 mg odt, -levo 25-100 mg odt, -levo 25-250 mg odt, -levodopa 10-100 tab, -levodopa 25-100 tab, -levodopa 25-250 tab</i>	1	
<i>carbidopa-levodopa er -er 25-100 tab, -er 50-200 tab</i>	1	
INBRIJA 42 MG INHALATION CAP	1	PA, QL (300 PER 30 DAYS)
RYTARY ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP	1	
SINEMET 10-100 -MG TABLET	1	
SINEMET 25-100 -MG TABLET	1	

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT 0.5 MG TABLET, 1 MG TABLET	1	
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	1	
<i>selegiline hcl 5 mg capsule, 5 mg tablet</i>	1	

Antipsychotics

1st Generation/Typical

<i>fluphenazine decanoate 125 mg/5 ml</i>	1	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 8

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet</i>	1	PA
HALDOL DECANOATE 100 AMPUL	1	PA
HALDOL DECANOATE 50 AMPUL	1	PA
<i>haloperidol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	PA
<i>haloperidol decanoate 100 mg/ml amp</i>	1	PA
<i>haloperidol decanoate 50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl</i>	1	PA
<i>haloperidol lactate 2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl</i>	1	PA
<i>loxapine 5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule</i>	1	PA
<i>molindone hcl 5 mg tablet, 10 mg tablet, 25 mg tablet</i>	1	PA
<i>pimozide 1 mg tablet, 2 mg tablet</i>	1	PA
<i>thioridazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	PA
<i>thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	1	PA
<i>trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	1	PA
2nd Generation/Atypical		
ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ABILIFY 2 MG TABLET, 5 MG TABLET	1	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	1	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	1	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL	1	QL (1 PER 28 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aripiprazole 2 mg tablet, 5 mg tablet</i>	1	PA, QL (45 PER 30 DAYS)
<i>aripiprazole odt odt 10 mg tablet, odt 15 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	1	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	1	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	1	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	1	QL (3.2 PER 28 DAYS)
ARISTADA INITIO ER 675 MG/2.4	1	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
CAPLYTA 10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE	1	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	1	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	1	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	1	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	1	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	1	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	1	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	1	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	1	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	1	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	1	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	1	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	1	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	1	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	1	QL (2.63 PER 84 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
LYBALVI 5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	PA, QL (90 PER 30 DAYS)
<i>olanzapine 15 mg tablet, 20 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine odt odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
PERSERIS ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT	1	QL (1 PER 28 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tab, 400 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er er 150 mg tablet, er 200 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	1	PA, QL (30 PER 30 DAYS)
RISPERDAL 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET	1	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL 1 MG/ML SOLUTION	1	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	1	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL	1	QL (2 PER 28 DAYS)
<i>risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone er er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial</i>	1	QL (2 PER 28 DAYS)
<i>risperidone odt 0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt</i>	1	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 4 mg</i>	1	PA, QL (120 PER 30 DAYS)
SAPHRIS 2.5 MG TAB, 5 MG TAB, 10 MG TAB	1	PA, QL (60 PER 30 DAYS)
SECUADO 3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH	1	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	1	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	1	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	1	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	1	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	1	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	1	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	1	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	1	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR 1.5 MG-3 MG PACK	1	QL (28 PER 28 DAYS)
<i>ziprasidone hcl 20 mg capsule, 40 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>ziprasidone hcl 60 mg capsule, 80 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate 20 mg/ml vial</i>	1	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	1	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	1	PA, QL (45 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT	1	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	1	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)

Treatment-Resistant

<i>clozapine 100 mg tablet</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clozapine 25 mg tablet, 50 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clozapine odt odt 25 mg tablet, odt 100 mg tablet</i>	1	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	1	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
CLOZARIL 25 MG TABLET, 50 MG TABLET	1	PA, QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	1	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	
DANTRIUM 25 MG CAPSULE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	1	
<i>tizanidine hcl 2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule</i>	1	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY 30-120-15 MG TABLET, 50-200-25 MG TABLET	1	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	1	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	1	QL (6 PER 28 DAYS)
DOVATO 50-300 MG TABLET	1	QL (30 PER 30 DAYS)
GENVOYA TABLET	1	QL (30 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET, 400 MG TABLET	1	QL (60 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW, 100 MG TABLET CHEW	1	QL (180 PER 30 DAYS)
ISENTRESS HD 600 MG TABLET	1	QL (60 PER 30 DAYS)
JULUCA 50-25 MG TABLET	1	QL (30 PER 30 DAYS)
STRIBILD TABLET	1	QL (30 PER 30 DAYS)
TIVICAY 10 MG TABLET	1	QL (240 PER 30 DAYS)
TIVICAY 25 MG TABLET, 50 MG TABLET	1	QL (60 PER 30 DAYS)
TIVICAY PD 5 MG TAB FOR SUSP	1	QL (360 PER 30 DAYS)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

DELSTRIGO 100-300-300 MG TAB	1	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	1	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 600-200-300</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300, 600-300-300</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>etravirine 100 mg tablet, 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
INTELENCE 100 MG TABLET, 200 MG TABLET	1	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	1	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	1	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	1	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	1	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	1	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	1	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir 20 mg/ml solution</i>	1	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine -600-300 mg</i>	1	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	1	QL (30 PER 30 DAYS)
COMPLERA TABLET	1	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TABLET, 200-25 MG TABLET	1	QL (30 PER 30 DAYS)
<i>emtricitabine 200 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop -100-150mg, -133-200mg, -167-250mg, -200-300mg</i>	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	1	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	1	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	1	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	1	QL (30 PER 30 DAYS)
EPZICOM TABLET	1	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	1	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine-zidovudine -tablet</i>	1	QL (60 PER 30 DAYS)
ODEFSEY TABLET	1	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	1	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	1	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	1	
<i>stavudine 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tb</i>	1	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	1	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	1	QL (180 PER 30 DAYS)
TRIZIVIR TABLET	1	QL (60 PER 30 DAYS)
TRUVADA 100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET	1	QL (30 PER 30 DAYS)
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	1	QL (30 PER 30 DAYS)
VIREAD POWDER	1	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	1	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	1	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	1	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	1	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	1	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	1	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	1	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	1	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	1	QL (120 PER 30 DAYS)
SELZENTRY 75 MG TABLET, 150 MG TABLET	1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUNLENCA 4- 300 MG TABLET	1	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	1	QL (5 PER 28 OVER TIME)
TROGARZO 200 MG/1.33 ML VIAL	1	QL (18.62 PER 28 DAYS)
TYBOST 150 MG TABLET	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	1	QL (120 PER 30 DAYS)
<i>atazanavir sulfate 150 mg cap, 300 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	1	QL (30 PER 30 DAYS)
EVOTAZ 300 MG-150 MG TABLET	1	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium 700 mg tablet</i>	1	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	1	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	1	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	1	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	1	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	1	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir -80-20mg/ml</i>	1	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 100-25mg tb</i>	1	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 200-50mg tb</i>	1	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	1	QL (360 PER 30 DAYS)
PREZCOBIX 800 MG-150 MG TABLET	1	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	1	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	1	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	1	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	1	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	1	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	1	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYATAZ 50 MG POWDER PACKET	1	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tablet</i>	1	QL (360 PER 30 DAYS)
SYM TUZA 800-150-200-10 MG TAB	1	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	1	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	1	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir 375 mg/5 ml vial</i>	1	
<i>ganciclovir sodium 500 mg vial</i>	1	Part D vs Part B
PREVYMIS 240 MG TABLET, 480 MG TABLET	1	QL (30 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION, 450 MG TABLET	1	
<i>valganciclovir hcl hcl 50 mg/ml, 450 mg tablet</i>	1	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil 10 mg tab</i>	1	
BARACLUDE 0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET	1	
<i>entecavir 0.5 mg tablet, 1 mg tablet</i>	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv 100 mg tablet</i>	1	

Anti-hepatitis C (HCV) Agents

EPCLUSA 150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACK, 400 MG-100 MG TABLET	1	PA
HARVONI 33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKT, 45-200 MG TABLET, 90-400 MG TABLET	1	PA
<i>ledipasvir-sofosbuvir -90-400mg</i>	1	PA
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	1	
<i>sofosbuvir-velpatasvir -400-100</i>	1	PA
SOVALDI 150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOSEVI 400-100-100 MG TABLET	1	PA
ZEPATIER 50-100 MG TABLET	1	PA
Anti-influenza Agents		
<i>oseltamivir phosphate 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	1	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	1	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	1	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	1	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	1	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	1	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	1	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
<i>acyclovir 200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet</i>	1	
<i>acyclovir 5% ointment</i>	1	PA
<i>acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial</i>	1	PA
<i>famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet</i>	1	
<i>valacyclovir 1 gram tablet, 500 mg tablet</i>	1	
VALTREX 1 GM, 500 MG	1	
ZOVIRAX 5% OINTMENT	1	PA
Anxiolytics		
<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>buspirone hcl 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam 0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet, 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt, 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	1	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml oral cup, 5 mg/5 ml solution</i>	1	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml, 25 mg/5 ml</i>	1	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet</i>	1	PA
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	1	PA
<i>lorazepam 0.5 mg tablet, 1 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet, 2 mg/ml oral concent</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml</i>	1	PA, QL (150 PER 30 DAYS)
<i>oxazepam 10 mg capsule, 15 mg capsule, 30 mg capsule</i>	1	PA, QL (120 PER 30 DAYS)

Bipolar Agents

<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i>	1	
<i>lithium carbonate er er 300 mg, er 450 mg</i>	1	
<i>lithium citrate 8 meq/5 ml soln cup, 8 meq/5 ml solution</i>	1	
LITHOBID ER 300 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	1	QL (180 PER 30 DAYS)
ACTOS 15 MG TABLET	1	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	1	QL (30 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	1	PA, QL (3.4 PER 28 DAYS)
BYETTA 5 MCG PEN INJ, 10 MCG PEN INJ	1	PA, QL (2.4 PER 30 DAYS)
CYCLOSET 0.8 MG TABLET	1	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	1	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	1	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	1	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin -2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glipizide-metformin -2.5-500 mg, -5-500 mg</i>	1	QL (120 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	1	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	1	QL (240 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOTROL XL 5 MG TABLET	1	QL (120 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micronized 1.5 mg tab</i>	1	QL (240 PER 30 DAYS)
<i>glyburide micronized 3 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micronized 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl -1.25-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glyburide-metformin hcl -2.5-500 mg, -5-500 mg</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI 10 MG-5 MG TABLET, 25 MG-5 MG TABLET	1	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	1	
JANUMET 50-1,000 MG TABLET, 50-500 MG TABLET	1	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	1	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET, 50-500 MG TABLET	1	QL (60 PER 30 DAYS)
JANUVIA 100 MG TABLET	1	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	1	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	1	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	1	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	1	QL (30 PER 30 DAYS)
JENTADUETO 2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB	1	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	1	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	1	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	1	QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	1	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN	1	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	1	QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride -30-2, -30-4</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin -15-500, -15-850</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS 3 MG TABLET, 7 MG TABLET, 14 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -metformin er 5-500, -metformn er 5-1000</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptn-2.5-1000</i>	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-MCG/ML PEN	1	QL (18 PER 30 DAYS)
SYMLINPEN 120 SYMLININJECTOR	1	
SYMLINPEN 60 SYMLININJECTOR	1	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY 5-500 MG TABLET	1	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	1	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	1	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	1	QL (30 PER 30 DAYS)
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	1	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK -18 MG/3 ML PEN	1	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK -18 MG/ML PEN	1	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	1	QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	1	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI 3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK	1	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	1	
GLUCAGEN 1 MG HYPOKIT	1	QL (4 PER 30 DAYS)
GLUCAGON EMERGENCY KIT GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG VIAL	1	QL (4 PER 30 DAYS)
GVOKE 1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE 1PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	1	QL (0.8 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE PFS 2-PACK SYRINGE 2PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
PROGLYCEM 50 MG/ML ORAL SUSP	1	
Insulins		
HUMALOG 100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN JR 100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 -VIAL	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 -VIAL	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN 70-30 -VIAL	1	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMULIN N 100 UIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN 100 UIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN R U-500 UNIT/ML VIAL	1	PA
<i>inpen (for humalog) blue, grey, pink</i>	1	
<i>inpen (for novolog or fiasp) blue, grey, pink</i>	1	
<i>insulin pen needle</i>	1	
<i>insulin syringe (disp) u-100 0.3 ml</i>	1	
<i>insulin syringe (disp) u-100 1 ml</i>	1	
<i>insulin syringe (disp) u-100 1/2 ml</i>	1	
<i>insulin syringe u-500 bd -1/2ml 6mmx31g</i>	1	
LANTUS 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYUMJEV 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	1	
<i>novopen echo insulin device</i>	1	
<i>omnipod 5 (g6/libre 2 plus)</i>	1	
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	1	
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	1	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	1	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	1	
<i>omnipod 5 intro(g6/libre2plus)</i>	1	
<i>omnipod classic pdm kit(gen 3)</i>	1	
<i>omnipod classic pods (gen 3) pods(gen3) 5pk</i>	1	
<i>omnipod dash intro kit (gen 4)</i>	1	
<i>omnipod dash pdm kit (gen 4)</i>	1	
<i>omnipod dash pods (gen 4) 5pk</i>	1	
<i>omnipod go pods 10 unit/day, 15 unit/day, 20 unit/day, 25 unit/day, 30 unit/day, 35 unit/day, 40 unit/day</i>	1	
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	1	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	1	QL (60 PER 30 DAYS)
<i>v-go 20 -disposable deice</i>	1	
<i>v-go 30 -disposable deice</i>	1	
<i>v-go 40 -disposable deice</i>	1	
<i>vgo 20 disposable device</i>	1	
<i>vgo 30 disposable device</i>	1	
<i>vgo 40 disposable device</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate 110 mg cp</i>	1	QL (120 PER 30 DAYS)
<i>dabigatran etexilate 75 mg cap, 150 mg cp</i>	1	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	1	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial</i>	1	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	1	QL (9 PER 90 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium 80 mg/0.8 ml, 120 mg/0.8 ml</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8 ml syr</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 ml syr</i>	1	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>heparin sodium sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial</i>	1	
<i>heparin sodium-d5w 20,000 unit/500 ml</i>	1	
<i>jantoven 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	1	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL	1	QL (30 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	1	QL (9 PER 90 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOVENOX 40 MG/0.4 ML SYRINGE	1	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	1	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	1	QL (24 PER 90 OVER TIME)
PRADAXA 110 MG CAPSULE	1	QL (120 PER 30 DAYS)
PRADAXA 75 MG CAPSULE, 150 MG CAPSULE	1	QL (60 PER 30 DAYS)
<i>warfarin sodium 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	1	
XARELTO 1 MG/ML SUSPENSION	1	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	1	QL (30 PER 30 DAYS)
XARELTO 2.5 MG TABLET, 15 MG TABLET	1	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (51 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	1	
Blood Products and Modifiers, Other		
AGRYLIN 0.5 MG CAPSULE	1	
<i>anagrelide hcl 0.5 mg capsule, 1 mg capsule</i>	1	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	1	PA
FULPHILA 6 MG/0.6 ML SYRINGE	1	PA
GRANIX 300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL	1	PA
LEUKINE 250 MCG VIAL	1	PA
MOZOBIL 24 MG/1.2 ML VIAL	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>plerixafor 24 mg/1.2 ml vial</i>	1	
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	1	PA
PROMACTA 12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET	1	PA
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL	1	PA
UDENYCA 6 MG/0.6 ML SYRINGE	1	PA
UDENYCA AUTOINJECTOR 6 MG/0.6 ML	1	PA
UDENYCA ONBODY 6 MG/0.6 ML	1	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	1	PA
Hemostasis Agents		
CYKLOKAPRON MG/10 ML AMP, MG/10 ML VL	1	
<i>tranexamic acid 650 mg tablet, 1,000 mg/10 ml</i>	1	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er -25-200 mg</i>	1	
BRILINTA 60 MG TABLET, 90 MG TABLET	1	
CABLIVI 11 MG KIT, 11 MG VIAL	1	
<i>cilostazol 50 mg tablet, 100 mg tablet</i>	1	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	1	
PLAVIX 75 MG TABLET	1	
<i>prasugrel hcl 5 mg tablet, 10 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine 0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch</i>	1	
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	1	
<i>droxidopa 100 mg capsule, 200 mg capsule, 300 mg capsule</i>	1	PA
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	1	
<i>midodrine hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	1	
NORTHERA 100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE	1	PA
Alpha-adrenergic Blocking Agents		
CARDURA 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 8 MG TABLET	1	QL (60 PER 30 DAYS)
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	1	QL (60 PER 30 DAYS)
MINIPRESS 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE	1	
<i>phenoxybenzamine hcl 10 mg cap</i>	1	
<i>prazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule</i>	1	
<i>terazosin hcl 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND 32 MG TABLET	1	QL (30 PER 30 DAYS)
ATACAND 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	1	QL (60 PER 30 DAYS)
AVAPRO 75 MG TABLET, 150 MG TABLET, 300 MG TABLET	1	QL (30 PER 30 DAYS)
BENICAR 20 MG TABLET, 40 MG TABLET	1	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	1	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
<i>candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tb</i>	1	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	1	QL (30 PER 30 DAYS)
COZAAR 25 MG TABLET, 50 MG TABLET	1	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	1	QL (30 PER 30 DAYS)
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	1	QL (60 PER 30 DAYS)
EDARBI 40 MG TABLET, 80 MG TABLET	1	QL (30 PER 30 DAYS)
<i>irbesartan 75 mg tablet, 150 mg tablet, 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium 25 mg tab, 50 mg tab</i>	1	QL (60 PER 30 DAYS)
MICARDIS 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 20 mg tab, 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	1	QL (60 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ACCUPRIL 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	
ALTACE 1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	1	
<i>benazepril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	
<i>captopril 12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisinopril 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	1	
LOTENSIN 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	
<i>moexipril hcl 7.5 mg tablet, 15 mg tablet</i>	1	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	1	
<i>quinapril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	
<i>ramipril 1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	1	
<i>trandolapril 1 mg tablet, 2 mg tablet, 4 mg tablet</i>	1	
VASOTEC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
ZESTRIL 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	1	
Antiarrhythmics		
<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	1	
<i>dofetilide 125 mcg capsule, 250 mcg capsule, 500 mcg capsule</i>	1	
<i>flecainide acetate 50 mg tab, 100 mg tab, 150 mg tab</i>	1	
<i>lidocaine hcl 1% abboject, 1% syringe</i>	1	
<i>mexiletine hcl 150 mg capsule, 200 mg capsule, 250 mg capsule</i>	1	
MULTAQ 400 MG TABLET	1	
PACERONE PACERONE 100 MG TABLET, PACERONE 400 MG TABLET, PACERONE 200 MG TABLET	1	
<i>propafenone hcl 150 mg tablet, 225 mg tab, 300 mg tab</i>	1	
<i>propafenone hcl er er 225 mg cap, er 325 mg cap, er 425 mg cap</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinidine gluconate er 324 mg tab</i>	1	
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	1	
RYTHMOL SR SR 225 MG CAPSULE, SR 325 MG CAPSULE, SR 425 MG CAPSULE	1	
<i>sorine 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	1	
<i>sotalol 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	1	
<i>sotalol af 80 mg tablet, 120 mg tablet, 160 mg tablet</i>	1	
TIKOSYN 125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl 200 mg capsule, 400 mg capsule</i>	1	
<i>atenolol 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	1	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	1	
BYSTOLIC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
<i>carvedilol 3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet</i>	1	
<i>carvedilol er er 10 mg capsule, er 20 mg capsule, er 40 mg capsule, er 80 mg capsule</i>	1	
COREG CR CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE, CR 80 MG CAPSULE	1	
CORGARD 20 MG TABLET, 40 MG TABLET	1	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	1	
INDERAL XL 80 MG CAPSULE, 120 MG CAPSULE	1	
INNOPRAN XL 80 MG CAPSULE, 120 MG CAPSULE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	1	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	1	
<i>metoprolol succinate er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nadolol 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	1	
<i>nebivolol hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	
<i>pindolol 5 mg tablet, 10 mg tablet</i>	1	
<i>propranolol hcl 1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet</i>	1	
<i>propranolol hcl er er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule</i>	1	
TENORMIN 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	
TOPROL XL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>felodipine er er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet</i>	1	
<i>isradipine 2.5 mg capsule, 5 mg capsule</i>	1	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	1	
<i>nifedipine er er 30 mg tablet, er 60 mg tablet, er 90 mg tablet</i>	1	
<i>nimodipine 30 mg capsule</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet</i>	1	
NORVASC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	
PROCARDIA XL 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	1	
SULAR ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET	1	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM 30 MG TABLET, 60 MG TABLET, 120 MG TABLET	1	
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	1	
CARDIZEM LA 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET	1	
<i>cartia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule</i>	1	
<i>dilt-xr 120 mg capsule, 180 mg capsule, 240 mg capsule</i>	1	
<i>diltiazem 12hr er er 60 mg cap, er 90 mg cap, er 120 mg cap</i>	1	
<i>diltiazem 24hr er (cd) er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg</i>	1	
<i>diltiazem 24hr er (la) er(la) 120 mg, er(la) 180 mg, er(la) 240 mg, er(la) 300 mg, er(la) 360 mg, er(la) 420 mg</i>	1	
<i>diltiazem 24hr er (xr) er(xr) 120 mg, er(xr) 180 mg, er(xr) 240 mg</i>	1	
<i>diltiazem 24hr er er 120 mg cap, er 180 mg cap, er 240 mg cap, er 300 mg cap, er 360 mg cap, er 420 mg cap</i>	1	
<i>diltiazem hcl 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet</i>	1	
<i>matzim la 180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>taztia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule</i>	1	
<i>tiadylt er er 120 mg capsule, er 180 mg capsule, er 240 mg capsule, er 300 mg capsule, er 360 mg capsule, er 420 mg capsule</i>	1	
TIAZAC ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE	1	
<i>verapamil er er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet</i>	1	
<i>verapamil er pm er 100 mg capsule, er 200 mg capsule, er 300 mg capsule</i>	1	
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 120 mg tablet</i>	1	
<i>verapamil sr 120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule</i>	1	
VERELAN 120 MG CAP PELLETT, 180 MG CAP PELLETT, 240 MG CAP PELLETT, 360 MG CAP PELLETT	1	
VERELAN PM 100 MG CAP PELLETT, 200 MG CAP PELLETT, 300 MG CAP PELLETT	1	
Cardiovascular Agents, Other		
ACCURETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET	1	
<i>acetazolamide 125 mg tablet, 250 mg tablet</i>	1	
<i>acetazolamide er 500 mg cap</i>	1	
ALDACTAZIDE 25-25 TABLET	1	
<i>aliskiren 150 mg tablet, 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab</i>	1	
<i>amlodipine besylate-benazepril -2.5-10, -5-10 mg, -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine-atorvastatin -2.5-40 mg, -5-10 mg, -5-20 mg, -5-40 mg, -5-80 mg, -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg, -2.5-10 mg, -2.5-20 mg</i>	1	
<i>amlodipine-olmesartan -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan -5-160 mg, -5-320 mg, -10-160 mg, -10-320 mg</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz --5-160-12.5 mg, --5-160-25 mg, --10-160-12.5mg, --10-160-25 mg, --10-320-25 mg</i>	1	QL (30 PER 30 DAYS)
ATACAND HCT 16-12.5 MG TAB, 32-12.5 MG TAB, 32-25 MG TABLET	1	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone -50-25, -100-25</i>	1	
AVALIDE 150-12.5 MG TABLET, 300-12.5 MG TABLET	1	QL (30 PER 30 DAYS)
AZOR 5-20 MG TABLET, 5-40 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET	1	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide -5-6.25 mg tab, -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
BENICAR HCT 20-12.5 MG TABLET, 40-12.5 MG TABLET, 40-25 MG TABLET	1	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide -10-6.25 mg tab, -2.5-6.25 mg tb, -5-6.25 mg tab</i>	1	
<i>candesartan-hydrochlorothiazid -16-12.5 mg tb, -32-12.5 mg tb, -32-25 mg tab</i>	1	QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	1	PA, QL (600 PER 30 DAYS)
DEMSER 250 MG CAPSULE	1	
<i>digitek 125 mcg tablet, 250 mcg tablet</i>	1	QL (30 PER 30 DAYS)
<i>digox 125 mcg tablet, 250 mcg tablet</i>	1	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1	QL (150 PER 30 DAYS)
<i>digoxin 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIOVAN HCT 80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET, 320-12.5 MG TAB, 320-25 MG TABLET	1	QL (30 PER 30 DAYS)
EDARBYCLOR 40-12.5 MG TABLET, 40-25 MG TABLET	1	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide -5-12.5 mg tab, -10-25 mg tablet</i>	1	
ENTRESTO 24 MG-26 MG TABLET	1	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	1	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE 6-6MG PELLETT, 15-16 MG PLT	1	QL (240 PER 30 DAYS)
EXFORGE 5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET	1	QL (30 PER 30 DAYS)
EXFORGE HCT 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	1	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab</i>	1	
HYZAAR 50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET	1	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide -150-12.5 mg, -300-12.5 mg</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl 5 mg tablet, 7.5 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	1	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
<i>losartan-hydrochlorothiazide -50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	1	QL (30 PER 30 DAYS)
LOTENSIN HCT 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	1	
MAXZIDE 75 MG-50 MG TABLET	1	
MAXZIDE-25 MG 37.5 -TABLET	1	
<i>methazolamide 25 mg tablet, 50 mg tablet</i>	1	
<i>metoprolol-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metyrosine 250 mg capsule</i>	1	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	1	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	1	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz --20-5-12.5, --40-10-12.5, --40-10-25mg, --40-5-12.5, --40-5-25 mg</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline er 400 mg tab</i>	1	
<i>quinapril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	1	
<i>ranolazine er er 500 mg tablet, er 1,000 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>spironolactone-hctz -25-25 tab</i>	1	
TEKURNA 150 MG TABLET, 300 MG TABLET	1	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine -40-10, -40-5 mg, -80-10, -80-5 mg</i>	1	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
TENORETIC 100 TABLET	1	
TENORETIC 50 TABLET	1	
<i>trandolapril-verapamil er -er 1-240 mg, -er 2-180 mg, -er 2-240 mg, -er 4-240 mg</i>	1	
<i>triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab</i>	1	
TRIBENZOR 20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET	1	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab</i>	1	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERQUVO 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	QL (30 PER 30 DAYS)
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	1	
ZIAC 2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET	1	
Diuretics, Loop		
<i>bumetanide 0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial</i>	1	
<i>furosemide 10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vial</i>	1	
LASIX 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	1	
<i>torsemide 5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet</i>	1	
Diuretics, Potassium-sparing		
ALDACTONE 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
<i>amiloride hcl 5 mg tablet</i>	1	
<i>eplerenone 25 mg tablet, 50 mg tablet</i>	1	
INSPRA 25 MG TABLET, 50 MG TABLET	1	
KERENDIA 10 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone 25 mg tablet, 50 mg tablet</i>	1	
<i>hydrochlorothiazide 12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab</i>	1	
<i>indapamide 1.25 mg tablet, 2.5 mg tablet</i>	1	
<i>metolazone 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate 43 mg capsule, 48 mg tablet, 54 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>fenofibrate 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tablet</i>	1	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	1	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	1	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	ST, QL (45 PER 30 DAYS)
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	1	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	1	ST, QL (30 PER 30 DAYS)
<i>lovastatin 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR 10 MG TABLET, 40 MG TABLET	1	ST, QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOCOR 20 MG TABLET	1	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine light packet, powder</i>	1	
<i>cholestyramine packet, powder</i>	1	
COLESTID 1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET	1	
<i>colestipol hcl 1 gm tablet, granules, granules packet</i>	1	
<i>ezetimibe 10 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gm capsule, 500 mg capsule</i>	1	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	1	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE	1	PA
LOVAZA 1 GM CAPSULE	1	
<i>niacin er 500 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>niacin er er 750 mg tablet, er 1,000 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters -1 gm cap</i>	1	
<i>prevalite packet, powder</i>	1	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	1	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML	1	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	1	PA, QL (2 PER 28 DAYS)
<i>triklo 1 gm capsule</i>	1	
VASCEPA 0.5 GM CAPSULE	1	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	1	QL (120 PER 30 DAYS)
VYTORIN 10-10 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET, 10-80 MG TABLET	1	ST, QL (30 PER 30 DAYS)
ZETIA 10 MG TABLET	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>minoxidil 2.5 mg tablet, 10 mg tablet</i>	1	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE 5 MG TAB	1	
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	1	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	1	
<i>isosorbide mononitrate er er 30 mg tb, er 60 mg tb, er 120 mg</i>	1	
NITRO-BID -2% OINTMENT	1	
<i>nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray</i>	1	
<i>nitroglycerin patch 0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch</i>	1	
NITROLINGUAL 400 MCG SPRAY	1	
NITROSTAT 0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET	1	
RECTIV 0.4% OINTMENT	1	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE	1	QL (30 PER 30 DAYS)
DEXEDRINE 10 MG, 15 MG	1	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap</i>	1	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er -er 5 mg cap, -er 10 mg cap, -er 15 mg cap, -er 20 mg cap, -er 25 mg cap, -er 30 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine-amphetamine - amphetam 7.5 mg tab, -amphetam 12.5 mg tab, -amphetamin 10 mg tab, - amphetamin 15 mg tab, -amphetamin 30 mg tab, -amphetamine 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule</i>	1	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	1	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	1	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
FOCALIN 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5 ml sol</i>	1	PA, QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl 5 mg/5 ml soln</i>	1	PA, QL (450 PER 30 DAYS)
RITALIN 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	1	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	1	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	1	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	1	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	1	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	1	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	1	PA, QL (28 PER 28 DAYS)
NUEDEXTA 20-10 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tablet</i>	1	
<i>tetrabenazine 12.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	1	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	1	PA, QL (120 PER 30 DAYS)

Multiple Sclerosis Agents

AMPYRA ER 10 MG TABLET	1	PA
AVONEX 30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT	1	PA, QL (1 PER 28 DAYS)
AVONEX PEN 30 MCG/0.5 ML KIT	1	PA, QL (1 PER 28 DAYS)
BETASERON 0.3 MG KIT, 0.3 MG VIAL	1	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	1	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	1	PA, QL (12 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dalfampridine er 10 mg tablet</i>	1	PA
<i>dimethyl fumarate 30d start pk, dr 120 mg cp, dr 240 mg cp</i>	1	PA, QL (60 PER 30 DAYS)
<i>fingolimod 0.5 mg capsule</i>	1	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN 20 MG/0.4 ML	1	PA, QL (1.6 PER 28 DAYS)
MAYZENT 0.25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	1	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	1	PA, QL (12 PER 28 DAYS)
MAYZENT 1 MG TABLET, 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN 125 MCG/0.5 ML PEN, PEN INJ STARTER PACK	1	PA, QL (1 PER 28 DAYS)
TECFIDERA DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK	1	PA, QL (60 PER 30 DAYS)
TYSABRI 300 MG/15 ML VIAL	1	PA
VUMERITY DR 231 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl 30 mg capsule</i>	1	
<i>chlorhexidine gluconate 0.12% 15 ml cup, 0.12% rinse</i>	1	
KEPIVANCE 5.16 MG VIAL, 6.25 MG VIAL	1	
<i>kourzeq 0.1% dental paste</i>	1	
<i>oralone 0.1% paste</i>	1	
<i>periogard 0.12% oral rinse</i>	1	
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	1	
SALAGEN 5 MG TABLET, 7.5 MG TABLET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide 0.1% paste</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	1	
<i>acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule</i>	1	
<i>amnesteem 10 mg capsule, 20 mg capsule, 40 mg capsule</i>	1	
AVITA 0.025% CREAM, 0.025% GEL	1	PA
<i>azelaic acid 15% gel</i>	1	
AZELEX 20% CREAM	1	
BENZAMYCIN GEL	1	
<i>claravis 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	1	
<i>clindamycin-benzoyl peroxide -benzoyl 1-5%, -bnz 1-5% pmp</i>	1	
<i>doxycycline ir-dr -40 mg cap</i>	1	
<i>erythromycin-benzoyl peroxide -gel</i>	1	
FINACEA 15% FOAM, 15% GEL	1	
<i>isotretinoin 10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule</i>	1	
KLARON 10% LOTION	1	
<i>myorisan 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	1	
ORACEA 40 MG CAPSULE	1	
RETIN-A -0.01% GEL, -0.025% CREM, -0.025% GEL, -0.05% CREM, -0.1% CREM	1	PA
<i>sulfacetamide sodium sod 10% top susp, sodium 10% lotn</i>	1	
<i>tazarotene 0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel</i>	1	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream</i>	1	PA
<i>zenatane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	1	
Dermatitis and Pruitus Agents		
ALA-CORT -1% CREAM	1	
<i>ala-cort -2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate dipr 0.05% oint, dipro 0.05% crm</i>	1	QL (120 PER 30 DAYS)
<i>ammonium lactate 12% cream, 12% lotion</i>	1	
<i>betamethasone diprop augmented 0.05% crm, 0.05% gel, 0.05% oin</i>	1	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% lot</i>	1	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate 0.05% crm, 0.05% oint</i>	1	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone valerate va 0.1% cream, valer 0.1% ointm</i>	1	QL (135 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	1	QL (236 PER 30 DAYS)
<i>clobetasol propionate 0.05% solution, prop 0.05% foam</i>	1	QL (200 PER 28 DAYS)
<i>clodan 0.05% shampoo</i>	1	QL (236 PER 30 DAYS)
<i>desonide 0.05% cream, 0.05% ointment</i>	1	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	1	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment</i>	1	QL (120 PER 30 DAYS)
DIPROLENE 0.05% OINTMENT	1	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	1	PA
ELIDEL 1% CREAM	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide 0.01% body, 0.01% scalp</i>	1	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide 0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment</i>	1	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution</i>	1	QL (120 PER 30 DAYS)
<i>fluocinonide-e -0.05% cram</i>	1	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005% oint, 0.05% cream</i>	1	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05% cream, 0.05% ointmnt</i>	1	QL (200 PER 28 DAYS)
<i>hydrocortisone 1% cream, 1% ointment</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint</i>	1	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate 0.2% cream, 0.2% ointmt</i>	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM 0.1%	1	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% cream, 0.1% oint</i>	1	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>pimecrolimus 1% cream</i>	1	PA
<i>prednicarbate 0.1% ointment</i>	1	QL (120 PER 30 DAYS)
PRUDOXIN 5% CREAM	1	PA
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus 0.03%, 0.1%</i>	1	PA
<i>triamcinolone acetonide 0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% lotion, 0.1% lotion, 0.5% ointment</i>	1	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triderm 0.1%, 0.5%</i>	1	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	1	PA
Dermatological Agents, Other		
<i>calcipotriene 0.005% cream, 0.005% ointment, 0.005% solution</i>	1	QL (120 PER 30 DAYS)
<i>calcitrene 0.005% ointment</i>	1	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone -crm, -lot</i>	1	
<i>diclofenac sodium 3% gel</i>	1	PA
EFUDEX 5% CREAM	1	
<i>fluorouracil 0.5% cream, 2% topical soln, 5% cream, 5% topical soln</i>	1	
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen 10 mg capsule, 10 mg softgel</i>	1	
<i>nystatin-triamcinolone -cream, -ointm</i>	1	
OTEZLA 10-20 MG STARTER 28 DAY, 20 MG TABLET	1	Otezla PA
OTEZLA 10-20-30MG START 28 DAY, 30 MG TABLET	1	PA
<i>podofilox 0.5% topical soln</i>	1	
REGRANEX 0.01% GEL	1	PA, QL (15 PER 30 DAYS)
SANTYL OINTMENT	1	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	1	
<i>silver sulfadiazine 1% cream</i>	1	
SSD 1% CREAM	1	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	1	PA
<i>lindane 1% shampoo</i>	1	
<i>malathion 0.5% lotion</i>	1	
OVIDE 0.5% LOTION	1	
<i>permethrin 5% cream</i>	1	
SOOLANTRA 1% CREAM	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Topical Anti-infectives		
<i>gentamicin sulfate 0.1% cream, 0.1% ointment</i>	1	
METROCREAM METRO0.75%	1	
METROGEL 1% GEL, 1% PUMP	1	
METROLOTION TOPICAL 0.75%	1	
<i>metronidazole 0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel</i>	1	
<i>mupirocin 2% cream, 2% ointment</i>	1	QL (30 PER 30 OVER TIME)
<i>rosadan 0.75% cream, 0.75% gel</i>	1	

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride 0.9% nacl irrigation</i>	1	
CARBAGLU 200 MG TAB FOR SUSP	1	PA
<i>carglumic acid 200 mg tab susp</i>	1	PA
<i>dextrose 2.5%-0.45% nacl -iv</i>	1	
<i>dextrose 5%-0.2% nacl -iv soln</i>	1	
<i>dextrose 5%-0.225% nacl -0.22iv sol</i>	1	
<i>dextrose 5%-0.3% nacl -iv soln</i>	1	
<i>dextrose 5%-0.33% nacl -iv soln</i>	1	
<i>dextrose 5%-0.45% nacl -0.4iv soln</i>	1	
<i>dextrose 5%-0.9% nacl -iv soln</i>	1	
<i>dextrose in lactated ringers 5%-lr iv solution</i>	1	
<i>kcl-d5w-0.2% nacl 10 meq/500 ml--0.2%nacl, 20 meq/l--0.2% nacl</i>	1	
<i>kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl</i>	1	
<i>kcl-d5w-0.45% nacl 10 meq/500ml--0.45%nacl, 10 meq/l--0.45% nacl, 20 meq/l--0.45% nacl, 30 meq/l--0.45% nacl, 40 meq/l--0.45% nacl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON 10 -MEQ TABLET	1	
KLOR-CON 8 -MEQ TABLET	1	
<i>klor-con m10 -tablet</i>	1	
KLOR-CON M15 -TABLET	1	
<i>klor-con m20 -tablet</i>	1	
<i>lactated ringers 1,000 ml, injection</i>	1	
<i>magnesium sulfate 50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe</i>	1	
<i>potassium chloride cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet</i>	1	
<i>potassium chloride in d5lr kcl 20 meqd5w- lact ringer</i>	1	
<i>potassium chloride proamp cl 20 meq/10 ml conc</i>	1	
<i>potassium chloride-0.45% nacl 20 meq-na</i>	1	
<i>potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution</i>	1	
<i>potassium citrate er er 5 tab, er 10 tb, er 15 tb</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial</i>	1	
<i>sodium chloride-water 0.9%</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	1	
<i>deferasirox 90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp</i>	1	PA
EXJADE 125 MG TABLET, 250 MG TABLET, 500 MG TABLET	1	PA
JADENU 90 MG TABLET, 180 MG TABLET, 360 MG TABLET	1	PA
JADENU SPRINKLE 90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE	1	PA
SAMSCA 15 MG TABLET, 30 MG TABLET	1	PA
SYPRINE 250 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
<i>tolvaptan 15 mg tablet, 30 mg tablet</i>	1	PA
<i>trientine hcl 250 mg capsule</i>	1	PA, QL (240 PER 30 DAYS)
<i>dextrose in water 5%-100 ml, 5%-1,000 ml, 5%-250 ml, 5%-50 ml, 5%-iv soln, 10%-iv solution</i>	1	
<i>fomepizole 1.5 gm/1.5 ml vial</i>	1	
<i>glucose in water 5%-100 ml, 5%-50 ml</i>	1	
INTRALIPID 20% IV FAT EMUL	1	PA
NUTRILIPID 20% IV FAT EMULSION	1	PA
TRAVASOL 10% SOLN VIAFLEX	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TROPHAMINE 10% IV SOLUTION	1	PA
<i>water sterile for irrigation</i>	1	
Phosphate Binders		
AURYXIA 210 MG TABLET	1	PA, QL (360 PER 30 DAYS)
<i>calcium acetate 667 mg capsule, 667 mg gelcap, 667 mg tablet</i>	1	
FOSRENOL 500 MG TABLET CHEW	1	QL (90 PER 30 DAYS)
FOSRENOL 750 MG POWDER PACKET, 750 MG TABLET CHEW	1	QL (180 PER 30 DAYS)
FOSRENOL MG POWDER PACK, MG TABLET CHEW	1	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 1,000 mg tb chw</i>	1	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 500 mg tab chew</i>	1	QL (90 PER 30 DAYS)
<i>lanthanum carbonate 750 mg tab chew</i>	1	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	1	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	1	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	1	
<i>sevelamer carbonate 0.8 gm powder packet</i>	1	QL (270 PER 30 DAYS)
<i>sevelamer carbonate 2.4 gm powder packet</i>	1	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	1	
VELPHORO 500 MG CHEWABLE TAB	1	QL (180 PER 30 DAYS)
Potassium Binders		
<i>kionex 15 gm/60 ml suspension</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
SPS 15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP	1	
VELTASSA 8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose 10 gm/15 ml soln</i>	1	
<i>enulose 10 gm/15 ml solution</i>	1	
<i>generlac 10 gm/15 ml solution</i>	1	
<i>lactulose 10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution</i>	1	
LINZESS 72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE	1	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	1	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	1	QL (120 PER 30 DAYS)
MOVANTIK 12.5 MG TABLET, 25 MG TABLET	1	
RELISTOR 8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET	1	PA
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet, 1 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine -2.5-0.025</i>	1	PA
<i>loperamide 2 mg capsule</i>	1	
LOTROXEX 0.5 MG TABLET, 1 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VIBERZI 75 MG TABLET, 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml soln, 20 mg tablet</i>	1	PA
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	1	
<i>methscopolamine bromide 2.5 mg tb, 5 mg tab</i>	1	PA
Gastrointestinal Agents, Other		
<i>bismuth-metronidazole-tetracyc --140-125-125</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHENODAL 250 MG TABLET	1	PA
GATTEX 5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL	1	PA
<i>gavilyte-c -solution</i>	1	
<i>gavilyte-g -solution</i>	1	
<i>gavilyte-n -solutio</i>	1	
GOLYTELY SOLUTION	1	
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial</i>	1	
MOVIPREP POWDER PACKET	1	
MYALEPT 11.3 MG (5 MG/ML) VIAL	1	PA
NULYTELY SOLUTION	1	
OCALIVA 5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte -solution</i>	1	
<i>peg-3350 and electrolytes -soln</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9</i>	1	
PYLERA CAPSULE	1	
REGLAN 5 MG TABLET, 10 MG TABLET	1	
<i>sod sulf-potass sulf-mag sulf --sol</i>	1	
SUPREP SUBOWEL KIT	1	
SUTAB SU1.479-0.225-0.188 GM	1	
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	1	
XIFAXAN 550 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine 200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet</i>	1	
<i>famotidine 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	1	
Protectants		
CARAFATE 1 GM TABLET, 1 GM/10 ML SUSP	1	
CYTOTEC 100 MCG TABLET, 200 MCG TABLET	1	
<i>misoprostol 100 mcg tablet, 200 mcg tablet</i>	1	
<i>sucralfate 1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	1	
<i>lansoprazole dr 15 mg capsule, dr 30 mg capsule</i>	1	QL (30 PER 30 DAYS)
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	1	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	1	QL (30 PER 30 DAYS)
NEXIUM I.V. 40 MG VIAL	1	
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>omeprazole dr 20 mg capsule, dr 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium 40 mg vial</i>	1	
<i>pantoprazole sodium dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sodium dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	1	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME 2.9 MG/5 ML VIAL	1	
<i>betaine anhydrous 1 gram/scoop powder</i>	1	
BUPHENYL 500 MG TABLET	1	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	1	
CARNITOR SF 100 MG/ML ORAL SOL	1	
CEREZYME 400 UNIT VIAL	1	PA
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE	1	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	1	
CRYSVITA 10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL	1	PA
CYSTADANE 1 GRAM/SCOOP POWDER	1	
CYSTAGON 50 MG CAPSULE, 150 MG CAPSULE	1	PA
ELAPRASE 6 MG/3 ML VIAL	1	
ELELYSO 200 UNITS VIAL	1	PA
ENDARI 5 GRAM POWDER PACKET	1	PA
FABRAZYME 5 MG VIAL, 35 MG VIAL	1	
<i>javygtor 100 mg powder packet, 100 mg tablet, 500 mg powder packet</i>	1	PA
KUVAN 100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET	1	PA
<i>l-glutamine -glutamine 5 gram powder pkt</i>	1	PA
<i>levocarnitine 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup</i>	1	
<i>levocarnitine sf 1 g/10 ml sol</i>	1	
LUMIZYME 50 MG VIAL	1	
<i>miglustat 100 mg capsule</i>	1	PA, QL (90 PER 30 DAYS)
NAGLAZYME 5 MG/5 ML VIAL	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule</i>	1	
ORFADIN 2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE	1	
PALYNZIQ 2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE	1	PA
PROLASTIN C MG VIAL, MG/20 ML VL	1	PA
REVCovi 2.4 MG/1.5 ML VIAL	1	
<i>sapropterin dihydrochloride 100 mg powder pkt, 100 mg tablet, 500 mg powder pkt</i>	1	PA
<i>sodium phenylbutyrate 500mg tb, powder</i>	1	PA
STRENSIQ 18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL	1	PA
VPRIV 400 UNITS VIAL	1	PA
VYNDAMAX 61 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
<i>yargesa 100 mg capsule</i>	1	PA, QL (90 PER 30 DAYS)
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE	1	
ZOKINVY 50 MG CAPSULE, 75 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er er 7.5 mg tablet, er 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
DETROL 1 MG TABLET, 2 MG TABLET	1	ST, QL (60 PER 30 DAYS)
DETROL LA 2 MG CAPSULE, 4 MG CAPSULE	1	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er er 4 mg tablet, er 8 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GEMTESA 75 MG TABLET	1	QL (30 PER 30 DAYS)
MYRBETRIQ ER 25 MG TABLET, ER 50 MG TABLET	1	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	1	QL (300 PER 28 DAYS)
<i>oxybutynin chloride 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup</i>	1	QL (600 PER 30 DAYS)
<i>oxybutynin chloride er cl 10 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>oxybutynin chloride er cl 15 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>oxybutynin chloride er cl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>solifenacin succinate 5 mg tablet, 10 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er er 2 mg cap, er 4 mg cap</i>	1	QL (30 PER 30 DAYS)
TOVIAZ ER 4 MG TABLET, ER 8 MG TABLET	1	ST, QL (30 PER 30 DAYS)
<i>trospium chloride 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trospium chloride er 60 mg cap</i>	1	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er 10 mg tablet</i>	1	QL (30 PER 30 DAYS)
AVODART 0.5 MG SOFTGEL	1	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin -0.5-0.4</i>	1	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	1	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	1	QL (30 PER 30 DAYS)
RAPAFLO 4 MG CAPSULE, 8 MG CAPSULE	1	QL (30 PER 30 DAYS)
<i>silodosin 4 mg capsule, 8 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg capsule</i>	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA 52 MG SYSTEM	1	
SKYLA 13.5 MG SYSTEM	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents, Other		
<i>bethanechol chloride 5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	1	
DEPEN 250 MG TITRATAB	1	
<i>methylergonovine maleate 0.2 mg tablet</i>	1	
<i>penicillamine 250 mg tablet</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR GEL 400 UNIT/5 ML VIAL	1	PA
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML	1	PA
CORTEF 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
<i>decadron 0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet</i>	1	
<i>dexamethasone 0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb</i>	1	
<i>dexamethasone sodium phosphate 4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl</i>	1	
<i>fludrocortisone acetate 0.1 mg tablet</i>	1	
HEMADY 20 MG TABLET	1	
<i>hidex 6 day 1.5 mg tablet</i>	1	
<i>hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	1	
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET	1	
<i>methylprednisolone 4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab</i>	1	
<i>methylprednisolone sodium succ 1 gm vl, 40 mg vl, 125 mg, 500 mg</i>	1	
<i>prednisolone 15 mg/5 ml soln, 15mg/5ml soln cup</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate 5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml</i>	1	
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet</i>	1	
SOLU-MEDROL -1 GRAM VIAL, -40 MG VIAL, -125 MG VIAL, -500 MG VIAL, -1,000 MG VIAL	1	
<i>taperdex 6 day 1.5 mg tablet</i>	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN 10,000 UNIT VL	1	PA
DDAVP 0.1 MG TABLET, 0.2 MG TABLET	1	
<i>desmopressin acetate 0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial</i>	1	
INCRELEX 40 MG/4 ML VIAL	1	
OMNITROPE 5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG	1	PA
PREGNYL 10,000 UNIT VIAL	1	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Androgens

ANDROGEL 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT	1	PA, QL (150 PER 30 DAYS)
<i>danazol 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	1	PA
DEPO-TESTOSTERONE -200 MG/ML, -200 MG/ML VL, -1,000MG/10ML	1	PA
<i>methyltestosterone 10 mg cap</i>	1	PA
<i>testosterone 1% (25mg/2.5g) pk</i>	1	PA, QL (225 PER 30 DAYS)
<i>testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt</i>	1	PA, QL (300 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone 1.62% (2.5 g) pkt, 1.62% gel pump</i>	1	PA, QL (150 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	1	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	1	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml</i>	1	PA
<i>testosterone enanthate testosteron 1,000 mg/5 ml, testosterone 200 mg/ml</i>	1	PA
Estrogens		
DEPO-ESTRADIOL -5 MG/ML VIAL	1	
DIVIGEL 0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET	1	
<i>dotti 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	1	
ESTRACE 0.01% CREAM	1	
<i>estradiol (once weekly) 0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk)</i>	1	
<i>estradiol (twice weekly) 0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk)</i>	1	
<i>estradiol 0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt</i>	1	
<i>estradiol valerate 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml</i>	1	
ESTRING 2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING	1	
<i>lyllana 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENEST 0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET	1	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	1	
VAGIFEM 10 MCG VAGINAL TAB	1	
<i>yuvafem 10 mcg insert, 10 mcg tablet</i>	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

<i>afirmelle -28 tablet</i>	1	
<i>altavera -28 tablet</i>	1	
<i>alyacen 1-35 28 tablet, 7-7-7-28 tablet</i>	1	
<i>amabelz 0.5 mg-0.1 mg tablet, 1 mg-0.5 mg tablet</i>	1	
<i>amethia 0.15-0.03-0.01 mg tab</i>	1	
<i>amethyst 90-20 mcg tablet</i>	1	
<i>apri 28 day tablet</i>	1	
<i>aranelle 28 tablet</i>	1	
<i>ashlyna 0.15-0.03-0.01 mg tab</i>	1	
<i>aubra -28 tablet</i>	1	
<i>aubra eq -28 tablet</i>	1	
<i>aurovela 1 mg-20 mcg tablet, 21 1.5-30 tablet</i>	1	
<i>aurovela 24 fe 1 mg-20 mcg tab</i>	1	
<i>aurovela fe 1-20 tablet, 1.5 mg-30 mcg tab</i>	1	
<i>aviane -28 tablet</i>	1	
<i>ayuna -28 tablet</i>	1	
<i>balziva 28 tablet</i>	1	
<i>blisovi 24 fe tablet</i>	1	
<i>blisovi fe 1-20 tablet, 1.5-30 tablet</i>	1	
<i>briellyn tablet</i>	1	
<i>camrese 0.15-0.03-0.01 mg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>camrese lo tablet</i>	1	
<i>chateal -28 tablet</i>	1	
<i>chateal eq -28 tablet</i>	1	
COMBIPATCH 0.05-0.14 MG, 0.05-0.25 MG	1	
<i>cryselle -28 tablet</i>	1	
<i>cyred 28 day tablet</i>	1	
<i>cyred eq 28 day tablet</i>	1	
<i>dasetta 1-35-28 tablet, 7/7/7-28 tablet</i>	1	
<i>daysee 0.15-0.03-0.01 mg tab</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol -ee 0.15-0.03 mg tb</i>	1	
<i>dolishale 90-20 mcg tablet</i>	1	
<i>drospirenone-eth estra-levomef --3-0.02-0.451, --3-0.03-0.451</i>	1	
<i>drospirenone-ethinyl estradiol -3-0.02 mg tab, -3-0.03 mg tab</i>	1	
<i>elinest -28 tablet</i>	1	
<i>eluryng vaginal ring</i>	1	
<i>emoquette 28 day tablet</i>	1	
<i>enpresse -28 tablet</i>	1	
<i>enskyce 28 tablet</i>	1	
<i>estarylla 0.25-0.035 mg tablet</i>	1	
<i>estradiol-norethindrone acetat -0.5-0.1 mg tb, -1-0.5 mg tab</i>	1	
<i>ethynodiol-ethinyl estradiol ynodiol--35mcg, ynodiol--50mcg</i>	1	
<i>etonogestrel-ethinyl estradiol -ee vaginal ring</i>	1	
<i>falmina -28 tablet</i>	1	
<i>femynor 28 tablet</i>	1	
<i>gemmily 1 mg-20 mcg capsule</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hailey 21 1.5 mg-30 mcg tab</i>	1	
<i>hailey 24 fe 1 mg-20 mcg tab</i>	1	
<i>hailey fe 1-20 tablet, 1.5-30 tablet</i>	1	
<i>haloette vaginal ring</i>	1	
<i>iclevia 0.15 mg-0.03 mg tablet</i>	1	
<i>introvale 0.15-0.03 mg tablet</i>	1	
<i>isibloom 28 day tablet</i>	1	
<i>jaimiess 0.15-0.03-0.01 mg tab</i>	1	
<i>jasmiel 3 mg-0.02 mg tablet</i>	1	
<i>jolessa 0.15 mg-0.03 mg tablet</i>	1	
<i>juleber 28 day tablet</i>	1	
<i>junel 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet</i>	1	
<i>junel fe 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet</i>	1	
<i>junel fe 24 tablet</i>	1	
<i>kaitlib fe 0.8-0.025mg chew tb</i>	1	
<i>kalliga 28 day tablet</i>	1	
<i>kariva 28 day tablet</i>	1	
<i>kelnor 1-35 -28 tablet</i>	1	
<i>kelnor 1-50 -tablet</i>	1	
<i>kurvelo -28 tablet</i>	1	
<i>larin 1.5 mg-30 mcg tablet, 21 1-20 tablet</i>	1	
<i>larin 24 fe 1 mg-20 mcg tablet</i>	1	
<i>larin fe 1-20 tablet, 1.5-30 tablet</i>	1	
<i>larissia -28 tablet</i>	1	
LAYOLIS FE CHEWABLE TABLET	1	
<i>leena 28 tablet</i>	1	
<i>lessina -28 tablet</i>	1	
<i>levonest -28 tablet</i>	1	
<i>levonorg-eth estrad eth estrad lvono-strad 0.15-0.03-0.01, lvonor-strad 0.1-0.02-0.01</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levonorgestrel-eth estradiol -estra 0.09-0.02 mg, -estradiol 0.1-0.02 mg, -estradiol 0.15-0.03, -estradiol triphasic</i>	1	
<i>levora-28 -tablet</i>	1	
<i>lillow -28 tablet</i>	1	
<i>lo-zumandimine -3 mg-0.02 mg tb</i>	1	
LOESTRIN 21 1-20 TABLET, 21 1.5-30 TABLET	1	
LOESTRIN FE 1-20 TABLET, 1.5-30 TABLET	1	
<i>lojaimiess 0.1-0.02-0.01 tab</i>	1	
<i>loryna 3 mg-0.02 mg tablet</i>	1	
LOSEASONIQUE TABLET	1	
<i>low-ogestrel --28 tablet</i>	1	
<i>lutera -28 tablet</i>	1	
<i>marlissa -28 tablet</i>	1	
<i>merzee 1 mg-20 mcg capsule</i>	1	
<i>microgestin 21 1-20 tablet, 21 1.5-30 tab</i>	1	
<i>microgestin 24 fe 1 mg-20 mcg</i>	1	
<i>microgestin fe 1-20 tablet, 1.5-30 tab</i>	1	
<i>mili 0.25-0.035 mg tablet</i>	1	
<i>mimvey 1-0.5 mg tablet</i>	1	
MIRCETTE 28 DAY TABLET	1	
<i>mono-linyah -28 tablet</i>	1	
<i>necon 0.5-35-28 tablet</i>	1	
<i>nikki 3 mg-0.02 mg tablet</i>	1	
<i>norethin-eth estradiol-ferrous fumarate noret-estradiol 0.4-0.035(21)-75, norethin-estradiol-0.8-0.025 mg</i>	1	
<i>norethindrone-ethinyl estradiol norethin-ee 1.5-0.03 mg(21) tb, norethindrone-eth estradiol 1-0.02 mg</i>	1	
<i>norethindrone-e.estradiol-iron --1 mg/20-30-35 mcg, --1-0.02(21)-75 tab, --1-0.02(24)-75 cap, --1.5-0.03mg(21)-75</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norgestimate-ethinyl estradiol norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg</i>	1	
<i>nortrel 0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet</i>	1	
NUVARING NUVAVAGINAL	1	
<i>nylia 1-35 28 tablet, 7-7-7-28 tablet</i>	1	
<i>nymyo 0.25-0.035 mg (28) tab</i>	1	
<i>ocella 3 mg-0.03 mg tablet</i>	1	
<i>orsythia -28 tablet</i>	1	
<i>philith 0.4-0.035 mg tablet</i>	1	
<i>pimtrea 28 day tablet</i>	1	
<i>pirmella 1-35 28 tablet, 1-35-28 tablet, 7-7-7-28 tablet</i>	1	
<i>portia -28 tablet</i>	1	
PREMPHASE 0.625-5 MG TABLET	1	
PREMPRO 0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET	1	
<i>previfem tablet</i>	1	
<i>reclipsen 28 day tablet</i>	1	
SEASONIQUE 0.15-0.03-0.01 TAB	1	
<i>setlakin 0.15 mg-0.03 mg tab</i>	1	
<i>simliya 28 day tablet</i>	1	
<i>simpesse 0.15-0.03-0.01 mg tab</i>	1	
<i>sprintec 28 day tablet</i>	1	
<i>sronyx 0.10-0.02 mg tablet</i>	1	
<i>syeda 28 tablet</i>	1	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	1	
<i>tarina fe 1-20 eq -tablet</i>	1	
<i>tarina fe 1-20 tablet</i>	1	
<i>tilia fe 28 tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri femynor 28 tablet</i>	1	
<i>tri-estarylla -tablet</i>	1	
<i>tri-legest fe --28 day tablet</i>	1	
<i>tri-linyah -tablet</i>	1	
<i>tri-lo-estarylla --tablet</i>	1	
<i>tri-lo-marzia --tablet</i>	1	
<i>tri-lo-mili --tablet</i>	1	
<i>tri-lo-sprintec --tablet</i>	1	
<i>tri-mili -28 tablet</i>	1	
<i>tri-nymyo -28 tablet</i>	1	
<i>tri-previfem -tablet</i>	1	
<i>tri-sprintec -tablet</i>	1	
<i>tri-vylibra -28 tablet</i>	1	
<i>tri-vylibra lo -tablet</i>	1	
<i>trivora-28 -tablet</i>	1	
TYBLUME 0.1-0.02 MG CHEW TAB	1	
<i>tydemy 3-0.03-0.451 mg tablet</i>	1	
<i>velivet 28 day tablet</i>	1	
<i>vestura 3 mg-0.02 mg tablet</i>	1	
<i>vienva -28 tablet</i>	1	
<i>viorele 28 day tablet</i>	1	
<i>volnea 0.15-0.02-0.01 mg tab</i>	1	
<i>vyfemla 0.4 mg-0.035 mg tablet</i>	1	
<i>vylibra 28 tablet</i>	1	
<i>wera 0.5/0.035 mg 28 tablet</i>	1	
<i>wymzya fe 0.4-0.035 mg chew tb</i>	1	
YASMIN 28 TABLET	1	
YAZ 28 TABLET	1	
<i>zarah tablet</i>	1	
<i>zovia 1-35 -tablet</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zumandimine 3 mg-0.03 mg tab</i>	1	
<i>azurette 28 day tablet</i>	1	
<i>enilloring vaginal</i>	1	
<i>taysofy 1 mg-20 mcg capsule</i>	1	
<i>turqoz -28 tablet</i>	1	
Progestins		
AYGESTIN 5 MG TABLET	1	
<i>camila 0.35 mg tablet</i>	1	
<i>deblitane 0.35 mg tablet</i>	1	
DEPO-PROVERA -150 MG/ML SYRINGE, - 150 MG/ML VIAL	1	
DEPO-SUBQ PROVERA 104 -SYRINGE	1	
<i>emzahh 0.35 mg tablet</i>	1	
<i>errin 0.35 mg tablet</i>	1	
<i>heather 0.35 mg tablet</i>	1	
<i>hydroxyprogesterone caproate 1.25 g/5ml</i>	1	
<i>incassia 0.35 mg tablet</i>	1	
<i>jencycla 0.35 mg tablet</i>	1	
<i>lyleq 0.35 mg tablet</i>	1	
<i>lyza 0.35 mg tablet</i>	1	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml</i>	1	
<i>megestrol acetate 20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml</i>	1	
<i>nora-be -tablet</i>	1	
<i>norethindrone 0.35 mg tablet</i>	1	
<i>norethindrone ac (lupaneta) norethindr n 5 mg tb</i>	1	
<i>norethindrone acetate 5 mg tablet</i>	1	
<i>norlyda 0.35 mg tablet</i>	1	
<i>progesterone 100 mg capsule, 200 mg capsule</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROVERA 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	1	
<i>sharobel 0.35 mg tablet</i>	1	
<i>tulana 0.35 mg tablet</i>	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	1	
EVISTA 60 MG TABLET	1	
<i>raloxifene hcl 60 mg tablet</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET	1	
EUTHYROX 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	1	
LEVO-T -25 MCG ABLE, -50 MCG ABLE, -75 MCG ABLE, -88 MCG ABLE, -100 MCG ABLE, -112 MCG ABLE, -125 MCG ABLE, -137 MCG ABLE, -150 MCG ABLE, -175 MCG ABLE, -200 MCG ABLE, -300 MCG ABLE	1	
<i>levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet</i>	1	
LEVOXYL 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNTHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	1	
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE	1	
TIROSINT-SOL -SOL 13 MCG/ML SOLN, -SOL 25 MCG/ML SOLN, -SOL 37.5 MCG/ML SOLN, -SOL 44 MCG/ML SOLN, -SOL 50 MCG/ML SOLN, -SOL 62.5 MCG/ML SOLN, -SOL 75 MCG/ML SOLN, -SOL 88 MCG/ML SOLN, -SOL 100 MCG/ML SOLN, -SOL 112 MCG/ML SOLN, -SOL 125 MCG/ML SOLN, -SOL 137 MCG/ML SOLN, -SOL 150 MCG/ML SOLN, -SOL 175 MCG/ML SOLN, -SOL 200 MCG/ML SOLN	1	
UNITHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	1	

Hormonal Agents, Suppressant (Adrenal)

KORLYM 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TABLET	1	
<i>mifepristone 300 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline 0.5 mg tablet</i>	1	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRMAGON 2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL	1	
<i>leuprolide acetate 14 mg/2.8 ml kt, 14 mg/2.8 ml vl</i>	1	PA
<i>leuprolide depot 22.5 mg vial</i>	1	PA
LUPRON DEPOT (LUPANETA) DEPO 11.25MG, DEPOT 3.75MG	1	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT, 11.25 MG 3MO KIT, 22.5 MG 3MO KIT, 45 MG 6MO KIT	1	PA
LUPRON DEPOT-PED -11.25 MG 3MO, -11.25 MG KIT, -15 MG KIT, -30 MG 3MO KIT, -45 MG 6MO KIT, -7.5 MG KIT	1	PA
<i>octreotide acetate acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial</i>	1	PA
<i>octreotide acetate er er 20 mg, er 30 mg</i>	1	PA
ORGOVYX 120 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT 10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL	1	PA
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA
SIGNIFOR LAR 10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL	1	PA
SOMATULINE DEPOT 60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML	1	PA
SOMAVERT 10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL	1	PA
SYNAREL 2 MG/ML NASAL SPRAY	1	
TRELSTAR 3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole 5 mg tablet, 10 mg tablet</i>	1	
<i>propylthiouracil 50 mg tablet</i>	1	
Immunological Agents		
Angioedema Agents		
CINRYZE 500 UNIT VIAL, 500 UNIT VIAL-DILUENT	1	PA, QL (20 PER 30 DAYS)
FIRAZYR 30 MG/3 ML SYRINGE	1	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	1	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	1	PA, QL (18 PER 30 DAYS)
<i>icatibant 30 mg/3 ml syringe</i>	1	PA, QL (18 PER 30 DAYS)
<i>sajazir 30 mg/3 ml syringe</i>	1	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM 50 MG/ML AMPUL	1	Part D vs Part B
GAMMAGARD LIQUID 10% VIAL	1	PA
GAMMAGARD S-D -5 G (IGA<1) OLN, -10 G (IGA<1) OL	1	PA
GAMMAPLEX 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL	1	PA
GAMUNEX-C -1 GRAM/10 ML VIAL, -5 GRAM/50 ML VIAL, -10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL, -40 GRAM/400 ML VIAL, -2.5 GRAM/25 ML VIAL	1	PA
SYNAGIS 50 MG/0.5 ML VIAL, 100 MG/ML VIAL	1	
THYMOGLOBULIN 25 MG VIAL	1	Part D vs Part B

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents, Other		
ARCALYST 220 MG VIAL	1	PA
BENLYSTA 120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL	1	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	1	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	1	PA
COSENTYX SENSOREADY PEN 150 MG	1	PA
COSENTYX SYRINGE 75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE	1	PA
COSENTYX UNOREADY PEN 300 MG	1	Biologic Immunomodulators PA - Cosentyx
DUPIXENT PEN 200 MG/1.14 ML PEN, 300 MG/2 ML PEN	1	PA
DUPIXENT SYRINGE 100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE	1	PA
ILARIS 150 MG/ML VIAL	1	PA
KINERET 100 MG/0.67 ML SYRINGE	1	PA
NULOJIX 250 MG VIAL	1	Part D vs Part B
ORENCIA 50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL	1	PA
ORENCIA CLICKJECT 125 MG/ML	1	PA
RIDAURA 3 MG CAPSULE	1	
RINVOQ ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET	1	PA
RINVOQ LQ 1 MG/ML SOLUTION	1	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	1	PA
SKYRIZI ON-BODY 180 MG/1.2 ML, 360 MG/2.4 ML	1	PA
SKYRIZI PEN 150 MG/ML	1	PA
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL	1	PA
TREMFYA PEN 200 MG/2 ML	1	PA
XELJANZ 1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET	1	PA
XELJANZ XR 11 MG TABLET, 22 MG TABLET	1	PA
XOLAIR 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE	1	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	1	PA
BESREMI 500 MCG/ML SYRINGE	1	PA, QL (2 PER 28 DAYS)
PEGASYS 180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL	1	PA
Immunosuppressants		
ASTAGRAF XL 0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE	1	PA
AZASAN 75 MG TABLET, 100 MG TABLET	1	PA
<i>azathioprine 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	1	PA
<i>azathioprine sodium 100 mg vial</i>	1	Part D vs Part B
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET	1	PA
CELLCEPT 500 MG VIAL	1	Part D vs Part B
<i>cyclosporine 25 mg capsule, 100 mg capsule</i>	1	PA
<i>cyclosporine 250 mg/5 ml ampul</i>	1	Part D vs Part B
<i>cyclosporine modified 25 mg, 50 mg, 100 mg, 100mg/ml</i>	1	PA
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS CRH--40MG	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYLTEZO(CF) PEN PEN 40 MG/0.4 ML, PEN 40 MG/0.8 ML	1	PA
CYLTEZO(CF) PEN PSORIASIS-UV -40MG	1	PA
ENBREL 25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	1	PA
ENBREL MINI 50 MG/ML CARTRIDGE	1	PA
ENBREL SURECLICK 50 MG/ML	1	PA
<i>everolimus 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	1	PA
<i>gengraf 25 mg capsule, 100 mg capsule, 100 mg/ml solution</i>	1	PA
HADLIMA 40 MG/0.8 ML SYRINGE	1	PA
HADLIMA PUSHTOUCH 40 MG/0.8 ML	1	PA
HADLIMA(CF) 40 MG/0.4 ML SYRNG	1	PA
HADLIMA(CF) PUSHTOUCH 40MG/0.4	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	1	PA
HUMIRA PEN 40 MG/0.8 ML	1	PA
HUMIRA PEN CROHN'S-UC-HS --40 MG	1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS --40 MG	1	PA
HUMIRA(CF) 10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG, 80MG/0.8	1	PA
HUMIRA(CF) PEN CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN--80MG	1	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS --AHS 80-40	1	PA
IMURAN 50 MG TABLET	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leflunomide 10 mg tablet, 20 mg tablet</i>	1	
<i>methotrexate 1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial</i>	1	
<i>methotrexate sodium 1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial</i>	1	
<i>mycophenolate mofetil 200 mg/ml susp, 250 mg capsule, 500 mg tablet</i>	1	PA
<i>mycophenolate mofetil 500 mg vial</i>	1	Part D vs Part B
<i>mycophenolic acid dr 180 mg, dr 360 mg</i>	1	PA
MYFORTIC 180 MG TABLET	1	PA
MYHIBBIN 200 MG/ML SUSPENSION	1	Part D vs Part B
NEORAL 25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION	1	PA
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE	1	PA
PROGRAF 5 MG/ML AMPULE	1	Part D vs Part B
RAPAMUNE 1 MG/ML ORAL SOLN	1	PA
RENFLEXIS 100 MG VIAL	1	PA
SANDIMMUNE 25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN	1	PA
SANDIMMUNE 50 MG/ML AMPUL	1	Part D vs Part B
SIMULECT 10 MG VIAL, 20 MG VIAL	1	Part D vs Part B
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet</i>	1	PA
<i>tacrolimus 0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir)</i>	1	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	1	PA
ZORTRESS 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET	1	PA
Vaccines		
ABRYSVO ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTHIB VIAL, WITH DILUENT	1	
ADACEL TDAP SYRINGE, VIAL	1	
AREXVY VIAL KIT	1	
BCG VACCINE (TICE STRAIN) VIAL	1	
BEXSERO PREFILLED SYRINGE	1	
BOOSTRIX TDAP SYRINGE, VIAL	1	
DAPTACEL DTAP VACCINE	1	
DENGVAXIA VIAL, VIAL WITH DILUENT	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT -20 MCG/ML SYRN, -20 MCG/ML VIAL	1	PA
ENGERIX-B PEDIATRIC-ADOLESCENT -10 MCG/0.5 SYRN	1	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	1	
GARDASIL 9 9 SYRINGE, 9 VIAL	1	
HAVRIX 720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNIT/ML SYRINGE	1	
HEPLISAV-B -20 MCG/0.5 ML SYRNG	1	PA
HIBERIX VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL	1	
IMOVAX RABIES VACCINE VIAL	1	PA
INFANRIX DTAP SYRINGE	1	
IPOL VIAL	1	
IXCHIQ VIAL	1	
IXIARO 6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR	1	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	1	PA
JYNNEOS 0.5 ML VIAL	1	PA
KINRIX TIP-LOK SYRINGE	1	
M-M-R II VACCINE --VIAL	1	
MENACTRA VIAL	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENQUADFI VIAL	1	
MENVEO A-C-Y-W-135-DIP 1 VIL-----135-DIP, --- KIT (2 VILS)	1	
MRESVIA 50 MCG/0.5 ML SYRINGE	1	
PEDIARIX 0.5 ML SYRINGE	1	
PEDVAXHIB VACCINE VIAL	1	
PENBRAYA KIT	1	
PENTACEL VIAL KIT	1	
PREHEVBRIO 10 MCG/ML VIAL	1	PA
PRIORIX VIAL	1	
PROQUAD VIAL	1	
QUADRACEL DTAP-IPV -SYRINGE, -VIAL	1	
RABAVERT VACC W-DILUENT, VACCINE VIAL	1	PA
RECOMBIVAX HB 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL	1	PA
ROTARIX ORAL SYRINGE, SUSPENSION	1	
ROTATEQ VACCINE	1	
SHINGRIX VIAL KIT	1	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	1	
TDVAX VIAL	1	PA
TENIVAC SYRINGE, VIAL	1	PA
TICOVAC 1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE	1	
TRUMENBA 120 MCG/0.5 ML VACCIN	1	
TWINRIX VACCINE SYRINGE	1	
TYPHIM VI 25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG	1	
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	1	
VARIVAX VACCINE VIAL, WITH DILUENT	1	
VAXCHORA VACCINE	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YF-VAX -1 VIAL, -5 VIAL	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ER 0.375 GRAM CAPSULE	1	QL (120 PER 30 DAYS)
ASACOL HD DR 800 MG TABLET	1	QL (180 PER 30 DAYS)
AZULFIDINE 500 MG TABLET, ENTAB 500 MG	1	
<i>balsalazide disodium 750 mg cp</i>	1	
CANASA 1,000 MG SUPPOSITORY	1	
COLAZAL 750 MG CAPSULE	1	
DELZICOL DR 400 MG CAPSULE	1	QL (180 PER 30 DAYS)
DIPENTUM 250 MG CAPSULE	1	
LIALDA DR 1.2 GM TABLET	1	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp</i>	1	
<i>mesalamine 800 mg dr tablet</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine dr 400 mg capsule</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	1	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	1	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	1	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	1	
SFROWASA 4 GM/60 ML ENEMA	1	
<i>sulfasalazine 500 mg tablet</i>	1	
<i>sulfasalazine dr 500 mg tab</i>	1	
Glucocorticoids		
<i>budesonide dr 3 mg capsule</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide ec 3 mg capsule</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide er 9 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone 100 mg/60 ml</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc -2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-pak -1% cream</i>	1	
<i>proctosol-hc -2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc -2.5% cream</i>	1	QL (454 PER 30 DAYS)

Metabolic Bone Disease Agents

<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 PER 28 DAYS)
ATELVIA DR 35 MG TABLET	1	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr, -400 unit/2ml</i>	1	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial</i>	1	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet</i>	1	PA
FORTEO 600 MCG/2.4 ML PEN INJ	1	PA
FOSAMAX 70 MG TABLET	1	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>ibandronate sodium 3 mg/3 ml syringe, 3 mg/3 ml vial</i>	1	
MIACALCIN 400 UNIT/2 ML VIAL	1	
NATPARA 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	1	PA, QL (2 PER 28 DAYS)
<i>paricalcitol 1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial</i>	1	
PROLIA 60 MG/ML SYRINGE	1	PA
<i>risedronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tab</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium dr 35 mg tab</i>	1	QL (4 PER 28 DAYS)
ROCALTRON 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN	1	
SENSIPAR 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	1	PA
TERIPARATIDE TERIPARATIDE 620 MCG/2.48 ML, TERIPARATIDE 600 MCG/2.4ML PEN	1	PA
TYMLOS 80 MCG DOSE PEN INJECTR	1	PA
XGEVA 120 MG/1.7 ML VIAL	1	PA
ZEMPLAR 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	1	
<i>zoledronic acid 4 mg/5 ml vial, 5 mg/100 ml</i>	1	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate 1% eye drops</i>	1	
<i>brimonidine tartrate-timolol -0.2%-0.5%</i>	1	
COMBIGAN 0.2%-0.5% EYE DROPS	1	
COSOPT EYE DROPS	1	
CYSTADROPS CYSTA0.37% EYE	1	PA
CYSTARAN 0.44% EYE DROPS	1	PA
<i>dorzolamide-timolol -eye drops</i>	1	
MAXITROL EYE OINTMENT	1	
<i>neo-polycin hc -eye ointment</i>	1	
<i>neomycin-bacitracin-poly-hc ---eye ointment</i>	1	
<i>neomycin-polymyxin-dexameth --dexamet ointm, --dexameth drop</i>	1	
RESTASIS 0.05% EYE EMULSION	1	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	1	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone -10-0.23% eye drops</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOBRADEX DROPS, OINTMENT	1	
<i>tobramycin-dexamethasone -ophth susp</i>	1	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac --eye ointment</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	1	
<i>bacitracin-polymyxin -eye oint</i>	1	
BESIVANCE 0.6% SUSP	1	
<i>ciprofloxacin hcl 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gentamicin sulfate 0.3% eye drop</i>	1	
LACRISERT 5 MG EYE INSERT	1	
MOXEZA 0.5% EYE DROPS	1	
<i>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	1	
NATACYN 5% EYE DROPS	1	
<i>neo-polycin -eye ointment</i>	1	
<i>neomycin-bacitracin-polymyxin --polymix eye oint</i>	1	
<i>neomycin-polymyxin-gramicidin --eye drop</i>	1	
OCUFLOX 0.3% EYE DROPS	1	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin eye ointment</i>	1	
<i>polymyxin b sul-trimethoprim -tmp eye drops</i>	1	
<i>sulfacetamide sodium 10% drops, 10% ointment</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine 1% eye drops</i>	1	
VIGAMOX 0.5% EYE DROPS	1	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	1	
<i>cromolyn sodium 4% eye drops</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epinastine hcl 0.05% eye drops</i>	1	
<i>olopatadine hcl 0.1% drops, 0.2% drop</i>	1	
Ophthalmic Anti-inflammatories		
ACULAR 0.5% EYE DROPS	1	
ACULAR LS 0.4% OPHTH SOL	1	
<i>bromfenac sodium 0.07%, 0.09%</i>	1	
<i>dexamethasone sodium phosphate 0.1% eye drop</i>	1	
<i>diclofenac sodium 0.1% eye drops</i>	1	
<i>difluprednate 0.05% eye drop</i>	1	
DUREZOL 0.05% EYE DROPS	1	
EYSUVIS 0.25% EYE DROPS	1	PA
<i>fluorometholone 0.1% eye drop</i>	1	
<i>flurbiprofen sodium 0.03% eye drop</i>	1	
FML LIQUIFILM 0.1% EYE DROP	1	
ILEVRO 0.3% OPHTH DROPS	1	
INVELTYS 1% EYE DROP	1	
<i>ketorolac tromethamine 0.4%, 0.5%</i>	1	
PRED FORTE 1% EYE DROPS	1	
PRED MILD 0.12% EYE DROPS	1	
<i>prednisolone acetate 1% eye drop</i>	1	
<i>prednisolone sodium phosphate 1% eye drop</i>	1	
PROLENSA 0.07% EYE DROPS	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	1	
BETOPTIC S 0.25% DROP, 0.25% DROP	1	
<i>carteolol hcl 1% eye drops</i>	1	
ISTALOL 0.5% EYE DROPS	1	
<i>levobunolol hcl 0.5% eye drops</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate 0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop, maleate 0.5% eye drops</i>	1	
TIMOPTIC 0.25% DROP, 0.5% DROP	1	
TIMOPTIC OCUDOSE 0.25% DROP, 0.5% DROP	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P ALHAGAN 0.1% DROS, ALHAGAN 0.15% EYE DROS	1	
AZOPT 1% EYE DROPS	1	
<i>brimonidine tartrate tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop</i>	1	
<i>brinzolamide 1% eye drops</i>	1	
<i>dorzolamide hcl 2% eye drops</i>	1	
<i>pilocarpine hcl 1% drops, 2% drops, 4% drops</i>	1	
RHOPRESSA 0.02% OPHTH SOLUTION	1	QL (15 PER 75 OVER TIME)
ROCKLATAN 0.02%-0.005% EYE DRP	1	QL (15 PER 75 OVER TIME)
SIMBRINZA 1%-0.2% DROP, 1%-0.2% DROPS	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost 0.03% eye drops</i>	1	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN 0.01% EYE DROPS	1	QL (15 PER 75 OVER TIME)
TRAVATAN Z 0.004% EYE DROP	1	QL (15 PER 75 OVER TIME)
<i>travoprost 0.004% eye drop</i>	1	QL (15 PER 75 OVER TIME)
Otic Agents		
<i>acetic acid 2% ear solution</i>	1	
CIPRODEX OTIC SUSPENSION	1	
<i>ciprofloxacin-dexamethasone -otic susp</i>	1	
<i>flac otic oil 0.01% ear drop</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide oil 0.01% ear drp</i>	1	
<i>hydrocortisone-acetic acid hydrocortison-acid soln, hydrocortisone-ear drop</i>	1	
<i>neomycin-polymyxin-hc --ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort --hc ear soln</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA 50 MCG, 100 MCG, 200 MCG	1	QL (30 PER 30 DAYS)
ASMANEX HFA HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER	1	QL (13 PER 30 DAYS)
ASMANEX TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120	1	QL (1 PER 30 DAYS)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh</i>	1	PA
<i>flunisolide 0.025% spray</i>	1	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	1	QL (16 PER 30 DAYS)
<i>fluticasone propionate hfa 110 mcg</i>	1	QL (12 PER 30 DAYS)
<i>fluticasone propionate hfa 220 mcg</i>	1	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg</i>	1	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	1	QL (10.6 PER 30 DAYS)
QVAR REDHALER 80 MCG	1	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	1	QL (32 PER 30 DAYS)

Antihistamines

<i>azelastine hcl 0.1% (137 mcg) spry, 0.15% nasal spray</i>	1	QL (60 PER 30 DAYS)
<i>clemastine fumarate 2.68 mg tablet</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyproheptadine hcl 2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<i>diphenhydramine hcl 50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial</i>	1	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<i>olopatadine hcl 665 mcg nasal spry</i>	1	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE 10 MG TABLET, 20 MG TABLET	1	
<i>montelukast sodium 4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet</i>	1	
SINGULAIR 4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET	1	
<i>zafirlukast 10 mg tablet, 20 mg tablet</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA 17 MCG INHALER	1	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG INH	1	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02% soln</i>	1	PA
<i>ipratropium bromide 0.03% spray</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium bromide 0.06% spray</i>	1	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	1	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG, 2.5 MCG	1	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (36 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln</i>	1	PA
<i>albuterol sulfate sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab</i>	1	
<i>epinephrine 0.15 mg -injt, 0.3 mg -inject</i>	1	
PROAIR HFA 90 MCG INHALER	1	QL (36 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	1	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	1	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	1	
VENTOLIN HFA 90 MCG INHALER	1	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	1	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
KALYDECO 5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	1	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	1	PA, QL (60 PER 30 DAYS)
PULMOZYME 1 MG/ML AMPUL	1	PA
<i>tobramycin 300 mg/5 ml ampule</i>	1	PA
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	1	PA, QL (90 PER 30 DAYS)
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	1	Trikafta PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
<i>cromolyn sodium 20 mg/2 ml neb soln</i>	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine citrate 60 mg/3 ml oral</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DALIRESP 250 MCG TABLET, 500 MCG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>roflumilast 250 mcg tablet, 500 mcg tablet</i>	1	PA, QL (30 PER 30 DAYS)
THEO-24 -24 ER 100 MG CAPSULE, -24 ER 200 MG CAPSULE, -24 ER 300 MG CAPSULE, -24 ER 400 MG CAPSULE	1	
<i>theophylline anhydrous er 300 mg tab, er 450 mg tab</i>	1	
<i>theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet</i>	1	
Pulmonary Antihypertensives		
ADCIRCA 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ADEMPAS 0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET	1	PA, QL (90 PER 30 DAYS)
<i>alyq 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>ambrisentan 5 mg tablet, 10 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
<i>bosentan 62.5 mg tablet, 125 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
LETAIRIS 5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
REMODULIN 1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL	1	Part D vs Part B
<i>sildenafil citrate 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	1	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	1	PA, QL (60 PER 30 DAYS)
<i>treprostinil 20 mg/20 ml vial, 50 mg/20 ml vial, 100 mg/20 ml vial, 200 mg/20 ml vial</i>	1	Part D vs Part B
VENTAVIS 10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION	1	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	1	PA, QL (270 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ESBRIET 801 MG TABLET	1	PA, QL (90 PER 30 DAYS)
OFEV 100 MG CAPSULE, 150 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
<i>pirfenidone 267 mg capsule, 267 mg tablet</i>	1	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
<i>acetylcysteine 10% vial, 20% vial</i>	1	PA
ADVAIR HFA HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER	1	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG INH	1	QL (60 PER 30 DAYS)
BREO ELLIPTA 50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR	1	QL (60 PER 30 DAYS)
<i>breynga 80-4.5 mcg, 160-4.5 mcg</i>	1	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	1	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate -80-4.5, -160-4.5</i>	1	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	1	QL (8 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER	1	QL (39 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE	1	Fasenra PA
FASENRA 30 MG/ML SYRINGE	1	PA
FASENRA PEN 30 MG/ML	1	PA
<i>fluticasone-salmeterol -100-50, -250-50, -500-50</i>	1	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol -55-14, -113-14, -232-14</i>	1	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol -0.5-3(2.5) mg/3 ml</i>	1	PA
LAGEVRIO (COMMERCIAL)	1	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	1	
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	1	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	1	QL (20 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PAXLOVID 300-100 MG DOSE PACK	1	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	1	
STIOLTO RESPIMAT INHAL SPRAY, INHALER (10), INHALER (60)	1	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25, 200-62.5-25	1	QL (60 PER 30 DAYS)
<i>wixela inhub 100, 250, 500</i>	1	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl 5 mg tablet, 10 mg tablet</i>	1	
<i>methocarbamol 500 mg tablet, 750 mg tablet</i>	1	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	1	PA, QL (30 PER 30 DAYS)
DAYVIGO 5 MG TABLET, 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	1	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tablet</i>	1	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	1	QL (30 PER 30 DAYS)
SILENOR 3 MG TABLET, 6 MG TABLET	1	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg capsule</i>	1	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg capsule, 30 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	1	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil 50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 8

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUMRYZ ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET	1	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK 4.5-6-7.5 GM PK	1	PA, QL (28 PER 28 DAYS)
<i>modafinil 100 mg tablet, 200 mg tablet</i>	1	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET	1	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate 0.5 g/ml soln</i>	1	PA, QL (540 PER 30 DAYS)

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

Index of Drugs

A

abacavir	62	AFINITOR	44
abacavir-lamivudine	62	AFINITOR DISPERZ	44
ABILIFY	56	afirmelle	111
ABILIFY ASIMTUFI	56	AGRYLIN	75
ABILIFY MAINTENA	56	AIMOVIG AUTOINJECTOR	35
abiraterone acetate	38	ak-poly-bac	131
ABRAXANE	40	AKEEGA	44
ABRYSVO	125	ALA-CORT	95
acamprosate calcium	14	ala-cort	95
acarbose	68	albendazole	53
ACCOLATE	135	ALBUTEROL HFA 90 MCG INHALER (generic ProAir HFA)	135
ACCUPRIL	78	ALBUTEROL HFA 90 MCG INHALER (generic Proventil HFA)	135
ACCURETIC	83	albuterol sulfate	136
accutane	94	alclometasone dipropionate	95
acebutolol hcl	80	ALDACTAZIDE	83
acetaminophen-codeine	11,12	ALDACTONE	87
acetazolamide	83	ALDURAZYME	105
acetazolamide er	83	ALECENSA	44
acetic acid	133	alendronate sodium	129
acetylcysteine	138	alfuzosin hcl er	107
acitretin	94	ALIMTA	40
ACTHAR	108	ALIQOPA	44
ACTHAR SELFJECT	108	aliskiren	83
ACTHIB	126	allopurinol	35
ACTIMMUNE	123	allopurinol sodium	35
ACTOS	68	ALOPRIM	35
ACULAR	132	alosetron hcl	102
ACULAR LS	132	ALPHAGAN P	133
acyclovir	66	alprazolam	66
acyclovir sodium	66	ALTACE	78
ADACEL TDAP	126	altavera	111
ADCETRIS	50	ALUNBRIG	44
ADCIRCA	137	alyacen	111
ADDERALL XR	90	ALYMSYS	50
adefovir dipivoxil	65	alyq	137
ADEMPAS	137	amabelz	111
ADLARITY	27	amantadine	54
adriamycin	40	AMBISOME	33
ADVAIR HFA	138	ambrisentan	137

amethia	111	ARICEPT	27
amethyst	111	ARIMIDEX	43
amikacin sulfate	15	aripiprazole	56,57
amiloride hcl	87	aripiprazole odt	57
amiloride-hydrochlorothiazide	83	ARISTADA	57
amiodarone hcl	79	ARISTADA INITIO	57
amitriptyline hcl	32	armodafinil	139
amlodipine besylate	81	ARNUITY ELLIPTA	134
amlodipine besylate-benazepril	83	AROMASIN	43
amlodipine-atorvastatin	84	ARRANON	40
amlodipine-olmesartan	84	arsenic trioxide	40
amlodipine-valsartan	84	ARTHROTEC 50	9
amlodipine-valsartan-hctz	84	ARTHROTEC 75	9
ammonium lactate	95	ARZERRA	50
amnesteem	94	ASACOL HD	128
amoxapine	32	asenapine maleate	57
amoxicillin	19	ashlyna	111
amoxicillin-clavulanate pot er	19	ASMANEX	134
amoxicillin-clavulanate potass	19	ASMANEX HFA	134
amphotericin b	34	ASPARLAS	40
amphotericin b liposome	34	aspirin-dipyridamole er	76
ampicillin sodium	19	ASTAGRAF XL	123
ampicillin trihydrate	19	ATACAND	77
ampicillin-sulbactam	19	ATACAND HCT	84
AMPYRA	92	atazanavir sulfate	64
anagrelide hcl	75	ATELVIA	129
anastrozole	43	atenolol	80
ANDROGEL	109	atenolol-chlorthalidone	84
ANORO ELLIPTA	138	ATGAM	121
APOKYN	54	atomoxetine hcl	91
apomorphine hcl	54	atorvastatin calcium	88
aprepitant	33	atovaquone	53
apri	111	atovaquone-proguanil hcl	53
APRISO	128	atropine sulfate	130
APTIOM	26	ATROVENT HFA	135
APTIVUS	64	aubra	111
aqua care sodium chloride	98	aubra eq	111
aranelle	111	AUGMENTIN	19
ARANESP	75	AUGTYRO	44
ARCALYST	122	aurovela	111
AREXVY	126	aurovela 24 fe	111

aurovela fe	111	BALVERSA	44
AURYXIA	101	balziva	111
AUSTEDO	92	BANZEL	26
AUSTEDO XR	92	BAQSIMI	71
AUSTEDO XR TITRATION KT(WK1-4)	92	BARACLUDE	65
AUVELITY	28	BAVENCIO	51
AVALIDE	84	BCG VACCINE (TICE STRAIN)	126
AVAPRO	77	BELBUCA	11
AVASTIN	51	BELEODAQ	44
aviane	111	BELSOMRA	139
avidoxy	22	benazepril hcl	78
AVITA	94	benazepril-hydrochlorothiazide	84
AVODART	107	bendamustine hcl	40
AVONEX	92	BENDEKA	40
AVONEX PEN	92	BENICAR	77
AYGESTIN	117	BENICAR HCT	84
ayuna	111	BENLYSTA	122
AYVAKIT	44	BENZAMYCIN	94
azacitidine	40	benznidazole	53
AZACTAM	15	benztropine mesylate	54
AZASAN	123	BESIVANCE	131
azathioprine	123	BESPONSA	51
azathioprine sodium	123	BESREMI	123
azelaic acid	94	betaine anhydrous	105
azelastine hcl	131,134	betamethasone diprop augmented	95
AZELEX	94	betamethasone dipropionate	95
AZILECT	55	betamethasone valerate	95
azithromycin	20	BETASERON	92
AZOPT	133	betaxolol hcl	80,132
AZOR	84	bethanechol chloride	108
aztreonam	15	BETOPTIC S	132
AZULFIDINE	128	bexarotene	53
azurette	117	BEXSERO	126
B		bicalutamide	38
bacitracin	131	BICILLIN L-A	19
bacitracin-polymyxin	131	BICNU	40
baclofen	60	BIKTARVY	61
BACTRIM	21	BILTRICIDE	53
BACTRIM DS	21	bimatoprost	133
balsalazide disodium	128	bismuth-metronidazole-tetracyc	102
		bisoprolol fumarate	80

bisoprolol-hydrochlorothiazide	84	butalbital-aspirin-caffeine	9
BLENREP	51	butorphanol tartrate	12
bleomycin sulfate	40	BUTRANS	11
BLINCYTO	40	BYDUREON BCISE	68
blisovi 24 fe	111	BYETTA	68
blisovi fe	111	BYSTOLIC	80
BOOSTRIX TDAP	126		
bortezomib	44	C	
bosentan	137	CABENUVA	61
BOSULIF	44	cabergoline	119
BRAFTOVI	44	CABLIVI	76
BREO ELLIPTA	138	CABOMETYX	45
breyna	138	caffeine citrate	136
BREZTRI AEROSPHERE	138	calcipotriene	97
briellyn	111	calcitonin-salmon	129
BRILINTA	76	calcitrene	97
brimonidine tartrate	133	calcitriol	129
brimonidine tartrate-timolol	130	calcium acetate	101
brinzolamide	133	CALQUENCE	45
BRIVIACT	22	camila	117
bromfenac sodium	132	camrese	111
bromocriptine mesylate	54	camrese lo	112
BRUKINSA	44	CANASA	128
budesonide	134	CANCIDAS	34
budesonide dr	128	candesartan cilexetil	78
budesonide ec	128	candesartan-hydrochlorothiazid	84
budesonide er	128	CAPLYTA	57
budesonide-formoterol fumarate	138	CAPRELSA	45
bumetanide	87	captopril	78
BUPHENYL	105	CARAFATE	104
buprenorphine	11	CARBAGLU	98
buprenorphine hcl	14	carbamazepine	26
buprenorphine-naloxone	14	carbamazepine er	26
bupropion hcl	28	CARBATROL	26
bupropion hcl sr	15,28	carbidopa	55
bupropion hcl sr 150mg tablet	28	carbidopa-levodopa	55
bupropion xl	28	carbidopa-levodopa er	55
buspirone hcl	66	carbidopa-levodopa-entacapone	54
busulfan	37	carboplatin	40
butalbital-acetaminophen	9	CARDIZEM	82
butalbital-acetaminophen-caffe	9	CARDIZEM CD	82

CARDIZEM LA	82	CHENODAL	103
CARDURA	77	chloramphenicol sod succinate	15
carglumic acid	98	chlorhexidine gluconate	93
carmustine	40	chloroquine phosphate	53
CARNITOR	105	chlorpromazine hcl	32
CARNITOR SF	105	chlorthalidone	87
carteolol hcl	132	cholestyramine	89
cartia xt	82	cholestyramine light	89
carvedilol	80	CHORIONIC GONADOTROPIN	109
carvedilol er	80	ciclodan	34
CASODEX	38	ciclopirox	34
casprofungin acetate	34	cidofovir	65
cataflam	9	cilostazol	76
cefaclor	17	CIMDUO	62
cefadroxil	17	cimetidine	103
cefazolin sodium	17	cinacalcet hcl	129
cefazolin sodium-dextrose	18	CINRYZE	121
cefdinir	18	CIPRO	21
cefepime	18	CIPRODEX	133
cefepime hcl	18	ciprofloxacin	21
cefepime-dextrose	18	ciprofloxacin hcl	21,131
cefixime	18	ciprofloxacin-d5w	21
cefoxitin	18	ciprofloxacin-dexamethasone	133
cefoxitin sodium	18	cisplatin	40
cefpodoxime proxetil	18	citalopram hbr	29
cefprozil	18	cladribine	40
ceftazidime	18	claravis	94
ceftriaxone	18	clarithromycin	20
cefuroxime	18	clarithromycin er	20
cefuroxime sodium	18	clemastine fumarate	134
CELEBREX	9	CLEOCIN	15
celecoxib	9	CLEOCIN HCL	15
CELEXA	29	CLEOCIN PHOSPHATE	16
CELLCEPT	123	CLEOCIN T	16
CELONTIN	24	clindacin etz	16
cephalexin	18	clindacin p	16
CEREZYME	105	clindamycin (pediatric)	16
cevimeline hcl	93	clindamycin hcl	16
chateal	112	clindamycin phosphate	16
chateal eq	112	clindamycin phosphate-d5w	16
CHEMET	100	clindamycin-0.9% nacl	16

clindamycin-benzoyl peroxide	94	COSELA	53
clobazam	24	COSENTYX (2 SYRINGES)	122
clobetasol emollient	95	COSENTYX SENSOREADY (2 PENS)	122
clobetasol propionate	95	COSENTYX SENSOREADY PEN	122
clodan	95	COSENTYX SYRINGE	122
clofarabine	40	COSENTYX UNOREADY PEN	122
CLOLAR	40	COSMEGEN	40
clomipramine hcl	32	COSOPT	130
clonazepam	67	COTELLIC	45
clonidine	77	COZAAR	78
clonidine hcl	77	CREON	105
clonidine hcl er	91	CRESEMBA	34
clopidogrel	76	CRESTOR	88
clorazepate dipotassium	67	cromolyn sodium	105,131,136
clotrimazole	34	cryselle	112
clotrimazole-betamethasone	97	CRYSVITA	105
clozapine	60	CUBICIN	16
clozapine odt	60	CUBICIN RF	16
CLOZARIL	60	cyclobenzaprine hcl	139
COARTEM	53	cyclophosphamide	37,38
codeine sulfate	12	cycloserine	37
COLAZAL	128	CYCLOSET	68
colchicine	35	cyclosporine	123
COLCRYS	35	cyclosporine modified	123
COLESTID	89	CYKLOKAPRON	76
colestipol hcl	89	CYLTEZO(CF)	123
colistimethate	16	CYLTEZO(CF) PEN	124
COMBIGAN	130	CYLTEZO(CF) PEN CROHN'S-UC-HS	123
COMBIPATCH	112	CYLTEZO(CF) PEN PSORIASIS-UV	124
COMBIVENT RESPIMAT	138	CYMBALTA	30
COMETRIQ	45	cyproheptadine hcl	135
COMPLERA	62	CYRAMZA	45
compro	33	cyred	112
COMTAN	54	cyred eq	112
constulose	102	CYSTADANE	105
COPAXONE	92	CYSTADROPS	130
COPIKTRA	45	CYSTAGON	105
COREG CR	80	CYSTARAN	130
CORGARD	80	cytarabine	40
CORLANOR	84	CYTOMEL	118
CORTEF	108	CYTOTEC	104

D

dabigatran etexilate	74	DEPO-ESTRADIOL	110
dacarbazine	41	DEPO-PROVERA	117
dactinomycin	41	DEPO-SUBQ PROVERA 104	117
dalfampridine er	93	DEPO-TESTOSTERONE	109
DALIRESP	137	dermacinrx lidocan	13
DALVANCE	16	DESCOVY	62
danazol	109	desipramine hcl	32
DANTRIUM	60	desloratadine	135
dantrolene sodium	61	desmopressin acetate	109
DANYELZA	51	desogestr-eth estrad eth estra	112
dapsone	37	desogestrel-ethinyl estradiol	112
DAPTACEL DTAP	126	desonide	95
daptomycin	16	desoximetasone	95
DARAPRIM	53	desvenlafaxine succinate er	30
darifenacin er	106	DETROL	106
darunavir	64	DETROL LA	106
DARZALEX	51	dexamethasone	108
DARZALEX FASPRO	51	dexamethasone sodium phosphate	108,132
dasatinib	45	DEXEDRINE	90
dasetta	112	dexmethylphenidate hcl	91
daunorubicin hcl	41	dexrazoxane	53
DAURISMO	45	dextroamphetamine sulfate	90
DAYPRO	9	dextroamphetamine sulfate er	90,91
daysee	112	dextroamphetamine-amphet er	91
DAYVIGO	139	dextroamphetamine-amphetamine	91
DDAVP	109	dextrose 2.5%-0.45% nacl	98
deblitane	117	dextrose 5%-0.2% nacl	98
decadron	108	dextrose 5%-0.225% nacl	98
decitabine	41	dextrose 5%-0.3% nacl	98
deferasirox	100	dextrose 5%-0.33% nacl	98
DELSTRIGO	61	dextrose 5%-0.45% nacl	98
DELZICOL	128	dextrose 5%-0.9% nacl	98
demeclocycline hcl	22	dextrose in lactated ringers	98
DEMSER	84	dextrose in water	100
DENGVAXIA	126	DIACOMIT	22
DEPAKOTE	22	diazepam	25,67
DEPAKOTE ER	22	diazoxide	71
DEPAKOTE SPRINKLE	22	diclofenac potassium	9
DEPEN	108	diclofenac sodium	9,97,132
		diclofenac sodium er	9
		diclofenac sodium-misoprostol	9

dicloxacillin sodium	19	doxepin hcl	32,95,139
dicyclomine hcl	102	doxorubicin hcl	41
DIFICID	20	doxorubicin hcl liposome	41
DIFLUCAN	34	doxy 100	22
difluprednate	132	doxycycline hyclate	22
digitek	84	doxycycline ir-dr	94
digox	84	doxycycline monohydrate	22
digoxin	84	DRIZALMA SPRINKLE	30
dihydroergotamine mesylate	35	dronabinol	33
DILANTIN	26	drosiprenone-eth estra-levomef	112
DILANTIN-125	26	drosiprenone-ethinyl estradiol	112
dilt-xr	82	droxidopa	77
diltiazem 12hr er	82	DUAVEE	118
diltiazem 24hr er	82	DULERA	138
diltiazem 24hr er (cd)	82	duloxetine hcl	30
diltiazem 24hr er (la)	82	DUPIXENT PEN	122
diltiazem 24hr er (xr)	82	DUPIXENT SYRINGE	122
diltiazem hcl	82	DURAMORPH	12
dimethyl fumarate	93	DUREZOL	132
DIOVAN	78	dutasteride	107
DIOVAN HCT	85	dutasteride-tamsulosin	107
DIPENTUM	128		
diphenhydramine hcl	135	E	
diphenoxylate-atropine	102	E.E.S. 200	20
DIPHTHERIA-TETANUS TOXOIDS-PED	126	ec-naproxen	10
DIPROLENE	95	econazole nitrate	34
dipyridamole	76	EDARBI	78
disulfiram	14	EDARBYCLOR	85
divalproex sodium	22	EDURANT	61
divalproex sodium er	23	efavirenz	61
DIVIGEL	110	efavirenz-emtric-tenofovir disop	61
docetaxel	41	efavirenz-lamivudine-tenofovir disop	61
dofetilide	79	EFFEXOR XR	30
dolishale	112	EFUDEX	97
donepezil hcl	28	ELAPRASE	105
donepezil hcl odt	28	ELELYSO	105
dorzolamide hcl	133	ELIDEL	95
dorzolamide-timolol	130	ELIGARD	119
dotti	110	elinest	112
DOVATO	61	ELIQUIS	74
doxazosin mesylate	77	ELITEK	53

eluryng	112	ergotamine-caffeine	36
EMCYT	39	eribulin mesylate	41
EMEND	33	ERIVEDGE	45
EMGALITY PEN	36	ERLEADA	38
EMGALITY SYRINGE	36	erlotinib hcl	45
emoquette	112	errin	117
EMPLICITI	51	ertapenem	20
EMSAM	29	ERVEBO (NATIONAL STOCKPILE)	126
emtricitabine	62	ery	20
emtricitabine-tenofovir disop	62	ERY-TAB	20
EMTRIVA	62	ERYPED 200	20
emzahh	117	ERYPED 400	20
enalapril maleate	78	ERYTHROCIN LACTOBIONATE	20
enalapril-hydrochlorothiazide	85	ERYTHROCIN STEARATE	20
ENBREL	124	erythromycin	21,131
ENBREL MINI	124	erythromycin ethylsuccinate	21
ENBREL SURECLICK	124	erythromycin lactobionate	21
ENDARI	105	erythromycin-benzoyl peroxide	94
endocet	12	ESBRIET	137,138
ENGERIX-B ADULT	126	escitalopram oxalate	30
ENGERIX-B PEDIATRIC-ADOLESCENT	126	ESGIC	9
ENHERTU	51	esomeprazole magnesium	104
enilloring	117	esomeprazole sodium	104
enoxaparin sodium	74	estarylla	112
enpresse	112	ESTRACE	110
enskyce	112	estradiol	110
entacapone	54	estradiol (once weekly)	110
entecavir	65	estradiol (twice weekly)	110
ENTRESTO	85	estradiol valerate	110
ENTRESTO SPRINKLE	85	estradiol-norethindrone acetat	112
enulose	102	ESTRING	110
EPCLUSA	65	ethambutol hcl	37
EPIDIOLEX	23	ethosuximide	24
epinastine hcl	132	ethynodiol-ethinyl estradiol	112
epinephrine	136	etodolac	10
epitol	26	etodolac er	10
EPIVIR	62	etonogestrel-ethinyl estradiol	112
eplerenone	87	ETOPOPHOS	43
EPRONTIA	23	etoposide	43
EPZICOM	62	etravirine	62
ERBITUX	51	EULEXIN	38

EUTHYROX.....	118	fingolimod.....	93
everolimus.....	45,124	FINTEPLA.....	23
EVISTA.....	118	FIRAZYR.....	121
EVOMELA.....	38	FIRMAGON.....	120
EVOTAZ.....	64	flac otic oil.....	133
EXELON.....	28	FLAGYL.....	16
exemestane.....	43	flecainide acetate.....	79
EXFORGE.....	85	FLOMAX.....	107
EXFORGE HCT.....	85	fluconazole.....	34
EXJADE.....	100	fluconazole-nacl.....	34
EXKIVITY.....	45	flucytosine.....	34
EXTENCILLINE.....	19	fludarabine phosphate.....	41
EYSUVIS.....	132	fludrocortisone acetate.....	108
ezetimibe.....	89	flunisolide.....	134
ezetimibe-simvastatin.....	89	fluocinolone acetonide.....	96
		fluocinolone acetonide oil.....	134
		fluocinonide.....	96
		fluocinonide-e.....	96
		fluorometholone.....	132
		fluorouracil.....	39,97
		fluoxetine dr.....	30
		fluoxetine hcl.....	30
		fluphenazine decanoate.....	55
		fluphenazine hcl.....	56
		flurbiprofen.....	10
		flurbiprofen sodium.....	132
		fluticasone propionate.....	96,134
		fluticasone propionate hfa.....	134
		fluticasone-salmeterol.....	138
		fluvastatin sodium.....	88
		flvoxamine maleate.....	30
		FML.....	132
		FOCALIN.....	91
		FOLOTYN.....	39
		fomepizole.....	100
		fondaparinux sodium.....	74
		FORTEO.....	129
		FOSAMAX.....	129
		fosamprenavir calcium.....	64
		fosaprepitant dimeglumine.....	33
		fosinopril sodium.....	78
F			
FABRAZYME.....	105		
falmina.....	112		
famciclovir.....	66		
famotidine.....	103		
FANAPT.....	57		
FARESTON.....	39		
FARXIGA.....	68		
FARYDAK.....	45		
FASENRA.....	138		
FASENRA PEN.....	138		
FASLODEX.....	39		
felbamate.....	23		
FELDENE.....	10		
felodipine er.....	81		
FEMARA.....	43		
femynor.....	112		
fenofibrate.....	88		
fenofibric acid.....	88		
fentanyl.....	11		
fentanyl citrate.....	12		
fesoterodine fumarate er.....	106		
FETZIMA.....	30		
FINACEA.....	94		
finasteride.....	107		

fosinopril-hydrochlorothiazide	85
fosphenytoin sodium	26
FOSRENOL	101
FOTIVDA	45
FRUZAQLA	45
FULPHILA	75
fulvestrant	39
furosemide	87
FUZEON	63
FYCOMPA	23

G

gabapentin	25
GABITRIL	25
galantamine er	28
galantamine hbr	28
galantamine hydrobromide	28
GAMMAGARD LIQUID	121
GAMMAGARD S-D	121
GAMMAPLEX	121
GAMUNEX-C	121
ganciclovir sodium	65
GARDASIL 9	126
GATTEX	103
GAUZE PADS & DRESSINGS - PADS 2 X 2	68
gavilyte-c	103
gavilyte-g	103
gavilyte-n	103
GAVRETO	46
GAZYVA	51
gefitinib	46
gemcitabine hcl	41
gemfibrozil	88
gemmily	112
GEMTESA	107
generlac	102
gengraf	124
gentamicin sulfate	15,98,131
gentamicin sulfate in ns	15
GENVOYA	61
GEODON	57
GILENYA	93
GILOTRIF	46
glatiramer acetate	93
glatopa	93
GLEEVEC	46
GLEOSTINE	38
glimepiride	68
glipizide	68
glipizide er	68
glipizide xl	68
glipizide-metformin	68
GLUCAGEN	71
GLUCAGON EMERGENCY KIT	71
glucose in water	100
GLUCOTROL XL	68,69
glyburide	69
glyburide micronized	69
glyburide-metformin hcl	69
glycopyrrolate	102
glydo	13
GLYXAMBI	69
GOLYTELY	103
granisetron hcl	33
GRANIX	75
griseofulvin	34
griseofulvin ultramicronsize	34
guanfacine hcl	77
guanfacine hcl er	91
GVOKE	71
GVOKE HYPOPEN 1-PACK	71
GVOKE HYPOPEN 2-PACK	71
GVOKE PFS 1-PACK SYRINGE	71
GVOKE PFS 2-PACK SYRINGE	71,72

H

HADLIMA	124
HADLIMA PUSH TOUCH	124
HADLIMA(CF)	124
HADLIMA(CF) PUSH TOUCH	124
HAEGARDA	121
hailey	113

hailey 24 fe	113	HUMIRA(CF) PEN CROHN'S-UC-HS	124
hailey fe	113	HUMIRA(CF) PEN PEDIATRIC UC	124
HALAVEN	41	HUMIRA(CF) PEN PSOR-UV-ADOL HS	124
HALDOL DECANOATE 100	56	HUMULIN 70-30	72
HALDOL DECANOATE 50	56	HUMULIN 70/30 KWIKPEN	72
halobetasol propionate	96	HUMULIN N	72
haloette	113	HUMULIN N KWIKPEN	72
haloperidol	56	HUMULIN R	72
haloperidol decanoate	56	HUMULIN R U-500	72
haloperidol decanoate 100	56	HUMULIN R U-500 KWIKPEN	72
haloperidol lactate	56	hydralazine hcl	90
HARVONI	65	HYDREA	39
HAVRIX	126	hydrochlorothiazide	87
heather	117	hydrocodone bitartrate er	11
HEMADY	108	hydrocodone-acetaminophen	12
heparin sodium	74	hydrocodone-ibuprofen	12
heparin sodium-d5w	74	hydrocortisone	96,108,129
HEPLISAV-B	126	hydrocortisone butyrate	96
HERCEPTIN	51	hydrocortisone valerate	96
HERCEPTIN HYLECTA	51	hydrocortisone-acetic acid	134
HERZUMA	51	hydromorphone hcl	12
HETLIOZ	139	hydroxychloroquine sulfate	54
HIBERIX	126	hydroxyprogesterone caproate	117
hidex	108	hydroxyurea	40
HUMALOG	72	hydroxyzine hcl	67
HUMALOG JUNIOR KWIKPEN	72	hydroxyzine pamoate	67
HUMALOG KWIKPEN U-100	72	HYZAAR	85
HUMALOG KWIKPEN U-200	72		
HUMALOG MIX 50-50	72		
HUMALOG MIX 50-50 KWIKPEN	72	I	
HUMALOG MIX 75-25	72	ibandronate sodium	129
HUMALOG MIX 75-25 KWIKPEN	72	IBRANCE	46
HUMALOG TEMPO PEN U-100	72	ibu	10
HUMATIN	15	ibuprofen	10
HUMIRA	124	icatibant	121
HUMIRA PEN	124	iclevia	113
HUMIRA PEN CROHN'S-UC-HS	124	ICLUSIG	46
HUMIRA PEN PSOR-UVEITS-ADOL HS	124	icosapent ethyl	89
HUMIRA(CF)	124	idarubicin hcl	41
HUMIRA(CF) PEDIATRIC CROHN'S	124	IDHIFA	46
HUMIRA(CF) PEN	124	IFEX	41
		ifosfamide	41

ILARIS.....	122	INVEGA TRINZA.....	57
ILEVRO.....	132	INVELTYS.....	132
imatinib mesylate.....	46	IPOL.....	126
IMBRUVICA.....	46	ipratropium bromide.....	135
IMFINZI.....	51	ipratropium-albuterol.....	138
imipenem-cilastatin sodium.....	20	irbesartan.....	78
imipramine hcl.....	32	irbesartan-hydrochlorothiazide.....	85
imiquimod.....	97	IRESSA.....	46
IMITREX.....	36	irinotecan hcl.....	43
IMLYGIC.....	41	ISENTRESS.....	61
IMOVAX RABIES VACCINE.....	126	ISENTRESS HD.....	61
IMPAVIDO.....	16	isibloom.....	113
IMURAN.....	124	isoniazid.....	37
INBRIJA.....	55	ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD.....	69
incassia.....	117	ISORDIL TITRADOSE.....	90
INCRELEX.....	109	isosorbide dinitrate.....	90
INCRUSE ELLIPTA.....	135	isosorbide mononitrate.....	90
indapamide.....	87	isosorbide mononitrate er.....	90
INDERAL LA.....	80	isotretinoin.....	94
INDERAL XL.....	80	isradipine.....	81
indomethacin.....	10	ISTALOL.....	132
INFANRIX DTAP.....	126	ISTODAX.....	41
INLYTA.....	46	itraconazole.....	34
INNOPRAN XL.....	80	ivabradine hcl.....	85
inpen (for humalog).....	72	ivermectin.....	53,97
inpen (for novolog or fiasp).....	72	IWILFIN.....	43
INQOVI.....	41	IXCHIQ.....	126
INREBIC.....	46	IXEMPRA.....	41
INSPRA.....	87	IXIARO.....	126
INSULIN PEN NEEDLE.....	72	J	
INSULIN SYRINGE (DISP) U-100 0.3 ML.....	72	JADENU.....	100
INSULIN SYRINGE (DISP) U-100 1 ML.....	72	JADENU SPRINKLE.....	100
INSULIN SYRINGE (DISP) U-100 1/2 ML.....	72	jaimiess.....	113
insulin syringe u-500.....	72	JAKAFI.....	46
INTELENCE.....	62	jantoven.....	74
INTRALIPID.....	100	JANUMET.....	69
introvale.....	113	JANUMET XR.....	69
INVANZ.....	20	JANUVIA.....	69
INVEGA.....	57	JARDIANCE.....	69
INVEGA HAFYERA.....	57		
INVEGA SUSTENNA.....	57		

jasmiel	113
javygtor	105
JAYPIRCA	46
JEMPERLI	51
jencycla	117
JENTADUETO	69
JENTADUETO XR	69
JEVTANA	46
jolessa	113
juleber	113
JULUCA	61
junel	113
junel fe	113
junel fe 24	113
JUXTAPID	89
JYNNEOS	126
JYNNEOS (NATIONAL STOCKPILE)	126

K

KADCYLA	51
kaitlib fe	113
KALETRA	64
kalliga	113
KALYDECO	136
KANJINTI	51
kariva	113
kcl-d5w-0.2% nacl	98
kcl-d5w-0.225% nacl	98
kcl-d5w-0.45% nacl	98
kelnor 1-35	113
kelnor 1-50	113
kemoplat	41
KEPIVANCE	93
KEPPRA	23
KERENDIA	87
KESIMPTA PEN	93
ketoconazole	34
ketorolac tromethamine	132
KEYTRUDA	51
KINERET	122
KINRIX	126

kionex	101
KISQALI	46
KISQALI FEMARA CO-PACK	41
KLARON	94
klayesta	34
KLOR-CON 10	99
KLOR-CON 8	99
klor-con m10	99
KLOR-CON M15	99
klor-con m20	99
KLOXXADO	14
KOMBIGLYZE XR	69
KORLYM	119
KOSELUGO	46
kourzeq	93
KRAZATI	47
kurvelo	113
KUVAN	105
KYPROLIS	47

L

l-glutamine	105
labetalol hcl	81
lacosamide	27
LACRISERT	131
lactated ringers	99
lactulose	102
LAGEVRIO (COMMERCIAL)	138
LAGEVRIO (USG Dist.)	138
LAMICTAL	23
LAMICTAL (BLUE)	23
lamivudine	62,65
lamivudine hbv	65
lamivudine-zidovudine	63
lamotrigine	23
lamotrigine (blue)	23
lamotrigine er	23
LANOXIN	85
lansoprazole	104
lanthanum carbonate	101
LANTUS	72

LANTUS SOLOSTAR.....	72	LEVOXYL.....	118
lapatinib.....	47	LEXAPRO.....	30
larin.....	113	LEXIVA.....	64
larin 24 fe.....	113	LIALDA.....	128
larin fe.....	113	LIBERVANT.....	25
larissia.....	113	LIBTAYO.....	51
LASIX.....	87	lidocaine.....	13
latanoprost.....	133	lidocaine hcl.....	13,79
LATUDA.....	58	lidocaine hcl laryngotracheal 4% solution.....	13
LAYOLIS FE.....	113	lidocaine hcl viscous.....	13
LAZCLUZE.....	47	lidocaine-prilocaine.....	14
ledipasvir-sofosbuvir.....	65	lidocan iii.....	14
leena.....	113	LIDODERM.....	14
leflunomide.....	125	LILETTA.....	107
lenalidomide.....	39	lillow.....	114
lentocilin s.....	19	lindane.....	97
LENVIMA.....	47	linezolid.....	16
lessina.....	113	linezolid-0.9% nacl.....	16
LETAIRIS.....	137	linezolid-d5w.....	16
letrozole.....	43	LINZESS.....	102
leucovorin calcium.....	42	liothyronine sodium.....	118
LEUKERAN.....	38	LIPITOR.....	88
LEUKINE.....	75	lisdexamphetamine dimesylate.....	91
leuprolide acetate.....	120	lisinopril.....	79
leuprolide depot.....	120	lisinopril-hydrochlorothiazide.....	85
levetiracetam.....	23	lithium carbonate.....	67
levetiracetam er.....	23	lithium carbonate er.....	67
levetiracetam-nacl.....	23	lithium citrate.....	67
LEVO-T.....	118	LITHOBID.....	67
levobunolol hcl.....	132	lo-zumandimine.....	114
levocarnitine.....	105	LOCOID LIPOCREAM.....	96
levocarnitine sf.....	105	LOESTRIN.....	114
levocetirizine dihydrochloride.....	135	LOESTRIN FE.....	114
levofloxacin.....	21	lojaimiess.....	114
levofloxacin-d5w.....	21	LONSURF.....	42
levonest.....	113	loperamide.....	102
levonorg-eth estrad eth estrad.....	113	LOPID.....	88
levonorgestrel-eth estradiol.....	114	lopinavir-ritonavir.....	64
levora-28.....	114	LOPRESSOR.....	81
levorphanol tartrate.....	11	LOPROX.....	34
levothyroxine sodium.....	118	lorazepam.....	67

lorazepam intensol.....	67	magnesium sulfate.....	99
LORBRENA.....	47	MALARONE.....	54
loryna.....	114	malathion.....	97
losartan potassium.....	78	maraviroc.....	63
losartan-hydrochlorothiazide.....	85	MARGENZA.....	51
LOSEASONIQUE.....	114	marlissa.....	114
LOTENSIN.....	79	MARPLAN.....	29
LOTENSIN HCT.....	85	MATULANE.....	38
LOTRONEX.....	102	matzim la.....	82
lovastatin.....	88	MAXALT.....	36
LOVAZA.....	89	MAXALT MLT.....	36
LOVENOX.....	74,75	MAXITROL.....	130
low-ogestrel.....	114	MAXZIDE.....	85
loxapine.....	56	MAXZIDE-25 MG.....	85
lubiprostone.....	102	MAYZENT.....	93
LUMAKRAS.....	47	meclizine hcl.....	33
LUMIGAN.....	133	MEDROL.....	108
LUMIZYME.....	105	medroxyprogesterone acetate.....	117
LUMOXITI.....	51	mefloquine hcl.....	54
LUMRYZ.....	140	megestrol acetate.....	117
LUMRYZ STARTER PACK.....	140	MEKINIST.....	47
LUPRON DEPOT.....	120	MEKTOVI.....	47
LUPRON DEPOT (LUPANETA).....	120	meloxicam.....	10
LUPRON DEPOT-PED.....	120	melphalan hcl.....	38
lurasidone hcl.....	58	memantine hcl.....	28
lutera.....	114	memantine hcl er.....	28
LYBALVI.....	58	MENACTRA.....	126
lyleq.....	117	MENEST.....	111
lyllana.....	110	MENQUADFI.....	127
LYNPARZA.....	47	MENVEO A-C-Y-W-135-DIP.....	127
LYRICA.....	24	mercaptopurine.....	40
LYSODREN.....	119	meropenem.....	20
LYTGOBI.....	47	meropenem-0.9% nacl.....	20
LYUMJEV.....	73	merzee.....	114
LYUMJEV KWIKPEN U-100.....	73	mesalamine.....	128
LYUMJEV KWIKPEN U-200.....	73	mesalamine dr.....	128
LYUMJEV TEMPO PEN U-100.....	73	mesalamine er.....	128
lyza.....	117	mesna.....	53
M		MESNEX.....	53
M-M-R II VACCINE.....	126	MESTINON.....	36
		metformin hcl.....	69

metformin hcl er.....	70	mili.....	114
methadone hcl.....	11	mimvey.....	114
methazolamide.....	85	MINIPRESS.....	77
methenamine hippurate.....	16	minocycline hcl.....	22
methimazole.....	121	minoxidil.....	90
methocarbamol.....	139	MIRCETTE.....	114
methotrexate.....	125	mirtazapine.....	29
methotrexate sodium.....	125	misoprostol.....	104
methoxsalen.....	97	mitomycin.....	42
methscopolamine bromide.....	102	mitoxantrone hcl.....	42
methsuximide.....	24	modafinil.....	140
methylergonovine maleate.....	108	moexipril hcl.....	79
methylphenidate er.....	91	molindone hcl.....	56
methylphenidate hcl.....	91,92	mometasone furoate.....	96,134
methylprednisolone.....	108	mondoxyne nl.....	22
methylprednisolone sodium succ.....	108	MONJUVI.....	51
methyltestosterone.....	109	mono-lynyah.....	114
metoclopramide hcl.....	103	montelukast sodium.....	135
metolazone.....	87	morphine sulfate.....	12,13
metoprolol succinate.....	81	morphine sulfate er.....	11
metoprolol tartrate.....	81	MOUNJARO.....	70
metoprolol-hydrochlorothiazide.....	85	MOVANTIK.....	102
METRO IV.....	16	MOVIPREP.....	103
METROCREAM.....	98	MOXEZA.....	131
METROGEL.....	98	moxifloxacin.....	21,131
METROLOTION.....	98	moxifloxacin hcl.....	21
metronidazole.....	16,98	MOZOBIL.....	75
metyrosine.....	86	MRESVIA.....	127
mexiletine hcl.....	79	MULTAQ.....	79
MIACALCIN.....	129	mupirocin.....	98
micafungin.....	34	MUTAMYCIN.....	42
micafungin-0.9% nacl.....	34	MVASI.....	51
MICARDIS.....	78	MYALEPT.....	103
MICARDIS HCT.....	86	MYCOBUTIN.....	37
microgestin.....	114	mycophenolate mofetil.....	125
microgestin 24 fe.....	114	mycophenolic acid.....	125
microgestin fe.....	114	MYFORTIC.....	125
midodrine hcl.....	77	MYHIBBIN.....	125
mifepristone.....	119	MYLOTARG.....	51
miglustat.....	105	myorisan.....	94
MIGRANAL.....	36	MYRBETRIQ.....	107

MYSOLINE..... 25

N

nabumetone..... 10

nadolol..... 81

nafcillin..... 19

nafcillin sodium..... 19

NAGLAZYME..... 105

naloxone hcl..... 14

naltrexone hcl..... 14

NAMENDA..... 28

naproxen..... 10

naproxen sodium..... 10

naratriptan hcl..... 36

NARCAN..... 14

NARDIL..... 29

NATACYN..... 131

nateglinide..... 70

NATPARA..... 129

NAYZILAM..... 25

nebivolol hcl..... 81

NEBUPENT..... 54

necon..... 114

NEEDLES, INSULIN DISP., SAFETY..... 73

nefazodone hcl..... 30

nelarabine..... 42

neo-polycin..... 131

neo-polycin hc..... 130

neomycin sulfate..... 15

neomycin-bacitracin-poly-hc..... 130

neomycin-bacitracin-polymyxin..... 131

neomycin-polymyxin b..... 16

neomycin-polymyxin-dexameth..... 130

neomycin-polymyxin-gramicidin..... 131

neomycin-polymyxin-hc..... 134

neomycin-polymyxin-hydrocort..... 134

NEORAL..... 125

NERLYNX..... 47

NEUPRO..... 55

NEURONTIN..... 25

nevirapine..... 62

nevirapine er..... 62

NEXAVAR..... 47

NEXIUM..... 104

NEXIUM I.V..... 104

niacin er..... 89

nicardipine hcl..... 81

NICOTROL..... 15

NICOTROL NS..... 15

nifedipine er..... 81

nikki..... 114

NILANDRON..... 38

nilutamide..... 38

nimodipine..... 81

NINLARO..... 42

NIPENT..... 42

nisoldipine..... 82

nitazoxanide..... 54

nitisinone..... 106

NITRO-BID..... 90

nitrofurantoin..... 17

nitrofurantoin mono-macro..... 17

nitroglycerin..... 90

nitroglycerin patch..... 90

NITROLINGUAL..... 90

NITROSTAT..... 90

NIVESTYM..... 75

nizatidine..... 104

nora-be..... 117

norethin-eth estra-ferrous fum..... 114

norethindron-ethinyl estradiol..... 114

norethindrone..... 117

norethindrone ac (lupaneta)..... 117

norethindrone acetate..... 117

norethindrone-e.estradiol-iron..... 114

norgestimate-ethinyl estradiol..... 115

norlyda..... 117

NORPRAMIN..... 32

NORTHERA..... 77

nortrel..... 115

nortriptyline hcl..... 32

NORVASC..... 82

NORVIR.....	64	omeprazole.....	104
novopen echo.....	73	omnipod 5 (g6/libre 2 plus).....	73
NOXAFIL.....	35	omnipod 5 dexg7g6 intro(gen 5).....	73
NUBEQA.....	38	omnipod 5 dexg7g6 pods (gen 5).....	73
NUDEXTA.....	92	omnipod 5 g6-g7 intro kt(gen5).....	73
NULOJIX.....	122	omnipod 5 g6-g7 pods (gen 5).....	73
NULYTELY.....	103	omnipod 5 intro(g6/libre2plus).....	73
NUPLAZID.....	58	omnipod classic pdm kit(gen 3).....	73
NURTEC ODT.....	36	omnipod classic pods (gen 3).....	73
NUTRILIPID.....	100	omnipod dash intro kit (gen 4).....	73
NUVARING.....	115	omnipod dash pdm kit (gen 4).....	73
NUVIGIL.....	140	omnipod dash pods (gen 4).....	73
NUZYRA.....	22	omnipod go pods.....	73
nyamyc.....	35	OMNITROPE.....	109
nylia.....	115	ONCASPAR.....	42
nymyo.....	115	ondansetron hcl.....	33
nystatin.....	35	ondansetron odt.....	33
nystatin-triamcinolone.....	97	ONFI.....	25
nystop.....	35	ONGLYZA.....	70
O		ONIVYDE.....	44
OALIVA.....	103	ONTRUZANT.....	51
ocella.....	115	ONUREG.....	42
octreotide acetate.....	120	OPDIVO.....	52
octreotide acetate er.....	120	OPSUMIT.....	137
OCUFLOX.....	131	ORACEA.....	94
ODEFSEY.....	63	ORALAIR.....	138
ODOMZO.....	47	oralone.....	93
OFEV.....	138	ORENCIA.....	122
ofloxacin.....	21,131,134	ORENCIA CLICKJECT.....	122
OGIVRI.....	51	ORFADIN.....	106
OGSIVEO.....	47	ORGOVYX.....	120
OJEMDA.....	47,48	ORKAMBI.....	136
OJJAARA.....	48	ORSERDU.....	39
olanzapine.....	58	orsythia.....	115
olanzapine odt.....	58	oseltamivir phosphate.....	66
olmesartan medoxomil.....	78	OTEZLA.....	97
olmesartan-amlodipine-hctz.....	86	OVIDE.....	97
olmesartan-hydrochlorothiazide.....	86	oxaliplatin.....	42
olopatadine hcl.....	132,135	oxaprozin.....	11
omega-3 acid ethyl esters.....	89	oxazepam.....	67
		oxcarbazepine.....	27

oxybutynin chloride	107
oxybutynin chloride er	107
oxycodone hcl	13
oxycodone-acetaminophen	13
OZEMPIC	70

P

PACERONE	79
paclitaxel	42
PADCEV	52
paliperidone er	58
palonosetron hcl	33
PALYNZIQ	106
PANRETIN	53
pantoprazole sodium	104
paraplatin	42
paricalcitol	129
PARNATE	29
paromomycin sulfate	15
paroxetine cr	31
paroxetine er	31
paroxetine hcl	31
PAXIL	31
PAXLOVID	138,139
pazopanib hcl	48
PEDIARIX	127
PEDVAXHIB	127
peg 3350-electrolyte	103
peg-3350 and electrolytes	103
peg3350-sod sul-nacl-kcl-asb-c	103
PEGASYS	123
PEMAZYRE	48
pemetrexed	42
pemetrexed disodium	42
PENBRAYA	127
penicillamine	108
penicillin g potassium	19
penicillin g sodium	19
penicillin gk-iso-osm dextrose	19
penicillin v potassium	19
PENTACEL	127
PENTAM 300	54
pentamidine isethionate	54
PENTASA	128
pentoxifylline	86
perindopril erbumine	79
periogard	93
PERJETA	52
permethrin	97
perphenazine	33
PERSERIS	58
pfizerpen	20
phenelzine sulfate	29
phenobarbital	25
phenobarbital sodium	25
phenoxybenzamine hcl	77
PHENYTEK	27
phenytoin	27
phenytoin sodium extended	27
PHESGO	52
philith	115
PIFELTRO	62
pilocarpine hcl	93,133
pimecrolimus	96
pimozide	56
pimtreea	115
pindolol	81
pioglitazone hcl	70
pioglitazone-glimepiride	70
pioglitazone-metformin	70
piperacillin-tazobactam	20
PIQRAY	48
pirfenidone	138
pirmella	115
piroxicam	11
PLAQUENIL	54
PLAVIX	76
PLEGRIDY	93
PLEGRIDY PEN	93
plerixafor	76
podofilox	97
POLIVY	52

polycin	131	PRIORIX	127
polymyxin b sul-trimethoprim	131	PRISTIQ	31
POMALYST	39	PROAIR HFA	136
portia	115	PROAIR RESPICLICK	136
PORTRAZZA	52	probenecid	35
posaconazole	35	probenecid-colchicine	35
potassium chloride	99	PROCARDIA XL	82
potassium chloride in d5lr	99	prochlorperazine	33
potassium chloride proamp	99	prochlorperazine edisylate	33
potassium chloride-0.45% nacl	99	prochlorperazine maleate	33
potassium chloride-dextrose 5%	99	PROCRIT	76
potassium citrate er	99	procto-med hc	129
POTELIGEO	52	procto-pak	129
PRADAXA	75	proctosol-hc	129
pramipexole dihydrochloride	55	proctozone-hc	129
prasugrel hcl	76	progesterone	117
pravastatin sodium	88	PROGLYCEM	72
praziquantel	53	PROGRAF	125
prazosin hcl	77	PROLASTIN C	106
PRED FORTE	132	PROLENSA	132
PRED MILD	132	PROLIA	129
prednicarbate	96	PROMACTA	76
prednisolone	108	promethazine hcl	33
prednisolone acetate	132	promethegan	33
prednisolone sodium phosphate	109,132	propafenone hcl	79
prednisone	109	propafenone hcl er	79
pregabalin	24	propranolol hcl	81
PREGNYL	109	propranolol hcl er	81
PREHEVBRIO	127	propylthiouracil	121
PREMARIN	111	PROQUAD	127
PREMPHASE	115	PROSCAR	107
PREMPRO	115	PROTONIX	104
PREVACID	104	protriptyline hcl	32
prevalite	89	PROVERA	118
previfem	115	PROZAC	31
PREVYMIS	65	PRUDOXIN	96
PREZCOBIX	64	PULMOZYME	136
PREZISTA	64	PURIXAN	40
PRIFTIN	37	PYLERA	103
primaquine	54	pyrazinamide	37
primidone	25	pyridostigmine bromide	37

pyridostigmine bromide er 37
 pyrimethamine 54

Q

QINLOCK 48
 QUADRACEL DTAP-IPV 127
 quetiapine fumarate 58
 quetiapine fumarate er 58
 quinapril hcl 79
 quinapril-hydrochlorothiazide 86
 quinidine gluconate 80
 quinidine sulfate 80
 quinine sulfate 54
 QVAR REDIHALER 134

R

RABAVERT 127
 rabeprazole sodium 104
 raloxifene hcl 118
 ramelteon 139
 ramipril 79
 ranolazine er 86
 RAPAFLO 107
 RAPAMUNE 125
 rasagiline mesylate 55
 reclusen 115
 RECOMBIVAX HB 127
 RECTIV 90
 REGLAN 103
 REGRANEX 97
 RELAFEN 11
 RELENZA 66
 RELISTOR 102
 REMERON 29
 REMODULIN 137
 RENFLEXIS 125
 RENVELA 101
 repaglinide 70
 REPATHA PUSHTRONEX 89
 REPATHA SURECLICK 89
 REPATHA SYRINGE 89

RESTASIS 130
 RESTASIS MULTIDOSE 130
 RETACRIT 76
 RETEVMO 48
 RETIN-A 94
 RETROVIR 63
 REVCOVI 106
 REVLIMID 39
 REXULTI 58
 REYATAZ 64,65
 REZLIDHIA 48
 RHOPRESSA 133
 RIABNI 52
 ribavirin 65,139
 RIDAURA 122
 rifabutin 37
 RIFADIN 37
 rifampin 37
 riluzole 92
 RINVOQ 122
 RINVOQ LQ 122
 risedronate sodium 129
 risedronate sodium dr 130
 RISPERDAL 58,59
 RISPERDAL CONSTA 59
 risperidone 59
 risperidone er 59
 risperidone odt 59
 RITALIN 92
 ritonavir 65
 RITUXAN 52
 RITUXAN HYCELA 52
 rivastigmine 28
 rizatriptan 36
 ROCALTROL 130
 ROCKLATAN 133
 roflumilast 137
 ROMIDEPSIN 42
 ropinirole er 55
 ropinirole hcl 55
 rosadan 98

rosuvastatin calcium	88	SEROQUEL	59
ROTARIX	127	SEROQUEL XR	59
ROTATEQ	127	sertraline hcl	31
ROWASA	128	setlakin	115
roweepra	23	sevelamer carbonate	101
ROXICODONE	13	SFROWASA	128
ROZEREM	139	sharobel	118
ROZLYTREK	48	SHINGRIX	127
RUBRACA	48	SIGNIFOR	120
rufinamide	27	SIGNIFOR LAR	120
RUKOBIA	63	sildenafil citrate	137
RUXIENCE	52	SILENOR	139
RYBELSUS	70	silodosin	107
RYBREVANT	52	SILVADENE	97
RYDAPT	48	silver sulfadiazine	97
RYLAZE	42	SIMBRINZA	133
RYTARY	55	simliya	115
RYTHMOL SR	80	simpesse	115
S		SIMULECT	125
SABRIL	26	simvastatin	88
sajazir	121	SINEMET 10-100	55
SALAGEN	93	SINEMET 25-100	55
SAMSCA	100	SINGULAIR	135
SANDIMMUNE	125	sirolimus	125
SANDOSTATIN LAR DEPOT	120	SIRTURO	37
SANTYL	97	SIVEXTRO	17
SAPHRIS	59	SKYLA	107
sapropterin dihydrochloride	106	SKYRIZI	122
SARCLISA	52	SKYRIZI ON-BODY	122
saxagliptin hcl	70	SKYRIZI PEN	122
saxagliptin-metformin er	70	sod sulf-potass sulf-mag sulf	103
SCEMBLIX	48	sodium chloride	100
scopolamine	33	sodium chloride-water	100
SEASONIQUE	115	sodium oxybate	140
SECUADO	59	sodium phenylbutyrate	106
selegiline hcl	55	sodium polystyrene sulfonate	101
selenium sulfide	96	sofosbuvir-velpatasvir	65
SELZENTRY	63	solifenacin succinate	107
SENSIPAR	130	SOLIQUA 100-33	70
SEREVENT DISKUS	136	SOLTAMOX	39
		SOLU-MEDROL	109

SOMATULINE DEPOT	120	sulfasalazine dr	128
SOMAVERT	120	sulindac	11
SOOLANTRA	97	sumatriptan	36
sorafenib	48	sumatriptan succinate	36
sorine	80	sunitinib malate	48
sotalol	80	SUNLENCA	64
sotalol af	80	SUPRAX	18
SOVALDI	65	SUPREP	103
SPIRIVA HANDIHALER	135	SUTAB	103
SPIRIVA RESPIMAT	135	SUTENT	49
spironolactone	87	syeda	115
spironolactone-hctz	86	SYMFI	62
SPORANOX	35	SYMFI LO	62
SPRAVATO	29	SYMLINPEN 120	70
sprintec	115	SYMLINPEN 60	70
SPRITAM	23	SYMPAZAN	26
SPRYCEL	48	SYMTUZA	65
SPS	101	SYNAGIS	121
sronyx	115	SYNAREL	120
SSD	97	SYNJARDY	70,71
STAMARIL	127	SYNJARDY XR	71
stavudine	63	SYNRIBO	42
STELARA	122	SYNTHROID	119
STIOLTO RESPIMAT	139	SYPRINE	100
STIVARGA	48		
STRATTERA	92	T	
STRENSIQ	106	TABLOID	40
streptomycin sulfate	15	TABRECTA	49
STRIBILD	61	tacrolimus	96,125
STROMECTOL	53	tadalafil	137
SUBLOCADE	14	TAFINLAR	49
SUBOXONE	14	TAGRISSO	49
subvenite	24	TALZENNA	49
subvenite (blue)	24	TAMIFLU	66
sucralfate	104	tamoxifen citrate	39
SULAR	82	tamsulosin hcl	107
sulfacetamide sodium	94,131	taperdex	109
sulfacetamide-prednisolone	130	TARCEVA	49
sulfadiazine	21	TARGRETIN	53
sulfamethoxazole-trimethoprim	21	tarina 24 fe	115
sulfasalazine	128	tarina fe	115

tarina fe 1-20 eq.....	115	THEO-24.....	137
TASIGNA.....	49	theophylline anhydrous.....	137
tasimelteon.....	139	theophylline er.....	137
TASMAR.....	54	thioridazine hcl.....	56
taysofy.....	117	thiotepa.....	43
tazarotene.....	94	thiothixene.....	56
tazicef.....	18	THYMOGLOBULIN.....	121
TAZORAC.....	94	tiadylt er.....	83
taztia xt.....	83	tiagabine hcl.....	26
TAZVERIK.....	49	TIAZAC.....	83
TDVAX.....	127	TIBSOVO.....	49
TECENTRIQ.....	52	TICOVAC.....	127
TECFIDERA.....	93	tigecycline.....	17
TEFLARO.....	18	TIKOSYN.....	80
TEGRETOL.....	27	tilia fe.....	115
TEGRETOL XR.....	27	timolol maleate.....	81,133
TEKTURNA.....	86	TIMOPTIC.....	133
telmisartan.....	78	TIMOPTIC OCUDOSE.....	133
telmisartan-amlodipine.....	86	TIROSINT.....	119
telmisartan-hydrochlorothiazid.....	86	TIROSINT-SOL.....	119
temazepam.....	139	TIVICAY.....	61
TEMODAR.....	38	TIVICAY PD.....	61
temsirolimus.....	49	tizanidine hcl.....	61
tencon.....	9	TOBRADEX.....	131
TENIVAC.....	127	tobramycin.....	131,136
tenofovir disoproxil fumarate.....	63	tobramycin sulfate.....	15
TENORETIC 100.....	86	tobramycin-dexamethasone.....	131
TENORETIC 50.....	86	tolcapone.....	54
TENORMIN.....	81	tolterodine tartrate.....	107
TEPMETKO.....	49	tolterodine tartrate er.....	107
terazosin hcl.....	77	tolvaptan.....	100
terbinafine hcl.....	35	topiramate.....	24
terbutaline sulfate.....	136	toposar.....	44
terconazole.....	35	topotecan hcl.....	44
TERIPARATIDE.....	130	TOPROL XL.....	81
testosterone.....	109,110	toremifene citrate.....	39
testosterone cypionate.....	110	TORISEL.....	49
testosterone enanthate.....	110	torpenz.....	49
tetrabenazine.....	92	torseamide.....	87
tetracycline hcl.....	22	TOUJEO MAX SOLOSTAR.....	73
THALOMID.....	39	TOUJEO SOLOSTAR.....	73

TOVIAZ.....	107	trientine hcl.....	100
TRACLEER.....	137	trifluoperazine hcl.....	56
TRADJENTA.....	71	trifluridine.....	131
tramadol hcl.....	13	TRIKAFTA.....	136
tramadol hcl er.....	11	triklo.....	89
tramadol hcl-acetaminophen.....	13	TRILEPTAL.....	27
trandolapril.....	79	trimethoprim.....	17
trandolapril-verapamil er.....	86	trimipramine maleate.....	32
tranexamic acid.....	76	TRINTELLIX.....	31
tranylcypromine sulfate.....	29	TRISENOX.....	43
TRAVASOL.....	100	TRIUMEQ.....	63
TRAVATAN Z.....	133	TRIUMEQ PD.....	63
travoprost.....	133	trivora-28.....	116
TRAZIMERA.....	52	TRIZIVIR.....	63
trazodone hcl.....	31	TRODELVY.....	52
TREANDA.....	43	TROGARZO.....	64
TRECATOR.....	37	TROPHAMINE.....	101
TRELEGY ELLIPTA.....	139	tropium chloride.....	107
TRELSTAR.....	120	tropium chloride er.....	107
TREMFYA.....	123	TRULICITY.....	71
TREMFYA PEN.....	123	TRUMENBA.....	127
treprostinil.....	137	TRUQAP.....	49
tretinoin.....	53,95	TRUVADA.....	63
tri femynor.....	116	TRUXIMA.....	52
tri-estarylla.....	116	TUKYSA.....	49
tri-legest fe.....	116	tulana.....	118
tri-linyah.....	116	TURALIO.....	49
tri-lo-estarylla.....	116	turqoz.....	117
tri-lo-marzia.....	116	TWINRIX.....	127
tri-lo-mili.....	116	TYBLUME.....	116
tri-lo-sprintec.....	116	TYBOST.....	64
tri-mili.....	116	tydemy.....	116
tri-nymyo.....	116	TYGACIL.....	17
tri-previfem.....	116	TYKERB.....	49
tri-sprintec.....	116	TYMLOS.....	130
tri-vylibra.....	116	TYPHIM VI.....	127
tri-vylibra lo.....	116	TYSABRI.....	93
triamcinolone acetonide.....	94,96		
triamterene-hydrochlorothiazid.....	86	U	
TRIBENZOR.....	86	UBRELVY.....	36
triderm.....	97	UDENYCA.....	76

UDENYCA AUTOINJECTOR	76	VENCLEXTA	50
UDENYCA ONBODY	76	VENCLEXTA STARTING PACK	50
UNITHROID	119	venlafaxine besylate er	31
UNITUXIN	52	venlafaxine hcl	31
ursodiol	103	venlafaxine hcl er	31
UZEDY	59	VENTAVIS	137
V		VENTOLIN HFA	136
v-go 20	73	verapamil er	83
v-go 30	73	verapamil er pm	83
v-go 40	73	verapamil hcl	83
VAGIFEM	111	verapamil sr	83
valacyclovir	66	VERELAN	83
VALCHLOR	38	VERELAN PM	83
VALCYTE	65	VERQUVO	87
valganciclovir hcl	65	VERSACLOZ	60
valproate sodium	24	VERZENIO	50
valproic acid	24	vestura	116
valsartan	78	VFEND IV	35
valsartan-hydrochlorothiazide	86	vgo 20	73
VALTOCO	26	vgo 30	73
VALTREX	66	vgo 40	73
vancomycin	17	VIBERZI	102
vancomycin hcl	17	VIBRAMYCIN	22
vancomycin hcl-0.9% nacl	17	VICTOZA 2-PAK	71
vancomycin hcl-d5w	17	VICTOZA 3-PAK	71
VANDAZOLE	17	vienva	116
VANFLYTA	49	vigabatrin	26
VAQTA	127	vigadrone	26
varenicline tartrate	15	VIGAFYDE	26
VARIVAX VACCINE	127	VIGAMOX	131
VASCEPA	89	vigpoder	26
VASERETIC	86	VIIBRYD	31
VASOTEC	79	vilazodone hcl	32
VAXCHORA VACCINE	127	VIMPAT	27
VECTIBIX	52	vinblastine sulfate	43
VEGZELMA	52	vincasar pfs	43
VELCADE	50	vincristine sulfate	43
velivet	116	vinorelbine tartrate	43
VELPHORO	101	viorele	116
VELTASSA	101	VIRACEPT	65
		VIREAD	63

VITRAKVI	50
VIVITROL	14
VIZIMPRO	50
volnea	116
VONJO	50
VORANIGO	50
voriconazole	35
VOSEVI	66
VOTRIENT	50
VPRIV	106
VRAYLAR	59,60
VUMERITY	93
vyfemla	116
vylibra	116
VYNDAMAX	106
VYNDAQEL	106
VYTORIN	89
VYVANSE	91
VYXEOS	43

W

warfarin sodium	75
water	101
WELIREG	43
WELLBUTRIN SR	29
WELLBUTRIN XL	29
wera	116
wixela inhub	139
wymzya fe	116

X

XALKORI	50
XARELTO	75
XATMEP	125
XCOPRI	24
XELJANZ	123
XELJANZ XR	123
XENAZINE	92
XERMELO	102
XGEVA	130
XHANCE	134

XIFAXAN	103
XIGDUO XR	71
XOFLUZA	66
XOLAIR	123
XOPENEX HFA	136
XOSPATA	50
XPOVIO	43
XTANDI	38
XYLOCAINE	14
XYLOCAINE-MPF	14

Y

yargesa	106
YASMIN 28	116
YAZ	116
YERVOY	52
YF-VAX	128
YONDELIS	38
YONSA	38
yuvafem	111

Z

zafirlukast	135
zaleplon	139
ZALTRAP	39
ZANOSAR	43
zarah	116
ZARONTIN	24
ZEBUTAL	9
ZEJULA	50
ZELBORAF	50
ZEMPLAR	130
zenatane	95
ZENPEP	106
zenzedi	91
ZEPATIER	66
ZEPZELCA	38
ZESTORETIC	87
ZESTRIL	79
ZETIA	89
ZIAC	87

ZIAGEN	63
zidovudine	63
ZIEXTENZO	76
ziprasidone hcl	60
ziprasidone mesylate	60
ZIRABEV	52
ZITHROMAX	21
ZITHROMAX TRI-PAK	21
ZOCOR	88,89
ZOKINVY	106
zoledronic acid	130
ZOLINZA	43
zolmitriptan odt	36
ZOLOFT	32
zolpidem tartrate	139
ZONALON	97
ZONEGRAN	27
ZONISADE	27
zonisamide	27
ZONTIVITY	75
ZORTRESS	125
ZOSYN	20
zovia 1-35	116
ZOVIRAX	66
ZTALMY	26
ZTLIDO	14
zumandimine	117
ZURZUVAE	29
ZYDELIG	50
ZYKADIA	50
ZYLOPRIM	35
ZYNLONTA	53
ZYPREXA	60
ZYPREXA RELPREVV	60
ZYPREXA ZYDIS	60
ZYVOX	17

Hamaspik Medicare Select and Hamaspik Medicare Choice Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-426-2774. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-426-2774. (TTY 711.) Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-426-2774。(TTY 711) 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-426-2774。(TTY 711) 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-426-2774. (TTY 711) Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-426-2774. (TTY 711) Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí. (TTY 711)

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-426-2774. (TTY 711) Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-426-2774 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. (TTY 711)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-426-2774. (TTY 711) Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-426-2774. 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 1-888-426-2774 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है। (TTY 711)

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 1-888-426-2774. (TTY 711) Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-426-2774. (TTY 711) Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-426-2774. (TTY 711) 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 1-888-426-2774. (TTY 711) 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、1-888-426-2774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。(TTY 711)

Hamaspik Medicare Select (HMO D-SNP)
and
Hamaspik Medicare Choice (HMO D-SNP)
2024 Formulary
List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 24401, Version Number 18

This formulary was updated on 12/01/2024.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice Member Service at **1-888-426-2774** (TTY users should call 711).

From October 1, 2022, through March 31, 2023, our hours are 7 days a week, from 8:00 am to 8:00 pm.

From April 1, 2023, through September 30, 2023, our Member Service Department will be available Monday through Friday, 8:00 am to 8:00 pm or visit hamaspik.com.