MASS ADVANTAGE

2026 Formulary

List of Covered Drugs or "Drug List"

For members in the following plans:

Mass Advantage Basic (HMO)

Mass Advantage Plus (HMO)

Mass Advantage Premiere (PPO)

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

Formulary ID 26304, Version 22

This formulary was updated on 11/01/2026
For more recent information or other questions, please contact Mass Advantage Member Services at 844-918-0114 (HMO) or 844-915-0234 (PPO) (TTY users should call 711),
October 1 – March 31, 8 a.m. – 8 p.m. Eastern, 7 days a week;
April 1 – September 30, 8 a.m. – 8 p.m. Eastern, Monday through Friday,
or visit www.massadvantage.com.

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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 Mass Advantage. When it refers to "plan" or "our plan," it means Mass Advantage Basic (HMO), Mass Advantage Plus (HMO), and Mass Advantage Premiere (PPO).

This document includes the Drug List (formulary) for our plan which is current as of 11/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Mass Advantage formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Mass Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Mass Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mass Advantage 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 change?

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of 11/01/2026. To get updated information about the drugs covered by Mass Advantage please contact us. Our contact information appears on the front and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 11. 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 11. 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 110. 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?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for zolpidem tartrate 5mg tablet. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Mass Advantage formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Mass Advantage formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier (Tier 5). If approved, this would lower the amount you must pay for your drug.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will

cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a change in level of care, including being admitted to, or discharged from, a hospital or long-term care facility, we will cover a 31-day emergency supply of a drug that is either not on our formulary or has requirements or limits while you pursue a formulary exception.

For more information

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

If you have questions about our plan, 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.

Mass Advantage Formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by Mass Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 110.

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

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

Tier descriptions for the Mass Advantage Formulary

Tier	Description	Additional information
1	Preferred Generic Drugs	This tier includes preferred generic drugs and is the lowest tier.
2	Generic Drugs	This tier includes many generic drugs.
3	Preferred Brand Drugs	This tier includes brand name drugs that are preferred and generic drugs.
4	Non-Preferred Drugs	This tier includes non-preferred brand and non-preferred generic drugs.
5	Specialty Drugs	This tier includes high-cost brand and generic drugs that meet the CMS-defined cost-threshold of $950 per 30-day supply. Drugs on this tier are not eligible for exceptions for payment at a lower tier. This is the highest tier.

Symbols used in the Mass Advantage Formulary

Symbol	Name	Description
BVD	Part B vs. Part D	This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.
EX	Excluded Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
FFL	First Fill Limit	This drug is limited to a 30-day supply the first time you fill it.
INS	Insulin	Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan's Tier 3 copay. You pay $35 for a one-month supply of insulin, regardless of the Part D coverage stage you are in. This applies to insulin when it is covered under Part D, but also when it is covered under Part B (when used in an insulin pump).
PA	Prior Authorization	You (or your physician) are required to get our approval before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
VAC	Vaccine	You pay $0 for your vaccines that are covered under Part B (e.g. flu vaccine, COVID vaccine) and Part D (e.g. Shingrix). The drug list that follows only contains vaccines that are covered under Part D, but you can receive both Part B and Part D vaccines at our network pharmacies. If you receive a Part D vaccine at a pharmacy, you pay $0. If you receive a Part D vaccine in your provider's office, your provider will bill you for the vaccine and its administration. After you pay your provider, you can submit a request for reimbursement to the following address: Mass Advantage, ATTN: MPD-1000UR, P.O. Box 64806, St. Paul, MN 55164-0811

Member cost-sharing by coverage stage

There are three (3) coverage stages of the Part D prescription drug benefit. Below outlines what you pay for your Part D drugs in each coverage stage. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/tribal/urban (Indian health service) providers. Monthly we send you an Explanation of Benefits (EOB) that summarizes what you paid for your prescription drugs the previous month. This document tells you which coverage stage you were in at the end of that month. You may also contact Member Services at the phone number listed on the cover of this document for more up-to-date information about which coverage stage you are in.

Annual Deductible Stage

The Deductible Stage is the first payment stage for your drug coverage. The deductible applies only to drugs covered on Tiers 3, 4 and 5. It does not apply to drugs on Tiers 1 or 2, insulin or most Part D vaccines. You must pay the full cost of your Tiers 3, 4 and 5 drugs until you reach the plan's deductible amount. Once that is met you will move on to the Initial Coverage Stage.

	Mass Advantage Basic (HMO)	**Mass Advantage Plus (HMO)**	**Mass Advantage Premiere (PPO)**
Annual Deductible	$200 (Tiers 3, 4 and 5 only)	$150 (Tiers 3, 4 and 5 only)	$250 (Tiers 3, 4 and 5 only)

Initial Coverage Stage

During this stage you pay the cost-shares listed below until your out of pocket costs reach $2,100. The copays shown below are for a 30-day supply/ 31-100-day supply (e.g. "$47/$94 copayment" means you pay $47 for a 30-day supply and $94 for a day supply between 31 and 100 days). These cost-shares apply to prescriptions filled at both retail and mail order pharmacies in our network.

Drug Tier	**Mass Advantage Basic (HMO)**	**Mass Advantage Plus (HMO)**	**Mass Advantage Premiere (PPO)**
Tier 1 *Preferred Generic*	$0/$0 copayment	$0/$0 copayment	$0/$0 copayment
Tier 2 *Generic*	$0/$0 copayment	$0/$0 copayment	$0/$0 copayment
Tier 3 *Preferred Brand*	$47/$94 copayment	$47/$94 copayment	$42/$84 copayment
Tier 4 *Non-Preferred Drug*	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5 *Specialty*	30% coinsurance	30% coinsurance	30% coinsurance

Catastrophic Coverage Stage

Once you reach the Catastrophic Coverage Stage, you pay $0 for all covered Part D drugs and excluded drugs covered under our enhanced benefit for the remainder of the calendar year.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics, Other		
butalbital-acetaminophen-caffe butalb-acetamin-caff 50-325-40	3	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine cp	3	QL (180 PER 30 DAYS)
JOURNAVX	3	QL (29 PER 90 OVER TIME)
Nonsteroidal Anti-inflammatory Drugs		
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)	2	QL (60 PER 30 DAYS)
celecoxib 400 mg capsule	2	QL (30 PER 30 DAYS)
diclofenac potassium 50 mg tablet	2	QL (120 PER 30 DAYS)
diclofenac sodium (dr 25 mg tab, ec 25 mg tab)	2	QL (240 PER 30 DAYS)
diclofenac sodium (dr 50 mg tab, ec 50 mg tab)	2	QL (120 PER 30 DAYS)
diclofenac sodium (dr 75 mg tab, ec 75 mg tab)	2	QL (60 PER 30 DAYS)
diclofenac sodium 1% gel	3	
diclofenac sodium 1.5% topical soln	3	PA
diclofenac sodium er	2	QL (60 PER 30 DAYS)
diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)	4	QL (90 PER 30 DAYS)
diclofenac sodium-misoprostol diclofenac-misoprost 50-0.2 mg	4	QL (120 PER 30 DAYS)
ec-naproxen dr 375 mg tablet	2	QL (120 PER 30 DAYS)
ec-naproxen dr 500 mg tablet	2	QL (90 PER 30 DAYS)
etodolac (400 mg tablet, 500 mg tablet)	2	QL (60 PER 30 DAYS)
etodolac 200 mg capsule	2	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	2	QL (90 PER 30 DAYS)
etodolac er (er 400 mg tablet, er 500 mg tablet)	4	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	4	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
flurbiprofen 100 mg tablet	2	QL (90 PER 30 DAYS)
ibu 400 mg tablet	1	QL (240 PER 30 DAYS)
ibu 600 mg tablet	1	QL (150 PER 30 DAYS)
ibu 800 mg tablet	1	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	2	
ibuprofen 400 mg tablet	1	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	1	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	1	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	2	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	2	QL (120 PER 30 DAYS)
lurbipr	2	QL (90 PER 30 DAYS)
meloxicam 15 mg tablet	1	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	1	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	2	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	2	QL (60 PER 30 DAYS)
naproxen (500 mg kit, 500 mg tablet)	1	QL (90 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	4	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	1	QL (180 PER 30 DAYS)
naproxen 375 mg tablet	1	QL (120 PER 30 DAYS)
naproxen dr 375 mg tablet	2	QL (120 PER 30 DAYS)
naproxen dr 500 mg tablet	2	QL (90 PER 30 DAYS)
naproxen sodium 275 mg tab	2	QL (150 PER 30 DAYS)
naproxen sodium 550 mg tab	2	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	3	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	3	QL (30 PER 30 DAYS)
sulindac	2	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA	3	PA, QL (60 PER 30 DAYS)
buprenorphine	4	PA, QL (4 PER 28 DAYS)
fentanyl	4	PA, QL (15 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
methadone hcl 10 mg tablet	3	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	3	QL (180 PER 30 DAYS)
morphine sulfate er (er 100 mg tablet, er 200 mg tablet)	4	PA, QL (90 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)	3	PA, QL (90 PER 30 DAYS)
tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)	3	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
acetaminophen-codeine #4 tablet	3	QL (180 PER 30 DAYS)
acetaminophen-codeine (#2 tablet, #3 tablet)	3	QL (360 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	3	QL (2700 PER 30 DAYS)
butorphanol tartrate 10 mg/ml spray	4	QL (48 PER 30 DAYS)
codeine sulfate	4	QL (180 PER 30 DAYS)
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)	3	QL (360 PER 30 DAYS)
ENDOCET 10-325 MG TABLET	3	QL (180 PER 30 DAYS)
ENDOCET 7.5-325 MG TABLET	3	QL (240 PER 30 DAYS)
fentanyl citrate (cit 1,600 mcg, citrate 400 mcg, citrate 800 mcg)	5	PA, QL (120 PER 30 DAYS), FFL
fentanyl citrate otfc 200 mcg	4	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen (7.5, 10-300 mg)	4	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (7.5, 10-325 mg)	3	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	4	QL (2700 PER 30 DAYS)
hydrocodone-acetaminophen 5-300 mg	4	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen 5-325 mg	3	QL (240 PER 30 DAYS)
hydrocodone-ibuprofen (5-200 mg, 10)	4	QL (150 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocodone-ibuprofen 7.5	3	QL (150 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	4	QL (1440 PER 30 DAYS)
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)	4	BVD
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	3	QL (180 PER 30 DAYS)
morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)	3	QL (2700 PER 30 DAYS)
morphine sulfate 100 mg/5 ml conc	3	QL (270 PER 30 DAYS)
morphine sulfate 20 mg/5 ml soln	3	QL (1350 PER 30 DAYS)
morphine sulfate ir 15 mg tab	3	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	3	QL (180 PER 30 DAYS)
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)	3	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	3	QL (360 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)	3	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10	3	QL (180 PER 30 DAYS)
oxycodone-acetaminophen oxycodone-acetaminophn 7.5-325	3	QL (240 PER 30 DAYS)
tramadol hcl 50 mg tablet	2	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen	2	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

dermacinrx lidocan	4	PA, QL (90 PER 30 DAYS)
lidocaine 5% ointment	3	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	4	PA, QL (90 PER 30 DAYS)
lidocaine hcl 4% solution	4	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lidocaine hcl viscous	2	
lidocaine-prilocaine	3	PA, QL (60 PER 30 DAYS)
lidocan iii	4	PA, QL (90 PER 30 DAYS)
lidocan iv	4	PA, QL (90 PER 30 DAYS)
lidocan v	4	PA, QL (90 PER 30 DAYS)
ZTLIDO	4	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
acamprosate calcium	4	
disulfiram	3	
Opioid Dependence		
buprenorphine hcl 2 mg tablet sl	2	QL (480 PER 30 DAYS)
buprenorphine hcl 8 mg tablet sl	2	QL (120 PER 30 DAYS)
buprenorphine-naloxone 12-3mg flm	4	QL (90 PER 30 DAYS)
buprenorphine-naloxone 2-0.5mg fm	4	QL (480 PER 30 DAYS)
buprenorphine-naloxone 2-0.5mg tb	2	QL (480 PER 30 DAYS)
buprenorphine-naloxone 4-1mg film	4	QL (240 PER 30 DAYS)
buprenorphine-naloxone 8-2 mg tab	2	QL (120 PER 30 DAYS)
buprenorphine-naloxone 8-2mg film	4	QL (120 PER 30 DAYS)
naltrexone hcl	2	
VIVITROL	5	FFL
Opioid Reversal Agents		
KLOXXADO	4	
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	2	
OPVEE	4	
REXTOVY	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	2	QL (60 PER 30 DAYS)
NICOTROL	4	
NICOTROL NS	4	
varenicline tartrate	3	
Antibacterials		
Aminoglycosides		
amikacin sulfate	4	
ARIKAYCE	5	PA, QL (235.2 PER 28 DAYS), FFL
gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)	4	
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)	4	
HUMATIN	5	FFL
neomycin sulfate	2	
streptomycin sulfate	5	FFL
tobramycin sulfate	4	
Antibacterials, Other		
aztreonam	4	
clindacin etz	4	
clindacin p	4	
clindamycin (pediatric)	4	
clindamycin hcl	2	
clindamycin phosphate (ph 1% gel, phosp 1% lotion, phosphate 1% gel, 2% vaginal cream)	3	
clindamycin phosphate (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)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin phosphate 1% solution	2	
clindamycin phosphate-d5w	4	
clindamycin-0.9% nacl	4	
colistimethate	4	
daptomycin 500 mg vial	4	
fosfomycin tromethamine	3	
IMPAVIDO	5	FFL
linezolid 100 mg/5 ml susp	5	PA, FFL
linezolid 600 mg tablet	4	PA
linezolid-0.9% nacl	4	
linezolid-d5w	4	
methenamine hippurate	3	
METRO IV	4	
metronidazole (250 mg tablet, 500 mg tablet)	2	
metronidazole (375 mg capsule, 500 mg/100 ml)	4	
metronidazole vaginal 0.75% gl	3	
nitrofurantoin (50 mg cap, 100 mg cap)	3	
nitrofurantoin mono-macro	3	
SIVEXTRO 200 MG TABLET	5	PA, FFL
SIVEXTRO 200 MG VIAL	5	FFL
tigecycline	4	
tinidazole	3	
trimethoprim	2	
vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)	4	
vancomycin hcl 125 mg capsule	4	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	4	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
Beta-lactam, Cephalosporins		
cefaclor (250 mg capsule, 500 mg capsule)	3	
cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	2	
cefadroxil 1 gm tablet	4	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	4	
cefazolin sodium-dextrose 1 g/50 ml-dextrose	4	
cefdinir (125 mg/5 ml, 250 mg/5 ml)	3	
cefdinir 300 mg capsule	2	
cefepime	4	
cefepime hcl (1 gm vial, 2 gram vial)	4	
cefepime-dextrose	4	
cefixime 400 mg capsule	4	
cefoxitin	4	
cefoxitin sodium	4	
cefpodoxime proxetil	4	
cefprozil	3	
ceftaroline fosamil	5	FFL
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	4	
ceftriaxone	4	
cefuroxime	2	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	4	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)	2	
cephalexin 750 mg capsule	4	
tazicef	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEFLARO	5	FFL
Beta-lactam, Penicillins		
amoxicillin	1	
amoxicillin-clavulanate pot er	4	
amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	2	
amoxicillin-clavulanate potass amox-clav 250-62.5 mg/5 ml sus	4	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)	4	
ampicillin trihydrate 500 mg capsule	2	
ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)	4	
BICILLIN L-A	4	
dicloxacillin sodium	2	
nafcillin 2 gm/ 100 ml inj	4	
nafcillin sodium	4	
penicillin g potassium	4	
penicillin g sodium	4	
penicillin gk-iso-osm dextrose (2 million unit/50 ml, 3 million unit/50 ml)	4	
penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)	2	
penicillin v potassium (250 mg tablet, 500 mg tablet)	1	
pfizerpen	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacillin-tazo 2.25 g dplx, piperacillin-tazo 3.375 g dplx, piperacillin-tazo 4.5 g duplex)	4	
ZOSYN 2.25 GM/50 ML GALAXY BAG	4	
Carbapenems		
ertapenem	4	
imipenem-cilastatin sodium 250 mg vl	3	
imipenem-cilastatin sodium 500 mg vl	4	
meropenem iv 1 gm vial	4	
meropenem iv 500 mg vial	3	
meropenem-0.9% nacl 1 gram/50	4	
meropenem-0.9% nacl 500 mg/50	3	
Macrolides		
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg tablet, 600 mg tablet)	2	
azithromycin (500 mg add-van vl, i.v. 500 mg vial)	4	
azithromycin 1 gm pwd packet	3	
clarithromycin (125 mg/5 ml, 250 mg/5 ml)	4	
clarithromycin (250 mg tablet, 500 mg tablet)	3	
clarithromycin er	4	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME), FFL
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME), FFL
ery	4	
ERY-TAB	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERYTHROCIN LACTOBIONATE	4	
erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	4	
erythromycin 2% solution	2	
erythromycin lactobionate	4	
fidaxomicin	5	QL (20 PER 10 OVER TIME), FFL
Quinolones		
ciprofloxacin hcl (250 mg tab, 500 mg tab)	1	
ciprofloxacin hcl 750 mg tab	2	
ciprofloxacin-d5w	4	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	2	
levofloxacin 25 mg/ml solution	4	
levofloxacin-d5w	4	
moxifloxacin 400 mg/250 ml bag	4	
moxifloxacin hcl	3	
ofloxacin 400 mg tablet	4	
Sulfonamides		
sulfadiazine	5	FFL
sulfamethoxazole-trimethoprim (20 ml cup, susp)	3	
sulfamethoxazole-trimethoprim (ds tablet, ss tablet)	1	
Tetracyclines		
avidoxy	2	
demeclocycline hcl	4	
doxy 100	4	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	2	
doxycycline hyclate 100 mg vl	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg tablet, 100 mg cap, 100 mg tablet)	2	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	2	
minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)	4	
mondoxyne nl 100 mg capsule	2	
tetracycline hcl (250 mg capsule, 500 mg capsule)	4	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	4	QL (60 PER 30 DAYS)
brivaracetam 10 mg/ml oral sol	4	QL (600 PER 30 DAYS)
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS), FFL
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS), FFL
DIACOMIT	5	FFL
divalproex sodium	2	
divalproex sodium er	2	
EPIDIOLEX	5	PA, FFL
felbamate	4	
FINTEPLA	5	PA, QL (360 PER 30 DAYS), FFL
FYCOMPA 0.5 MG/ML ORAL SUSP	4	QL (680 PER 28 DAYS)
lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	2	
lamotrigine (5 mg tablet, 25 mg tab)	3	
lamotrigine er (er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	2	
levetiracetam er	3	
perampanel (4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)	5	QL (30 PER 30 DAYS), FFL
perampanel 0.5 mg/ml oral susp	4	QL (680 PER 28 DAYS)
perampanel 2 mg tablet	4	QL (30 PER 30 DAYS)
roweepra 500 mg tablet	2	
SPRITAM	4	
subvenite	2	
SUBVENITE	5	FFL
topiramate (15 mg cap, 25 mg cap)	3	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	2	
topiramate 25 mg/ml solution	4	
valproic acid	2	
Calcium Channel Modifying Agents		
ethosuximide (250 mg/5 ml cup, 250 mg/5 ml soln)	4	
ethosuximide 250 mg capsule	3	
methsuximide	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam (10 mg tablet, 20 mg tablet)	4	PA, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	4	PA, QL (480 PER 30 DAYS)
diazepam (2.5 mg gel, 2.5mg gel(2pk), 10 mg gel, 10 mg gel syrg, 10mg gel (2pk), 20 mg gel, 20 mg gel syrg, 20mg gel (2pk))	4	QL (5 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	3	QL (2160 PER 30 DAYS)
gabapentin 100 mg capsule	2	QL (1080 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
gabapentin 300 mg capsule	2	QL (360 PER 30 DAYS)
gabapentin 400 mg capsule	2	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	2	QL (135 PER 30 DAYS)
NAYZILAM	4	QL (10 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	2	
phenobarbital (20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml cup, 60 mg/15 ml cup)	4	
pregabalin (225 mg capsule, 300 mg capsule)	3	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	3	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	3	QL (900 PER 30 DAYS)
primidone (50 mg tablet, 250 mg tablet)	2	
primidone 125 mg tablet	4	
SYMPAZAN (10 MG FILM, 20 MG FILM)	5	PA, QL (60 PER 30 DAYS), FFL
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
tiagabine hcl	4	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	4	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS), FFL
vigabatrin	5	QL (180 PER 30 DAYS), FFL
vigadrone	5	QL (180 PER 30 DAYS), FFL
VIGAFYDE	5	QL (750 PER 30 DAYS), FFL
vigpoder	5	QL (180 PER 30 DAYS), FFL
ZTALMY	5	PA, QL (1100 PER 30 DAYS), FFL

Sodium Channel Agents

carbamazepine (100 mg tab chew, 200 mg tablet)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
carbamazepine (100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg/10 ml cup)	4	
carbamazepine er	3	
DILANTIN (DILANTIN 30 MG CAPSULE, DILANTIN 30 MG CAPSULE)	4	
epitol	3	
eslicarbazepine acetate (200 mg tablet, 400 mg tablet)	5	QL (30 PER 30 DAYS), FFL
eslicarbazepine acetate (600 mg tablet, 800 mg tablet)	5	QL (60 PER 30 DAYS), FFL
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)	4	
oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)	3	
oxcarbazepine (300 mg/5 ml cup, 300 mg/5 ml susp)	4	
PHENYTEK	2	
phenytoin	2	
phenytoin sodium extended	2	
rufinamide (40 mg/ml suspension, 200 mg tablet)	4	
rufinamide 400 mg tablet	5	FFL
XCOPRI (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)	5	FFL
XCOPRI 12.5-25 MG TITRATION PK	4	
ZONISADE	4	
zonisamide	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY	4	
donepezil hcl (5 mg tablet, 10 mg tablet)	1	
donepezil hcl 23 mg tablet	3	
donepezil hcl odt	2	
galantamine er	4	
galantamine hbr	4	
galantamine hydrobromide	4	
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	3	
rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (2 mg/ml solution, 10 mg/5 ml cup)	4	PA
memantine hcl (5 mg tablet, 10 mg tablet)	2	PA
memantine hcl 5-10 mg titration pk	3	PA
memantine hcl er	3	PA
Antidepressants		
Antidepressants, Other		
AUVELITY ER 45-105 MG TABLET	5	QL (60 PER 30 DAYS), FFL
AUVELITY TITRATION PACK	5	QL (51 PER 28 OVER TIME)
bupropion hcl 100 mg tablet	2	QL (120 PER 30 DAYS)
bupropion hcl 75 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 100 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	2	QL (60 PER 30 DAYS)
bupropion xl hcl 150 mg tablet	2	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
bupropion xl hcl 300 mg tablet	2	QL (30 PER 30 DAYS)
EXXUA (ER 18.2 MG TABLET, ER 36.3 MG TABLET, ER 54.5 MG TABLET, ER 72.6 MG TABLET)	5	QL (30 PER 30 DAYS), FFL
EXXUA ER 18.2 MG TAB (TITRATN)	5	QL (32 PER 30 OVER TIME), FFL
mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	2	QL (30 PER 30 DAYS)
mirtazapine 15 mg tablet	2	QL (45 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	QL (28 PER 365 OVER TIME), FFL
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME), FFL
Monoamine Oxidase Inhibitors		
EMSAM	5	PA, QL (30 PER 30 DAYS), FFL
MARPLAN	4	
phenelzine sulfate	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
citalopram hbr (10 mg tablet, 20 mg tablet)	1	QL (45 PER 30 DAYS)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	3	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	1	QL (30 PER 30 DAYS)
desvenlafaxine succinate er	3	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	4	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	2	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	2	QL (90 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet)	1	QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)	4	QL (600 PER 30 DAYS)
escitalopram oxalate 20 mg tablet	1	QL (30 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
fluoxetine dr	4	QL (4 PER 28 DAYS)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	3	QL (600 PER 30 DAYS)
fluoxetine hcl 10 mg capsule	1	QL (90 PER 30 DAYS)
fluoxetine hcl 20 mg capsule	1	QL (120 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	1	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab)	2	QL (30 PER 30 DAYS)
fluvoxamine maleate 100 mg tab	2	QL (90 PER 30 DAYS)
nefazodone hcl	4	
paroxetine cr (25 mg tablet, 37.5 mg tablet)	4	QL (60 PER 30 DAYS)
paroxetine cr 12.5 mg tablet	4	QL (30 PER 30 DAYS)
paroxetine er (er 25 mg tablet, er 37.5 mg tablet)	4	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	4	QL (30 PER 30 DAYS)
paroxetine hcl (10 mg tablet, 40 mg tablet)	2	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	4	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine hcl 30 mg tablet	2	QL (60 PER 30 DAYS)
RALDESY	4	QL (1200 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	1	QL (45 PER 30 DAYS)
sertraline hcl 100 mg tablet	1	QL (60 PER 30 DAYS)
sertraline hcl 20 mg/ml oral conc	4	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
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)	1	
trazodone hcl 300 mg tablet	3	
TRINTELLIX	4	QL (30 PER 30 DAYS)
venlafaxine besylate er	4	QL (60 PER 30 DAYS)
venlafaxine hcl	2	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	2	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	2	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	2	QL (90 PER 30 DAYS)
vilazodone hcl	4	QL (30 PER 30 DAYS)
Tricyclics		
amitriptyline hcl	2	
amoxapine	4	
clomipramine hcl	4	
desipramine hcl	3	
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)	3	
imipramine hcl	3	
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	2	
nortriptyline hcl 10 mg/5 ml soln	4	
protriptyline hcl	4	
trimipramine maleate	4	
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	4	PA
compro	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
meclizine hcl (12.5 mg tablet, 25 mg tablet)	2	
perphenazine	4	PA
prochlorperazine	4	
prochlorperazine maleate	2	
promethazine hcl (12.5 mg suppos, 25 mg suppository)	4	
promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)	3	
promethegan (12.5 mg suppos, 25 mg suppository)	4	
scopolamine	4	PA
Emetogenic Therapy Adjuncts		
aprepitant	4	BVD
dronabinol	4	BVD
granisetron hcl 1 mg tablet	3	BVD
ondansetron hcl (4 mg tablet, 8 mg tablet)	2	
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)	4	
ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)	2	
Antifungals		
amphotericin b	4	BVD
amphotericin b liposome	5	BVD, FFL
caspofungin acetate	4	
ciclodan 8% solution	2	QL (6.6 PER 30 DAYS)
ciclopirox (0.77% gel, 0.77% topical susp, 1% shampoo)	3	
ciclopirox 0.77% cream	2	
ciclopirox 8% solution	2	QL (6.6 PER 30 DAYS)
clotrimazole (1% solution, 1% solution spray, 1% topical cream, 10 mg lozenge, 10 mg troche)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	5	PA, FFL
econazole nitrate 1% cream	4	
fluconazole	2	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	4	
flucytosine 250 mg capsule	5	PA, FFL
flucytosine 500 mg capsule	4	PA
griseofulvin	4	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	4	
itraconazole 100 mg capsule	4	QL (120 PER 30 DAYS)
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	2	
klayesta	3	
micafungin	4	
nyamyc	3	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	2	
nystatin 100,000 unit/gm powd	3	
nystop	3	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	5	PA, FFL
posaconazole 300 mg/16.7 ml vl	4	PA
terbinafine hcl	1	QL (30 PER 30 DAYS)
terconazole (0.4%, 0.8%)	2	
terconazole 80 mg suppository	3	
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)	4	PA
voriconazole (hpbcd)	4	PA

Antigout Agents

allopurinol (100 mg tablet, 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
colchicine 0.6 mg tablet	3	
probenecid	3	
probenecid-colchicine	3	
Antimigraine Agents		
dihydroergotamine mesylate 4 mg/ml spry	5	PA, QL (8 PER 28 DAYS), FFL
ergotamine-caffeine	3	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG AUTOINJECTOR 140 MG/ML	3	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	3	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	3	PA, QL (2 PER 30 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl	2	QL (18 PER 30 DAYS)
rizatriptan (5 mg odt, 10 mg odt)	3	QL (18 PER 30 DAYS)
rizatriptan (5 mg tablet, 10 mg tablet)	2	QL (18 PER 30 DAYS)
sumatriptan	4	QL (12 PER 30 DAYS)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	QL (18 PER 30 DAYS)
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)	4	QL (6 PER 30 DAYS)
sumatriptan succinate 6 mg/0.5 ml vial	4	QL (5 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
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide 60 mg tablet	3	
pyridostigmine bromide er 180 mg tab	4	
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	3	
rifabutin	4	
Antituberculars		
cycloserine	5	FFL
ethambutol hcl	3	
isoniazid (100 mg tablet, 300 mg tablet)	1	
isoniazid 50 mg/5 ml solution	4	
PRETOMANID	4	
PRIFTIN	4	
pyrazinamide	4	
rifampin (150 mg capsule, 300 mg capsule)	3	
rifampin iv 600 mg vial	4	
rifapentine	4	
SIRTURO	5	FFL
Antineoplastics		
Alkylating Agents		
cyclophosphamide (25 mg capsule, 50 mg capsule)	4	BVD
cyclophosphamide (25 mg tablet, 50 mg tablet)	3	BVD
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE 100 MG CAPSULE	5	FFL
LEUKERAN	5	FFL
lomustine (10 mg capsule, 40 mg capsule)	4	
lomustine 100 mg capsule	5	FFL
MATULANE	5	PA, FFL
VALCHLOR	5	PA, QL (60 PER 30 DAYS), FFL
Antiandrogens		
abiraterone acetate 250 mg tab	4	PA, QL (120 PER 30 DAYS)
abirtega	4	PA, QL (120 PER 30 DAYS)
bicalutamide	2	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
EULEXIN	5	FFL
nilutamide	5	FFL
NUBEQA	5	PA, QL (120 PER 30 DAYS), FFL
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS), FFL
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
Antiangiogenic Agents		
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	5	PA, QL (21 PER 28 DAYS), FFL
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	5	PA, QL (30 PER 30 DAYS), FFL
pomalidomide	5	PA, QL (21 PER 28 DAYS)
POMALYST	5	PA, QL (21 PER 28 DAYS), FFL
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS), FFL
THALOMID 100 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), FFL
THALOMID 50 MG CAPSULE	5	PA, QL (90 PER 30 DAYS), FFL
ZENBEXUS	5	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
Antiestrogens/Modifiers		
ETCAMAH	5	PA, QL (28 PER 28 DAYS)
INLURIYO	5	PA, QL (60 PER 30 DAYS), FFL
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
SOLTAMOX	4	
tamoxifen citrate	2	
toremifene citrate	4	
VEPPANU	5	PA, QL (30 PER 30 DAYS), FFL
Antimetabolites		
mercaptopurine 20 mg/ml suspen	5	FFL
mercaptopurine 50 mg tablet	3	
TABLOID	5	FFL
Antineoplastics, Other		
AVMAPKI-FAKZYNJA	5	PA, QL (66 PER 28 DAYS), FFL
hydroxyurea	2	
INQOVI	5	PA, QL (5 PER 28 DAYS), FFL
IWILFIN	5	PA, QL (240 PER 30 DAYS), FFL
KISQALI FEMARA CO-PACK 200 MG	5	PA, QL (49 PER 28 DAYS), FFL
KISQALI FEMARA CO-PACK 400 MG	5	PA, QL (70 PER 28 DAYS), FFL
KISQALI FEMARA CO-PACK 600 MG	5	PA, QL (91 PER 28 DAYS), FFL
leucovorin calcium (10 mg tab, 15 mg tab)	3	
leucovorin calcium (calcium 5 mg tab, lederle 5 mg tablet)	2	
leucovorin calcium 25 mg tab	4	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS), FFL
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS), FFL
LYSODREN	5	FFL

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
MIMRYLO (41 MG VIAL, 54 MG VIAL)	5	PA, QL (8 PER 28 DAYS)
MIMRYLO (9.5 MG VIAL, 19 MG VIAL, 28 MG VIAL)	5	PA, QL (4 PER 28 DAYS)
ONUREG	5	PA, QL (14 PER 28 DAYS), FFL
ORGOVYX	5	PA, QL (90 PER 30 DAYS), FFL
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, QL (8 PER 28 DAYS), FFL
XPOVIO (40 MG, 60 MG)	5	PA, QL (4 PER 28 DAYS), FFL
XPOVIO 40 MG ONCE WEEKLY	5	PA, QL (16 PER 28 DAYS), FFL
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS), FFL
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS), FFL
XPOVIO 80MG ONCE WEEKLY 16 PACK	5	PA, QL (4 PER 28 DAYS), FFL
ZOLINZA	5	PA, QL (120 PER 30 DAYS), FFL
Aromatase Inhibitors, 3rd Generation		
anastrozole	1	
exemestane	4	
letrozole	2	
Molecular Target Inhibitors		
AKEEGA	5	PA, QL (60 PER 30 DAYS), FFL
ALECENSA	5	PA, QL (240 PER 30 DAYS), FFL
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS), FFL
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
AUGTYRO 160 MG CAPSULE	5	PA, QL (60 PER 30 DAYS), FFL
AUGTYRO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS), FFL
AYVAKIT	5	PA, QL (30 PER 30 DAYS), FFL
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL

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
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
BEQALZI (1 MG TABLET, 5 MG TABLET)	5	PA, QL (11 PER 28 DAYS)
BEQALZI 20 MG TABLET	5	PA, QL (14 PER 28 DAYS)
BEQALZI 80 MG TABLET	5	PA, QL (120 PER 30 DAYS)
BEQALZI STARTER PACK	5	PA, QL (44 PER 28 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS), FFL
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS), FFL
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS), FFL
bosutinib (400 mg tablet, 500 mg tablet)	5	PA, QL (30 PER 30 DAYS)
bosutinib 100 mg tablet	5	PA, QL (180 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS), FFL
BRUKINSA 160 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
BRUKINSA 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), FFL
CABOMETYX	5	PA, QL (30 PER 30 DAYS), FFL
CALQUENCE 100 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
CAVHANZA	5	PA, QL (112 PER 28 DAYS), FFL
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS), FFL
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS), FFL
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS), FFL
COPIKTRA	5	PA, QL (56 PER 28 DAYS), FFL
COTELLIC	5	PA, QL (63 PER 28 DAYS), FFL
DANZITEN	5	PA, QL (112 PER 28 DAYS), FFL
dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	5	PA, QL (30 PER 30 DAYS), FFL
dasatinib 20 mg tablet	5	PA, QL (90 PER 30 DAYS), FFL

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
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
ENSACOVE	5	PA, QL (60 PER 30 DAYS), FFL
ERIVEDGE	5	PA, QL (30 PER 30 DAYS), FFL
erlotinib hcl (100 mg tablet, 150 mg tablet)	5	PA, QL (30 PER 30 DAYS), FFL
erlotinib hcl 25 mg tablet	5	PA, QL (60 PER 30 DAYS), FFL
everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)	5	PA, QL (60 PER 30 DAYS), FFL
everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	5	PA, QL (30 PER 30 DAYS), FFL
everolimus 3 mg tab for susp	5	PA, QL (90 PER 30 DAYS), FFL
FOTIVDA	5	PA, QL (21 PER 28 DAYS), FFL
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS), FFL
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS), FFL
GAVRETO	5	PA, QL (120 PER 30 DAYS), FFL
gefitinib	5	PA, QL (30 PER 30 DAYS), FFL
GILOTRIF	5	PA, QL (30 PER 30 DAYS), FFL
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	5	PA, QL (168 PER 28 DAYS), FFL
GOMEKLI 2 MG CAPSULE	5	PA, QL (84 PER 28 DAYS), FFL
HERNEXEOS	5	PA, QL (180 PER 60 DAYS)
HYRNUO	5	PA, QL (120 PER 30 DAYS), FFL
IBRANCE	5	PA, QL (21 PER 28 DAYS), FFL
IBTROZI	5	PA, QL (90 PER 30 DAYS), FFL
ICLUSIG	5	PA, QL (30 PER 30 DAYS), FFL
IDHIFA	5	PA, QL (30 PER 30 DAYS), FFL
imatinib mesylate 100 mg tab	4	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	5	PA, QL (60 PER 30 DAYS), FFL
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS), FFL
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), FFL

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
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS), FFL
IMKELDI	5	PA, QL (280 PER 28 DAYS), FFL
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS), FFL
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
INREBIC	5	PA, QL (120 PER 30 DAYS), FFL
ITOVEBI 3 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
ITOVEBI 9 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
JAKAFI	5	PA, QL (60 PER 30 DAYS), FFL
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
JIDEYTRO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JIDEYTRO 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS), FFL
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS), FFL
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS), FFL
KOMZIFTI	5	PA, QL (90 PER 30 DAYS), FFL
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS), FFL
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), FFL
KOSELUGO 5 MG SPRINKLE CAPSULE	5	PA, QL (600 PER 30 DAYS), FFL
KOSELUGO 7.5 MG SPRINKLE CAP	5	PA, QL (360 PER 30 DAYS), FFL
KRAZATI	5	PA, QL (180 PER 30 DAYS), FFL
lapatinib	5	PA, QL (180 PER 30 DAYS), FFL
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS), FFL
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS), FFL
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS), FFL

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
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS), FFL
LUMAKRAS 240 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
LYNPARZA	5	PA, QL (120 PER 30 DAYS), FFL
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS), FFL
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS), FFL
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS), FFL
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS), FFL
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
MEKTOVI	5	PA, QL (180 PER 30 DAYS), FFL
MODEYSO	5	PA, QL (20 PER 28 DAYS), FFL
NERLYNX	5	PA, QL (180 PER 30 DAYS), FFL
nilotinib hcl	5	PA, QL (120 PER 30 DAYS), FFL
NINLARO	5	PA, QL (3 PER 28 DAYS), FFL
ODOMZO	5	PA, QL (30 PER 30 DAYS), FFL
OGSIVEO (100 MG TABLET, 150 MG TABLET)	5	PA, QL (56 PER 28 DAYS), FFL
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS), FFL
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA, QL (24 PER 28 DAYS), FFL
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS), FFL
OJJAARA	5	PA, QL (30 PER 30 DAYS), FFL
pazopanib hcl 200 mg tablet	5	PA, QL (120 PER 30 DAYS), FFL
pazopanib hcl 400 mg tablet	4	PA, QL (60 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS), FFL
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS), FFL

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
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS), FFL
QINLOCK	5	PA, QL (90 PER 30 DAYS), FFL
RASONQUE	5	PA, QL (60 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA, QL (60 PER 30 DAYS), FFL
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS), FFL
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), FFL
REVUFORJ 110 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
REVUFORJ 160 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
REVUFORJ 25 MG TABLET	5	PA, QL (240 PER 30 DAYS), FFL
REZLIDHIA	5	PA, QL (60 PER 30 DAYS), FFL
ROMVIMZA	5	PA, QL (8 PER 28 DAYS), FFL
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS), FFL
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS), FFL
ROZLYTREK 50 MG PELLET PACKET	5	PA, QL (336 PER 28 DAYS), FFL
RUBRACA	5	PA, QL (120 PER 30 DAYS), FFL
RYDAPT	5	PA, QL (240 PER 30 DAYS), FFL
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
SCEMBLIX 40 MG TABLET	5	PA, QL (240 PER 30 DAYS), FFL
sorafenib	5	PA, QL (120 PER 30 DAYS), FFL
STIVARGA	5	PA, QL (84 PER 28 DAYS), FFL
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	5	PA, QL (30 PER 30 DAYS), FFL
sunitinib malate 12.5 mg cap	5	PA, QL (90 PER 30 DAYS), FFL
TABRECTA	5	PA, QL (120 PER 30 DAYS), FFL
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS), FFL
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS), FFL

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
TAGRISSO	5	PA, QL (30 PER 30 DAYS), FFL
TALZENNA	5	PA, QL (30 PER 30 DAYS), FFL
TAZVERIK	5	PA, QL (240 PER 30 DAYS), FFL
TEPMETKO	5	PA, QL (60 PER 30 DAYS), FFL
TIBSOVO	5	PA, QL (60 PER 30 DAYS), FFL
torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	5	PA, QL (30 PER 30 DAYS), FFL
torpenz 5 mg tablet	5	PA, QL (60 PER 30 DAYS), FFL
TRUQAP	5	PA, QL (64 PER 28 DAYS), FFL
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS), FFL
TURALIO	5	PA, QL (120 PER 30 DAYS), FFL
VANFLYTA	5	PA, QL (60 PER 30 DAYS), FFL
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS), FFL
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS), FFL
VERZENIO	5	PA, QL (60 PER 30 DAYS), FFL
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS), FFL
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS), FFL
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS), FFL
VIZIMPRO	5	PA, QL (30 PER 30 DAYS), FFL
VONJO	5	PA, QL (120 PER 30 DAYS), FFL
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS), FFL
XALKORI 150 MG PELLET	5	PA, QL (180 PER 30 DAYS), FFL
XOSPATA	5	PA, QL (90 PER 30 DAYS), FFL
yulithira (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	4	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
yulithira 5 mg tablet	4	PA, QL (60 PER 30 DAYS)
ZEJULA	5	PA, QL (30 PER 30 DAYS), FFL
ZELBORAF	5	PA, QL (240 PER 30 DAYS), FFL
ZYDELIG	5	PA, QL (60 PER 30 DAYS), FFL
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
Retinoids		
bexarotene (1% gel, 75 mg capsule)	5	PA, FFL
PANRETIN	5	PA, FFL
tretinoin 10 mg capsule	5	PA, FFL
Treatment Adjuncts		
mesna 400 mg tablet	5	FFL
Antiparasitics		
Anthelmintics		
albendazole	4	
ivermectin 3 mg tablet	3	PA
praziquantel	4	
Antiprotozoals		
atovaquone	4	PA, QL (600 PER 30 DAYS)
atovaquone-proguanil hcl	4	
chloroquine phosphate 250 mg tablet	4	
chloroquine phosphate 500 mg tablet	2	
COARTEM	4	
hydroxychloroquine sulfate 200 mg tab	2	
LAMPIT	4	
mefloquine hcl	2	
nitazoxanide	4	QL (20 PER 30 OVER TIME)
pentamidine isethionate 300 mg inhal powdr	4	BVD
pentamidine isethionate 300 mg inject vial	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
primaquine	4	
pyrimethamine	5	PA, FFL
quinine sulfate	4	PA

Antiparkinson Agents

Antiparkinson Agents, Other

amantadine (50 mg/5 ml solution, 100 mg/10 ml cup, 100 mg/10 ml soln)	2	
amantadine 100 mg capsule	3	
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	2	
carbidopa-levodopa-entacapone	4	
entacapone	4	
trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)	2	PA

Dopamine Agonists

apomorphine hcl	5	PA, QL (60 PER 30 DAYS), FFL
bromocriptine mesylate	4	
NEUPRO	4	
pramipexole dihydrochloride	2	
ropinirole er	4	
ropinirole hcl	2	

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

carbidopa	4	
carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)	4	
carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)	2	
carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS), FFL
RYTARY	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate	4	
selegiline hcl	3	
Antipsychotics		
1st Generation/Typical		
fluphenazine decanoate	4	PA
fluphenazine hcl	4	PA
haloperidol	2	PA
haloperidol decanoate	4	PA
haloperidol decanoate 100	4	PA
haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)	2	PA
haloperidol lactate (5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)	4	PA
loxapine	2	PA
molindone hcl	4	PA
pimozide	4	PA
thioridazine hcl	3	PA
thiothixene	4	PA
trifluoperazine hcl	3	PA
2nd Generation/Atypical		
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME), FFL
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME), FFL
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS), FFL
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	2	PA, QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	2	PA, QL (45 PER 30 DAYS)
aripiprazole 1 mg/ml solution	4	PA, QL (750 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
aripiprazole odt	4	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME), FFL
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS), FFL
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS), FFL
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS), FFL
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME), FFL
asenapine maleate	4	PA, QL (60 PER 30 DAYS)
BYSANTI (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
BYSANTI TITRATION PACK A	4	PA, QL (8 PER 28 OVER TIME)
BYSANTI TITRATION PACK B	4	PA, QL (12 PER 28 DAYS)
BYSANTI TITRATION PACK C	4	PA, QL (8 PER 28 OVER TIME)
CAPLYTA	5	QL (30 PER 30 DAYS), FFL
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA, QL (60 PER 30 DAYS), FFL
FANAPT FNPT TITRTION PCK	4	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK B	4	PA, QL (12 PER 28 OVER TIME)
FANAPT TITRATION PACK C	4	PA, QL (8 PER 28 OVER TIME)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME), FFL
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME), FFL
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS), FFL
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS), FFL
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS), FFL

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
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS), FFL
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME), FFL
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME), FFL
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME), FFL
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME), FFL
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	4	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	4	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS), FFL
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS), FFL
olanzapine (15 mg tablet, 20 mg tablet)	2	PA, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)	2	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	4	PA, QL (90 PER 30 DAYS)
olanzapine odt	4	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5	PA, QL (90 PER 30 DAYS), FFL
OPIPZA 2 MG FILM	5	PA, QL (30 PER 30 DAYS), FFL
paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)	4	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	4	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS), FFL
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	2	PA, QL (120 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2	PA, QL (60 PER 30 DAYS)
quetiapine fumarate 150 mg tablet	3	PA, QL (150 PER 30 DAYS)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	3	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
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	3	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)	5	PA, QL (30 PER 30 DAYS), FFL
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)	2	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	3	PA, QL (480 PER 30 DAYS)
risperidone 4 mg tablet	2	QL (120 PER 30 DAYS)
risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial)	4	QL (2 PER 28 DAYS)
risperidone er 50 mg vial	5	QL (2 PER 28 DAYS), FFL
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	4	PA, QL (60 PER 30 DAYS)
risperidone odt 4 mg	4	PA, QL (120 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS), FFL
VRAYLAR (0.5 MG CAPSULE, 0.75 MG CAPSULE, 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	4	QL (30 PER 30 DAYS)
ziprasidone hcl (20 mg capsule, 40 mg capsule)	3	QL (90 PER 30 DAYS)
ziprasidone hcl (60 mg capsule, 80 mg capsule)	3	QL (60 PER 30 DAYS)
ziprasidone mesylate	4	PA, QL (60 PER 30 DAYS)
Antipsychotics, Other		
COBENFY	5	PA, QL (60 PER 30 DAYS), FFL
COBENFY STARTER PACK	5	PA, QL (56 PER 28 DAYS), FFL
Treatment-Resistant		
clozapine (25 mg tablet, 50 mg tablet)	3	PA, QL (90 PER 30 DAYS)
clozapine 100 mg tablet	3	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	3	PA, QL (120 PER 30 DAYS)
clozapine odt (odt 25 mg tablet, odt 100 mg tablet)	4	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
clozapine odt 12.5 mg tablet	4	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	4	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	4	PA, QL (120 PER 30 DAYS)
VERSACLOZ	5	PA, QL (540 PER 30 DAYS), FFL
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	4	
tizanidine hcl (2 mg tablet, 4 mg tablet)	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 PER 30 DAYS), FFL
BIXLENVO	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS), FFL
GENVOYA	5	QL (30 PER 30 DAYS), FFL
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	5	QL (60 PER 30 DAYS), FFL
ISENTRESS 100 MG TABLET CHEW	4	QL (180 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW	3	QL (180 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS), FFL
JULUCA	5	QL (30 PER 30 DAYS), FFL
STRIBILD	5	QL (30 PER 30 DAYS), FFL
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	QL (60 PER 30 DAYS), FFL
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS), FFL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS), FFL
EDURANT	5	QL (30 PER 30 DAYS), FFL

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
EDURANT PED	5	QL (180 PER 30 DAYS), FFL
efavirenz 600 mg tablet	4	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop	4	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	5	QL (30 PER 30 DAYS), FFL
etravirine 100 mg tablet	5	QL (60 PER 30 DAYS), FFL
etravirine 200 mg tablet	4	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
nevirapine 200 mg tablet	2	QL (60 PER 30 DAYS)
nevirapine 50 mg/5 ml susp	4	QL (1200 PER 30 DAYS)
nevirapine er 400 mg tablet	4	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS), FFL
rilpivirine	5	QL (30 PER 30 DAYS), FFL
rilpivirine hcl	5	QL (30 PER 30 DAYS), FFL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml solution	4	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	4	QL (60 PER 30 DAYS)
abacavir-lamivudine	4	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS), FFL
DESCOVY	5	QL (30 PER 30 DAYS), FFL
emtricitabine	4	QL (30 PER 30 DAYS)
emtricitabine-rilpivirne-tenof	5	QL (30 PER 30 DAYS), FFL
emtricitabine-tenofovir disop (100-150mg, 167-250mg, 200-300mg)	4	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop emtricitabine-tenofv 133-200mg	5	QL (30 PER 30 DAYS), FFL
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)	3	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	3	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	3	QL (30 PER 30 DAYS)
lamivudine-zidovudine	4	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ODEFSEY	5	QL (30 PER 30 DAYS), FFL
tenofovir disoproxil fumarate	3	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS), FFL
TRIUMEQ PD	4	QL (180 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	5	QL (30 PER 30 DAYS), FFL
VIREAD POWDER	5	QL (240 PER 30 DAYS), FFL
zidovudine 100 mg capsule	4	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	3	QL (60 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	4	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	5	QL (60 PER 30 DAYS), FFL
maraviroc 150 mg tablet	5	QL (60 PER 30 DAYS), FFL
maraviroc 300 mg tablet	5	QL (120 PER 30 DAYS), FFL
RUKOBIA	5	QL (60 PER 30 DAYS), FFL
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS), FFL
SUNLENCA (4- 300 MG TABLET, 300 MG TABLET)	5	QL (4 PER 28 OVER TIME), FFL
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME), FFL
TYBOST	3	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	5	QL (120 PER 30 DAYS), FFL
atazanavir sulfate (150 mg cap, 300 mg cap)	4	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	4	QL (60 PER 30 DAYS)
darunavir 600 mg tablet	4	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	4	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS), FFL
fosamprenavir calcium	5	QL (120 PER 30 DAYS), FFL
IDVYNSO	5	QL (30 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS), FFL

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
lopinavir-ritonavir 80-20mg/ml	4	QL (480 PER 30 DAYS)
lopinavir-ritonavir lopinavir-ritonavr 100-25mg tb	4	QL (300 PER 30 DAYS)
lopinavir-ritonavir lopinavir-ritonavr 200-50mg tb	4	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET	4	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS), FFL
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS), FFL
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS), FFL
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS), FFL
ritonavir	3	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS), FFL
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS), FFL
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS), FFL
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	QL (120 PER 30 DAYS), FFL
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	QL (30 PER 30 DAYS), FFL
valganciclovir hcl 450 mg tablet	3	
valganciclovir hcl 50 mg/ml	5	FFL
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
BARACLUDE 0.05 MG/ML SOLUTION	4	
entecavir	4	
lamivudine 100 mg tablet	3	
lamivudine hbv	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	PA, FFL
ribavirin (200 mg capsule, 200 mg tablet)	3	
VOSEVI	5	PA, FFL
Anti-influenza Agents		
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	3	QL (84 PER 365 OVER TIME)
oseltamivir phosphate 30 mg capsule	3	QL (168 PER 365 OVER TIME)
oseltamivir phosphate 6 mg/ml suspension	3	QL (1080 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	2	
acyclovir (200 mg/5 ml, 200 mg/5 ml cup, 800 mg/20ml cup)	4	
acyclovir 5% ointment	4	PA, QL (30 PER 30 OVER TIME)
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	4	BVD
famciclovir	3	
valacyclovir	2	
Antiviral, Coronavirus agents		
PAXLOVID 150-100 MG (MODERATE)	2	QL (20 PER 30 OVER TIME)
PAXLOVID 150-100 MG DOSE PACK	2	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 OVER TIME)
PAXLOVID 300/150-100MG(SEVERE)	2	QL (11 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
Anxiolytics		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	2	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	2	QL (150 PER 30 DAYS)
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	2	
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)	4	QL (90 PER 30 DAYS)
clonazepam (0.5 mg tablet, 1 mg tablet)	2	QL (120 PER 30 DAYS)
clonazepam 2 mg odt	4	QL (300 PER 30 DAYS)
clonazepam 2 mg tablet	2	QL (300 PER 30 DAYS)
clorazepate dipotassium 15 mg tablet	4	PA, QL (180 PER 30 DAYS)
clorazepate dipotassium 3.75 mg tablet	4	PA, QL (120 PER 30 DAYS)
clorazepate dipotassium 7.5 mg tablet	4	PA, QL (360 PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	2	PA, QL (120 PER 30 DAYS)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)	2	PA, QL (1200 PER 30 DAYS)
diazepam (5 mg/ml, 25 mg/5 ml)	2	PA, QL (240 PER 30 DAYS)
hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	2	PA
hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, 50 mg/25 ml cup)	3	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap)	3	PA
lorazepam (0.5 mg tablet, 1 mg tablet)	2	PA, QL (120 PER 30 DAYS)
lorazepam (2 mg tablet, 2 mg/ml oral concent)	2	PA, QL (150 PER 30 DAYS)
lorazepam intensol	2	PA, QL (150 PER 30 DAYS)
oxazepam	4	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
Bipolar Agents		
Mood Stabilizers		
lithium carbonate	1	
lithium carbonate er	2	
lithium citrate	4	
lithium citrate 8 meq/5 ml solution	4	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose 100 mg tablet	2	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	2	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	2	QL (180 PER 30 DAYS)
alcohol pads	3	PA
CYCLOSET	4	QL (180 PER 30 DAYS)
dapagliflozin	2	QL (30 PER 30 DAYS)
dapagliflozin-metfor er 5-1000 mg	3	QL (60 PER 30 DAYS)
dapagliflozin-metformin er (dapagliflozin-metfo er 10-1000, dapagliflozin-metfor er 5-500, dapagliflozin-metfor er 10-500)	3	QL (30 PER 30 DAYS)
gauze pad gnp sterile pads 2" x 2"	3	PA
gauze pads & dressings - pads 2 x 2	3	PA
glimepiride 1 mg tablet	1	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 PER 30 DAYS)
glipizide 5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	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
glipizide xl 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	1	QL (240 PER 30 DAYS)
glyburide 1.25 mg tablet	2	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	2	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	2	QL (120 PER 30 DAYS)
glyburide micronized 1.5 mg tab	2	QL (240 PER 30 DAYS)
glyburide micronized 3 mg tablet	2	QL (120 PER 30 DAYS)
glyburide micronized 6 mg tablet	2	QL (60 PER 30 DAYS)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	2	QL (120 PER 30 DAYS)
glyburide-metformin hcl glyburid-metformin 1.25-250 mg	2	QL (240 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	3	PA
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
metformin hcl 1,000 mg tablet	1	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	1	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	1	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nateglinide 120 mg tablet	2	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	2	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TABLET, 4 MG TABLET, 9 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
pioglitazone hcl (30 mg tablet, 45 mg tablet)	1	QL (30 PER 30 DAYS)
pioglitazone hcl 15 mg tablet	1	QL (90 PER 30 DAYS)
pioglitazone-glimepiride	4	QL (30 PER 30 DAYS)
pioglitazone-metformin	3	QL (90 PER 30 DAYS)
repaglinide 0.5 mg tablet	1	QL (960 PER 30 DAYS)
repaglinide 1 mg tablet	1	QL (480 PER 30 DAYS)
repaglinide 2 mg tablet	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
sitagliptin phos-metformin	3	QL (60 PER 30 DAYS)
sitagliptin phos-metformin er (er 50, er 100)	3	QL (30 PER 30 DAYS)
sitagliptin phos-metformin er 50-1,000	3	QL (60 PER 30 DAYS)
sitagliptin phosphate	3	QL (30 PER 30 DAYS)
SOLIQUA 100-33	3	QL (18 PER 30 DAYS)
sterile pads ft 2" x 2"	3	PA
SYMLINPEN 120	5	FFL
SYMLINPEN 60	5	FFL
SYNJARDY	3	QL (60 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	3	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
XIGDUO XR 10 MG-1,000 MG TAB	3	QL (30 PER 30 DAYS)
Glycemic Agents		
BAQSIMI	4	QL (4 PER 30 DAYS)
diazoxide	4	
glucagon emergency kit (glucagon emergency kit, glucagon emergency kit)	4	QL (4 PER 30 DAYS)
glucagon hcl	4	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
Insulins		
autoshield duo pen needle ndl 30g 5mm	3	PA
droplet insulin syringe (0.3 ml 29g 12.7mm(1/2), 0.3 ml 30g 12.7mm(1/2), ins 0.3ml 30g 8mm(1/2), ins 0.3ml 31g 6mm(1/2), ins 0.3ml 31g 8mm(1/2), ins 0.5 ml 29g 12.7mm, ins 0.5 ml 30g 12.7mm, ins syr 0.5 ml 31g 6mm, ins syr 0.5 ml 31g 8mm, ins syr 0.5ml 30g 8mm, ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 6mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)	3	PA
droplet micron pen needle	3	PA
droplet pen needle	3	PA
dropsafe pen needle (5mm, 8mm)	3	PA
easy comfort insulin syringe (0.5ml 29g, 1 ml 29g, 1 ml 32g)	3	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
easy comfort pen needle (29g 4mm, 29g 5mm, 32g 4mm)	3	PA
easy touch insulin syringe (0.3 ml 30g 8mm, 0.3 ml 31g 8mm, 0.5 ml 30g 8mm, 0.5 ml 31g 8mm, 1 ml 27g 12.7mm, 1 ml 28g 12.7mm, 1 ml 29g 12.7mm, 1 ml 30g 12.7mm, syr 1ml 30g 8mm, syr 1ml 31g 8mm)	3	PA
FIASP	3	QL (60 PER 30 DAYS), INS
FIASP FLEXTOUCH	3	QL (60 PER 30 DAYS), INS
FIASP PENFILL	3	QL (60 PER 30 DAYS), INS
FIASP PUMPCART	3	QL (60 PER 30 DAYS), INS
HUMALOG	3	QL (60 PER 30 DAYS), INS
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS), INS
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS), INS
HUMULIN 70-30	3	QL (60 PER 30 DAYS), INS
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMULIN N	3	QL (60 PER 30 DAYS), INS
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMULIN R	3	QL (60 PER 30 DAYS), INS
HUMULIN R U-500	3	BVD, INS
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS), INS
INSULIN ASPART	3	QL (60 PER 30 DAYS), INS
INSULIN ASPART FLEXPEN	3	QL (60 PER 30 DAYS), INS
INSULIN ASPART PENFILL	3	QL (60 PER 30 DAYS), INS
insulin pen needle	3	PA
insulin syringe (disp) u-100 0.3 ml	3	PA
insulin syringe (disp) u-100 1 ml	3	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
insulin syringe (disp) u-100 1/2 ml	3	PA
insulin syringe (syr 0.5 ml 28g 12.7mm, syringe 1 ml 27g 16mm, syringe 1ml 28g 12.7mm)	3	PA
insupen pen needle insu32g 6mm	3	PA
LANTUS	3	QL (60 PER 30 DAYS), INS
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS), INS
LYUMJEV	3	QL (60 PER 30 DAYS), INS
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS), INS
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS), INS
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS), INS
nano 2nd gen pen needle 3g 4mm	3	PA
nano pen needle	3	PA
needles, insulin disp., safety	3	PA
NOVOLIN 70-30	3	QL (60 PER 30 DAYS), INS
NOVOLIN 70-30 FLEXPEN	3	QL (60 PER 30 DAYS), INS
NOVOLIN N	3	QL (60 PER 30 DAYS), INS
NOVOLIN N FLEXPEN	3	QL (60 PER 30 DAYS), INS
NOVOLIN R	3	QL (60 PER 30 DAYS), INS
NOVOLIN R FLEXPEN	3	QL (60 PER 30 DAYS), INS
NOVOLOG	3	QL (60 PER 30 DAYS), INS
NOVOLOG FLEXPEN	3	QL (60 PER 30 DAYS), INS
NOVOLOG MIX 70-30	3	QL (60 PER 30 DAYS), INS
NOVOLOG MIX 70-30 FLEXPEN	3	QL (60 PER 30 DAYS), INS
NOVOLOG PENFILL	3	QL (60 PER 30 DAYS), INS
omnipod 5 (libre 2/3 plus)	3	PA, QL (15 PER 30 DAYS)
omnipod 5 dexg7g6 intro(gen 5)	3	PA, QL (1 PER 720 OVER TIME)
omnipod 5 dexg7g6 pods (gen 5)	3	PA, QL (15 PER 30 DAYS)
omnipod 5 intro (libre2/3plus)	3	PA, QL (1 PER 720 OVER TIME)
omnipod classic pods (gen 3)	3	PA, QL (15 PER 30 DAYS)
omnipod dash intro kit (gen 4)	3	PA, QL (1 PER 720 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
omnipod dash pdm kit (gen 4)	3	PA, QL (1 PER 720 OVER TIME)
omnipod dash pods (gen 4)	3	PA, QL (15 PER 30 DAYS)
omnipod go pods	3	PA, QL (10 PER 30 DAYS)
pen needle (31g 5mm, 31g 8mm, gnp 31g 5mm, gnp 31g 8mm, 32g 4mm, gnp 32g 4mm, gnp 32g 6mm)	3	PA
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS), INS
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS), INS
true comfort safety pen needle	3	PA
ultra-fine insulin syringe	3	PA
ultra-fine pen needle	3	PA
unifine otc pen needle	3	PA
unifine pentips	3	PA
unifine pentips plus	3	PA
unifine ultra pen needle (31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm)	3	PA
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate (75 mg cap, 150 mg cp)	4	QL (60 PER 30 DAYS)
dabigatran etexilate 110 mg cp	4	QL (120 PER 30 DAYS)
ELIQUIS (0.5 MG PKT(1X0.5MG TB), 1.5 MG PKT(3X0.5MG TB), 2 MG PKT(4X 0.5 MG TB))	3	QL (560 PER 28 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ELIQUIS SPRINKLE	3	QL (74 PER 30 DAYS)
enoxaparin sodium (100 mg/ml, 150 mg/ml)	4	QL (30 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml, 120 mg/0.8 ml)	4	QL (24 PER 90 OVER TIME)
enoxaparin sodium 30 mg/0.3 ml syr	4	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
enoxaparin sodium 40 mg/0.4 ml syr	4	QL (12 PER 90 OVER TIME)
enoxaparin sodium 60 mg/0.6 ml syr	4	QL (18 PER 90 OVER TIME)
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, 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)	3	
jantoven	1	
rivaroxaban 1 mg/ml suspension	3	QL (620 PER 30 DAYS)
rivaroxaban 2.5 mg tablet	3	QL (60 PER 30 DAYS)
warfarin sodium	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
Blood Products and Modifiers, Other		
anagrelide hcl	3	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 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)	4	PA
ARANESP (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)	5	PA, FFL
eltrombopag olamine	5	PA, FFL
FULPHILA	5	PA, FFL
GRANIX	5	PA, FFL
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	PA, FFL

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
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL)	4	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA, FFL
RETACRIT	4	PA
UDENYCA	5	PA, FFL
UDENYCA AUTOINJECTOR	5	PA, FFL
UDENYCA ONBODY	5	PA, FFL
ZIEXTENZO	5	PA, FFL
Hemostasis Agents		
tranexamic acid 650 mg tablet	3	
Platelet Modifying Agents		
aspirin-dipyridamole er	4	
cilostazol	2	
clopidogrel 75 mg tablet	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	4	
prasugrel hcl	3	
ticagrelor	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1	
droxidopa	4	PA
guanfacine hcl	3	
midodrine hcl	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Alpha-adrenergic Blocking Agents		
doxazosin mesylate	2	QL (60 PER 30 DAYS)
phenoxybenzamine hcl	5	FFL
prazosin hcl	2	
terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)	1	QL (60 PER 30 DAYS)
terazosin hcl 1 mg capsule	1	QL (90 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
azilsartan medoxomil	4	QL (30 PER 30 DAYS)
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)	1	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tb	1	QL (30 PER 30 DAYS)
EDARBI	4	QL (30 PER 30 DAYS)
irbesartan	1	QL (30 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	1	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	1	QL (30 PER 30 DAYS)
olmesartan medoxomil (20 mg tab, 40 mg tab)	1	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	1	QL (60 PER 30 DAYS)
telmisartan	1	QL (30 PER 30 DAYS)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	1	QL (60 PER 30 DAYS)
valsartan 320 mg tablet	1	QL (30 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl	1	
captopril	1	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	1	
fosinopril sodium	1	
lisinopril	1	
moexipril hcl	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
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 400 mg tablet)	4	
amiodarone hcl 200 mg tablet	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl	4	
MULTAQ	4	
PACERONE	4	
pacerone	2	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er 324 mg tab	4	
quinidine sulfate	2	
sotalol	2	
sotalol af	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl	2	
atenolol	1	
betaxolol hcl (10 mg tablet, 20 mg tablet)	3	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
carvedilol	1	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	2	
metoprolol succinate	1	
metoprolol tartrate (25 mg tab, 37.5 mg th, 50 mg tab, 75 mg tab, 100 mg tab)	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
nadolol	3	
nebivolol hcl	3	
pindolol	3	
propranolol hcl (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)	2	
propranolol hcl er	2	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	4	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate	1	
felodipine er	2	
isradipine	4	
nicardipine hcl (20 mg capsule, 30 mg capsule)	4	
nifedipine er	2	
nimodipine 30 mg capsule	4	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet)	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem 12hr er	3	
diltiazem 24hr er	2	
diltiazem 24hr er (cd)	2	
diltiazem 24hr er (la)	2	
diltiazem 24hr er (xr)	2	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	2	
matzim la	2	
taztia xt	2	
tiadylt er	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil er	2	
verapamil er pm	4	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	1	
verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule)	2	
verapamil sr 360 mg capsule	4	
Cardiovascular Agents, Other		
acetazolamide	2	
acetazolamide er	4	
aliskiren	4	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril	1	
amlodipine-atorvastatin	4	
amlodipine-olmesartan	1	QL (30 PER 30 DAYS)
amlodipine-valsartan	1	QL (30 PER 30 DAYS)
amlodipine-valsartan-hctz	4	QL (30 PER 30 DAYS)
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	1	
candesartan-hydrochlorothiazid	3	QL (30 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)	2	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	4	QL (150 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide	1	
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
ivabradine hcl	4	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
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
methazolamide	4	
metoprolol-hydrochlorothiazide	2	
metyrosine	5	FFL
olmesartan-amlodipine-hctz	3	QL (30 PER 30 DAYS)
olmesartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
pentoxifylline	2	
quinapril-hydrochlorothiazide	1	
ranolazine er	3	QL (60 PER 30 DAYS)
sacubitril-valsartan (49-51 mg, 97-103 mg)	3	QL (60 PER 30 DAYS)
sacubitril-valsartan 24-26 mg	3	QL (180 PER 30 DAYS)
spironolactone-hctz	2	
telmisartan-amlodipine	4	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	1	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid telmisartan-hctz 80-12.5 mg tb	1	QL (60 PER 30 DAYS)
trandolapril-verapamil er	1	
valsartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 1 mg/4 ml vial, 2.5 mg/10 ml vial)	4	
bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	2	
furosemide (10 mg/ml solution, 40 mg/5 ml soln)	2	
furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)	4	
torsemide	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Potassium-sparing		
amiloride hcl	2	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	1	
Diuretics, Thiazide		
chlorthalidone	2	
hydrochlorothiazide	1	
indapamide	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (48 mg tablet, 54 mg tablet)	2	QL (60 PER 30 DAYS)
fenofibrate (67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	2	QL (30 PER 30 DAYS)
fenofibric acid dr 135 mg cap	3	QL (30 PER 30 DAYS)
fenofibric acid dr 45 mg cap	3	QL (60 PER 30 DAYS)
gemfibrozil	1	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
atorvastatin calcium 80 mg tablet	1	QL (30 PER 30 DAYS)
fluvastatin er	4	QL (30 PER 30 DAYS)
fluvastatin sodium	4	QL (60 PER 30 DAYS)
lovastatin	1	QL (60 PER 30 DAYS)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	1	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1	QL (45 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
simvastatin 20 mg tablet	1	QL (60 PER 30 DAYS)
simvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
Dyslipidemics, Other		
cholestyramine	3	
cholestyramine light	3	
colestipol hcl 1 gm tablet	3	
colestipol hcl packet	4	
ezetimibe	2	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	1	QL (30 PER 30 DAYS)
NEXLETOL	3	PA, QL (30 PER 30 DAYS)
NEXLIZET	3	PA, QL (30 PER 30 DAYS)
niacin er (er 750 mg tablet, er 1,000 mg tablet)	3	QL (60 PER 30 DAYS)
niacin er 500 mg tablet	3	QL (30 PER 30 DAYS)
omega-3 acid ethyl esters	3	
prevalite	4	
REPATHA SURECLICK	3	PA, QL (6 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (6 PER 28 DAYS)
triklo	3	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GRAM CAPSULE	3	QL (120 PER 30 DAYS)
Mineralocorticoid Receptor Antagonists		
eplerenone	3	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
minoxidil (2.5 mg tablet, 10 mg tablet)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	2	
isosorbide mononitrate 10 mg tab	2	
isosorbide mononitrate 20 mg tab	1	
isosorbide mononitrate er (er 30 mg, er 60 mg)	1	
isosorbide mononitrate er 120 mg	2	
NITRO-BID	4	
nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)	2	
nitroglycerin (0.4% ointment, 2% ointment, 400 mcg spray)	4	
nitroglycerin patch	2	
VERQUVO	3	QL (30 PER 30 DAYS)
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulfate 10 mg tab	4	QL (180 PER 30 DAYS)
dextroamphetamine sulfate 5 mg tab	4	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	4	QL (120 PER 30 DAYS)
dextroamphetamine sulfate er 5 mg cap	4	QL (90 PER 30 DAYS)
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)	3	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)	3	QL (60 PER 30 DAYS)
dextroamphetamine-amphetamine dextroamp-amphetamin 20 mg tab	3	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
lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)	4	QL (30 PER 30 DAYS)
zenzedi 10 mg tablet	4	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	4	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	4	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	4	QL (30 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	3	QL (120 PER 30 DAYS)
dexmethylphenidate hcl	3	PA, QL (60 PER 30 DAYS)
guanfacine hcl er	3	QL (30 PER 30 DAYS)
methylphenidate er (er 10 mg tab, er 20 mg tab)	4	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	3	PA, QL (90 PER 30 DAYS)
methylphenidate hcl 10 mg/5 ml sol	4	PA, QL (900 PER 30 DAYS)
methylphenidate hcl 5 mg/5 ml soln	4	PA, QL (450 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	5	PA, QL (120 PER 30 DAYS), FFL
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL
AUSTEDO XR	5	PA, QL (30 PER 30 DAYS), FFL
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS), FFL
dextromethorphan hbr-quinidine	5	PA, QL (60 PER 30 DAYS), FFL
INGREZZA	5	PA, QL (30 PER 30 DAYS), FFL
INGREZZA INITIATION PK(TARDIV)	5	PA, QL (28 PER 28 DAYS), FFL
INGREZZA SPRINKLE	5	PA, QL (30 PER 30 DAYS), FFL
NUEDEXTA	5	PA, QL (60 PER 30 DAYS), FFL
riluzole	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tetrabenazine 12.5 mg tablet	4	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	5	PA, QL (120 PER 30 DAYS), FFL
VEOZAH	4	PA, QL (30 PER 30 DAYS)
Multiple Sclerosis Agents		
AVONEX (4 PACK)	5	PA, QL (1 PER 28 DAYS), FFL
AVONEX 30 MCG/0.5 ML SYRINGE	5	PA, QL (1 PER 28 DAYS), FFL
AVONEX PEN (4 PACK)	5	PA, QL (1 PER 28 DAYS), FFL
BETASERON	5	PA, QL (15 PER 30 DAYS), FFL
dalfampridine er	3	PA
dimethyl fumarate	4	PA, QL (60 PER 30 DAYS)
fingolimod	4	PA, QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS), FFL
glatiramer acetate 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS), FFL
glatopa 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS), FFL
glatopa 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS), FFL
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS), FFL
PLEGRIDY	5	PA, QL (1 PER 28 DAYS), FFL
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS), FFL
VUMERITY	5	PA, QL (120 PER 30 DAYS), FFL
Dental and Oral Agents		
cevimeline hcl	4	
chlorhexidine gluconate (0.12% 15 ml cup, 0.12% rinse)	1	
kourzeq	3	
oralone	3	
periogard	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	4	
triamcinolone acetonide 0.1% paste	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents		
Acne and Rosacea Agents		
accutane	4	PA
acitretin	4	
amnesteem	4	PA
azelaic acid	4	
AZELEX	4	
claravis	4	PA
clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	4	
erythromycin-benzoyl peroxide	4	
FINACEA 15% FOAM	4	
isotretinoin	4	PA
sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)	4	
tazarotene (0.05% gel, 0.1% gel)	4	PA, QL (100 PER 30 DAYS)
tazarotene (0.05%, 0.1%)	4	PA, QL (60 PER 30 DAYS)
tretinoin (0.01% gel, 0.025% gel)	4	PA, QL (45 PER 30 DAYS)
tretinoin (0.025%, 0.05%, 0.1%)	3	PA, QL (45 PER 30 DAYS)
trilitas	4	PA, QL (100 PER 30 DAYS)
zenatane	4	PA
Dermatitis and Pruitus Agents		
ALA-CORT	2	
alclometasone dipropionate 0.05% crm	3	QL (120 PER 30 DAYS)
alclometasone dipropionate 0.05% oint	2	QL (120 PER 30 DAYS)
ammonium lactate	2	
betamethasone diprop augmented dp 0.05% crm	2	QL (200 PER 28 DAYS)
betamethasone diprop augmented dp 0.05% gel	4	QL (200 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
betamethasone diprop augmented dp 0.05% lot	4	QL (210 PER 30 DAYS)
betamethasone diprop augmented dp 0.05% oin	3	QL (200 PER 28 DAYS)
betamethasone dipropionate dp 0.05% crm	3	QL (135 PER 30 DAYS)
betamethasone dipropionate dp 0.05% lot	3	QL (120 PER 30 DAYS)
betamethasone dipropionate dp 0.05% oint	4	QL (135 PER 30 DAYS)
betamethasone valerate (va 0.1% cream, valer 0.1% ointm)	2	QL (135 PER 30 DAYS)
betamethasone valerate 0.1% lotion	3	QL (120 PER 30 DAYS)
clobetasol emollient 0.05% crm	4	QL (210 PER 28 DAYS)
clobetasol propionate (0.05% gel, 0.05% ointment)	4	QL (210 PER 28 DAYS)
clobetasol propionate 0.05% cream	2	QL (210 PER 28 DAYS)
clobetasol propionate 0.05% shampoo	4	QL (236 PER 30 DAYS)
clobetasol propionate 0.05% solution	3	QL (200 PER 28 DAYS)
clodan	4	QL (236 PER 30 DAYS)
desonide 0.05% cream	4	QL (120 PER 30 DAYS)
desonide 0.05% ointment	3	QL (120 PER 30 DAYS)
desoximetasone (0.25% cream, 0.25% ointment)	4	QL (120 PER 30 DAYS)
EUCRISA	4	PA
fluocinolone acetonide (0.01% body, 0.01% scalp)	4	QL (118.28 PER 30 DAYS)
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream)	4	QL (120 PER 30 DAYS)
fluocinolone acetonide 0.025% ointment	3	QL (120 PER 30 DAYS)
fluocinonide (0.05% cream, 0.05% ointment, 0.05% solution)	3	QL (120 PER 30 DAYS)
fluocinonide 0.05% gel	4	QL (120 PER 30 DAYS)
fluocinonide-e	3	QL (120 PER 30 DAYS)
fluticasone propionate (0.005% oint, 0.05% cream)	2	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
halobetasol propionate (0.05% cream, 0.05% ointmnt)	4	QL (200 PER 28 DAYS)
hydrocortisone (1% cream, 1% ointment)	2	
hydrocortisone (2.5% cream, 2.5% ointment)	2	QL (454 PER 30 DAYS)
hydrocortisone 2.5% lotion	2	QL (118 PER 30 DAYS)
hydrocortisone butyrate (hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint)	4	QL (135 PER 30 DAYS)
hydrocortisone valerate 0.2% cream	4	QL (120 PER 30 DAYS)
mometasone furoate (0.1% cream, 0.1% oint)	2	QL (135 PER 30 DAYS)
mometasone furoate 0.1% soln	2	QL (120 PER 30 DAYS)
selenium sulfide 2.5% lotion	2	
tacrolimus (0.03%, 0.1%)	4	PA
triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	2	QL (454 PER 30 DAYS)
triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)	2	QL (120 PER 30 DAYS)
triderm 0.5% cream	2	QL (454 PER 30 DAYS)
Dermatological Agents, Other		
calcipotriene (0.005% cream, 0.005% ointment)	4	QL (120 PER 30 DAYS)
calcipotriene 0.005% solution	3	QL (120 PER 30 DAYS)
calcitrene	4	QL (120 PER 30 DAYS)
clotrimazole-betamethasone	4	
clotrimazole-betamethasone crm	3	
diclofenac sodium 3% gel	4	PA
fluorouracil (2% soln, 5% soln)	3	QL (10 PER 30 OVER TIME)
fluorouracil 5% cream	3	QL (40 PER 30 OVER TIME)
imiquimod 5% cream packet	2	PA
methoxsalen	5	FFL

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
nystatin-triamcinolone	4	
OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)	5	PA, QL (55 PER 180 OVER TIME), FFL
OTEZLA (20 MG TABLET, 30 MG TABLET)	5	PA, QL (60 PER 30 DAYS), FFL
OTEZLA XR 75 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL
OTEZLA XR INITIATION PK 28 DAY	5	PA, QL (41 PER 180 OVER TIME), FFL
podofilox 0.5% topical soln	3	
SANTYL	3	QL (180 PER 30 DAYS)
silver sulfadiazine	2	
SSD	2	
Pediculicides/Scabicides		
ivermectin 1% cream	4	PA
malathion	4	
permethrin	3	
Topical Anti-infectives		
gentamicin sulfate (0.1% cream, 0.1% ointment)	2	
metronidazole (0.75% cream, top 1% gel pump, topical 0.75% gl, topical 1% gel)	3	
metronidazole 0.75% lotion	4	
mupirocin 2% ointment	2	QL (30 PER 30 OVER TIME)
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
aqua care sodium chloride	2	
carglumic acid	5	PA, FFL
dextrose 2.5%-0.45% nacl	4	
dextrose 5%-0.2% nacl	4	
dextrose 5%-0.225% nacl	4	
dextrose 5%-0.45% nacl	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextrose 5%-0.9% nacl	4	
glucose 5%-0.9% nacl	4	
kcl-d5w-0.2% nacl	4	
kcl-d5w-0.225% nacl	4	
kcl-d5w-0.45% nacl	4	
klor-con 10 (klor-con 10, klor-con 10)	2	
KLOR-CON 8	2	
klor-con m10	2	
KLOR-CON M15	2	
klor-con m20	2	
magnesium sulfate (50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe)	4	
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)	4	
potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 15 tablet, er 20 tablet)	2	
potassium chloride in d5lr	4	
potassium chloride proamp	4	
potassium chloride-0.45% nacl	4	
potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution	4	
potassium citrate er	3	
sodium chloride (0.9% irrig, 0.9% irrig., 0.9% prcss sol)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)	4	
sodium chloride-water 0.9%-water	4	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	4	
deferasirox (125 mg tb for susp, 180 mg tablet, 360 mg tablet)	4	PA
deferasirox (90 mg granule pkt, 180 mg granule pkt, 250 mg tb for susp, 360 mg granule pkt, 500 mg tb for susp)	5	PA, FFL
deferasirox 90 mg tablet	3	PA
tolvaptan	5	PA, FFL
trientine hcl 250 mg capsule	5	PA, QL (240 PER 30 DAYS), FFL
cyanocobalamin injection	1	EX
dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)	4	
DRISDOL	1	EX
folic acid (1 mg tablet, 1,000 mcg tablet, true 1600mcg dfe tb)	1	EX
glucose in water (50 ml, 100 ml)	4	
INTRALIPID 20% IV FAT EMUL	4	BVD
NUTRILIPID	4	BVD
TRAVASOL	4	BVD
TROPHAMINE	4	BVD
vitamin d2 1.25mg(50,000 unit)	1	EX

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
Potassium Binders		
kionex	3	
LOKELMA	3	
sodium polystyrene sulfonate (sodium polystyrene sulf powder, sps 15 gm/60 ml suspension)	3	
SPS	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	2	
LINZESS	3	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	3	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	3	QL (120 PER 30 DAYS)
MOVANTIK	3	QL (30 PER 30 DAYS)
Anti-Diarrheal Agents		
alosetron hcl	4	PA, QL (60 PER 30 DAYS)
diphenoxylate-atropine 2.5	4	PA
loperamide 2 mg capsule	2	
VIBERZI	5	PA, QL (60 PER 30 DAYS), FFL
XERMELO	5	PA, QL (90 PER 30 DAYS), FFL
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg capsule, 20 mg tablet)	2	PA
dicyclomine hcl 10 mg/5 ml soln	4	PA
glycopyrrolate (1 mg tablet, 2 mg tablet)	3	
methscopolamine bromide	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Gastrointestinal Agents, Other		
chenodal	5	PA, FFL
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n	2	
metoclopramide hcl (5 mg tablet, 10 mg tablet)	1	
metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)	2	
peg 3350-electrolyte solution	2	
peg-3350 and electrolytes	2	
sod sulf-potass sulf-mag sulf	4	
SUTAB	4	
ursodiol (250 mg tablet, 500 mg tablet)	4	
ursodiol 300 mg capsule	3	
VOWST	5	PA, QL (12 PER 56 OVER TIME), FFL
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS), FFL
Histamine2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	3	
famotidine (20 mg tablet, 40 mg tablet)	1	
famotidine 40 mg/5 ml susp	4	
nizatidine 150 mg capsule	4	
nizatidine 300 mg capsule	2	
Protectants		
misoprostol	3	
sucralfate (1 gm/10 ml, 1 gm/10 ml cup)	4	
sucralfate 1 gm tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	2	QL (30 PER 30 DAYS)
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	1	QL (60 PER 30 DAYS)
omeprazole dr 10 mg capsule	1	QL (30 PER 30 DAYS)
pantoprazole sodium dr 20 mg tab	1	QL (30 PER 30 DAYS)
pantoprazole sodium dr 40 mg tab	1	QL (60 PER 30 DAYS)
rabeprazole sodium dr 20 mg tab	3	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY	5	PA, QL (112 PER 28 DAYS), FFL
betaine anhydrous	5	FFL
CEREZYME	5	PA, FFL
CREON	3	
cromolyn sodium 100 mg/5 ml oral conc	4	
CRYSVITA	5	PA, FFL
CYSTAGON	4	PA
ELELYSO	5	PA, FFL
l-glutamine 5 gram powder pkt	5	PA, QL (180 PER 30 DAYS), FFL
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	4	
levocarnitine sf	4	
miglustat	5	PA, QL (180 PER 30 DAYS), FFL
nitisinone	5	FFL
ORFADIN 4 MG/ML SUSPENSION	5	FFL
PROLASTIN C	5	PA, FFL
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	5	PA, QL (14 PER 28 DAYS), FFL
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	5	PA, QL (56 PER 28 DAYS), FFL
PYRUKYND 5 MG TAPER PACK	5	PA, QL (7 PER 28 DAYS), FFL

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
REVCOVI	5	PA, FFL
REZDIFFRA	5	PA, QL (30 PER 30 DAYS), FFL
sapropterin dihydrochloride	5	PA, FFL
sodium phenylbutyrate	5	PA, FFL
STRENSIQ	5	PA, FFL
VPRIV	5	PA, FFL
WELIREG	5	PA, QL (90 PER 30 DAYS), FFL
yargesa	5	PA, QL (180 PER 30 DAYS), FFL
zelvysia	5	PA, FFL
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS), FFL
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA	4	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	2	QL (600 PER 30 DAYS)
oxybutynin chloride 5 mg tablet	2	QL (120 PER 30 DAYS)
oxybutynin chloride er cl 10 mg tablet	2	QL (90 PER 30 DAYS)
oxybutynin chloride er cl 15 mg tablet	2	QL (60 PER 30 DAYS)
oxybutynin chloride er cl 5 mg tablet	2	QL (30 PER 30 DAYS)
solifenacin succinate	2	QL (30 PER 30 DAYS)
tolterodine tartrate	3	QL (60 PER 30 DAYS)
tolterodine tartrate er	4	QL (30 PER 30 DAYS)
trospium chloride	3	QL (60 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	QL (30 PER 30 DAYS)
dutasteride	2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dutasteride-tamsulosin	4	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	1	QL (30 PER 30 DAYS)
silodosin	3	QL (30 PER 30 DAYS)
tadalafil (2.5 mg tablet, 5 mg tablet)	4	PA, QL (30 PER 30 DAYS)
tamsulosin hcl	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA	3	
NEXPLANON	3	
SKYLA	4	
Genitourinary Agents, Other		
bethanechol chloride	2	
penicillamine 250 mg tablet	5	FFL
sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	QL (6 PER 30 OVER TIME), EX
tadalafil 10mg tablet (generic cialis)	1	QL (6 PER 30 OVER TIME), EX
tadalafil 20mg tablet (generic cialis)	1	QL (6 PER 30 OVER TIME), EX
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)	2	
dexamethasone (0.5 mg/5 ml cup, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq)	3	
fludrocortisone acetate	2	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
methylprednisolone	2	
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)	2	
prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)	2	
prednisone (1 mg tablet, 2.5 mg tablet, 20 mg tablet, 50 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
prednisone (5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet)	2	
prednisone 5 mg/5 ml solution	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
CHORIONIC GONADOTROPIN	4	PA
desmopressin acetate (0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)	4	
desmopressin acetate (0.1 mg, 0.2 mg)	3	
INCRELEX	5	FFL
OMNITROPE	5	PA, FFL
PREGNYL	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
danazol	4	PA
DEPO-TESTOSTERONE	3	PA
testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	4	PA, QL (300 PER 30 DAYS)
testosterone (1.62% (2.5 g) pkt, 1.62% gel pump)	4	PA, QL (150 PER 30 DAYS)
testosterone 1% (25mg/2.5g) pk	4	PA, QL (225 PER 30 DAYS)
testosterone 1.62%(1.25 g) pkt	4	PA, QL (37.5 PER 30 DAYS)
testosterone cypionate	3	PA
testosterone enanthate	3	PA
Estrogens		
conjugated estrogens	3	
DEPO-ESTRADIOL	4	
dotti	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
estradiol (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, 10 mcg vaginal insrt)	4	
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
estradiol (once weekly)	3	
estradiol (twice weekly)	3	
estradiol 0.01% cream	2	
estradiol valerate (50 mg/5 ml, 100 mg/5 ml)	3	
estradiol valerate 200 mg/5 ml	4	
ESTRING	4	
lyllana	3	
MENEST	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
yuvafem	4	
abigale	4	
abigale lo	4	
afirmelle	3	
altavera	3	
alyacen	3	
amabelz	4	
amethia	3	
amethyst	4	
apri	3	
aranelle	3	
ashlyna	3	
aubra	3	
aubra eq	3	
aurovela	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aurovela 24 fe	4	
aurovela fe	3	
aviane	3	
ayuna	3	
azurette	3	
balziva	4	
blisovi 24 fe	4	
blisovi fe	3	
briellyn	4	
camrese	3	
camrese lo	4	
chateal eq	3	
COMBIPATCH	4	
cryselle	3	
cyred	3	
cyred eq	3	
dasetta	3	
daysee	3	
desogestr-eth estrad eth estra	3	
dolishale	4	
drospirenone-eth estra-levomef drosp-ee-levomef 3-0.03-0.451	3	
drospirenone-ethinyl estradiol	3	
elinest	3	
eluryng	3	
enilloring	3	
enpresse	3	
enskyce	3	
estarylla	3	
estradiol-norethindrone acetat	4	
ethynodiol-ethinyl estradiol	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
etonogestrel-ethinyl estradiol	3	
falmina	3	
feirza	3	
galbriela	4	
hailey	3	
hailey 24 fe	4	
hailey fe	3	
haloette	3	
iclevia	3	
introvale	3	
isibloom	3	
jaimiess	3	
jasmiel	3	
jolessa	3	
juleber	3	
junel	3	
junel fe	3	
junel fe 24	4	
kaitlib fe	4	
kalliga	3	
kariva	3	
kelnor 1-35	3	
kelnor 1-50	3	
kurvelo	3	
larin	3	
larin 24 fe	4	
larin fe	3	
LAYOLIS FE	4	
leena	3	
lessina	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levonest	3	
levonorg-eth estrad eth estrad levono-e 0.15-0.03-0.01	3	
levonorg-eth estrad eth estrad levonor-e 0.1-0.02-0.01	4	
levonorgestrel-eth estradiol (0.1-0.02 mg, 0.15, triphasic)	3	
levonorgestrel-eth estradiol levonor-eth 0.09-0.02 mg	4	
levora-28	3	
lo-zumandimine	3	
LOESTRIN	3	
LOESTRIN FE	3	
lojaimiess	4	
loryna	3	
low-ogestrel	3	
luizza	3	
lutera	3	
marlissa	3	
microgestin	3	
microgestin fe	3	
mili	3	
mimvey	4	
mono-linyah	3	
necon	3	
nikki	3	
norelgestromin-eth estradiol	3	
norethin-eth estra-ferrous fum	4	
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)	3	
norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindrone-e.estradiol-iron noreth-ee-fe 1 mg/20-30-35 mcg	4	
norgestimate-ethinyl estradiol	3	
nortrel	3	
nylia	3	
ocella	3	
philith	4	
pimtrea	3	
portia	3	
PREMPHASE	3	
PREMPRO	3	
reclipsen	3	
setlakin	3	
simliya	3	
simpesse	3	
sprintec	3	
sronyx	3	
syeda	3	
tarina 24 fe	4	
tarina fe	3	
tarina fe 1-20 eq	3	
tilia fe	4	
tri-estarylla	3	
tri-legest fe	4	
tri-linyah	3	
tri-lo-estarylla	3	
tri-lo-marzia	3	
tri-lo-mili	3	
tri-lo-sprintec	3	
tri-mili	3	
tri-nymyo	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tri-sprintec	3	
tri-vylibra	3	
tri-vylibra lo	3	
trivora-28	3	
turqoz	3	
tydemy	3	
valtya	3	
velivet	4	
vestura	3	
vienva	3	
viorele	3	
volnea	3	
vyfemla	4	
vylibra	3	
wera	3	
wymzya fe	4	
xarah fe	4	
xelria fe	4	
xulane	3	
zafemy	3	
zovia 1-35	3	
zumandimine	3	
Progestins		
camila	3	
deblitane	3	
DEPO-SUBQ PROVERA 104	3	
emzahh	3	
errin	3	
gallifrey	2	
heather	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
incassia	3	
jencycla	3	
lyleq	3	
lyza	3	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
medroxyprogesterone acetate 150 mg/ml	3	
megestrol acetate (20 mg tablet, 40 mg tablet)	3	
megestrol acetate (acet 40 mg/ml susp, 400 mg/10ml susp cup, acet 400 mg/10 ml)	4	
meleya	3	
nora-be (nora-be, nora-be)	3	
norethindrone	3	
norethindrone ac (lupaneta)	2	
norethindrone acetate	2	
orquidea	3	
progesterone (100 mg capsule, 200 mg capsule)	2	
sharobel	3	

Selective Estrogen Receptor Modifying Agents

DUAVEE	4	
raloxifene hcl	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

LEVO-T	3	
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)	1	
LEVOXYL	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
liomny	2	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
SYNTHROID	3	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	3	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT)	4	PA, QL (1 PER 84 OVER TIME)
ELIGARD (30 MG SYRINGE B, 30 MG SYRINGE KIT)	4	PA, QL (1 PER 112 OVER TIME)
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	PA, QL (1 PER 168 OVER TIME)
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	4	PA, QL (1 PER 28 DAYS)
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	5	PA, FFL
FIRMAGON 80 MG KIT	4	PA
leuprolide acetate	4	PA, QL (2 PER 28 DAYS)
leuprolide depot	4	PA, QL (1 PER 84 OVER TIME)
LIFYORLI 125 MG DOSE PACK	5	PA, QL (18 PER 28 DAYS)
LIFYORLI 150 MG DOSE PACK	5	PA, QL (27 PER 28 DAYS)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG 1 MONTH KT)	5	PA, QL (1 PER 28 DAYS), FFL
LUPRON DEPOT (LUPANETA) 3.75MG	5	PA, QL (1 PER 28 DAYS), FFL
LUPRON DEPOT-PED 11.25 MG 3MO	5	PA, QL (1 PER 84 OVER TIME), FFL
LUPRON DEPOT-PED 45 MG 6MO KIT	5	PA, QL (1 PER 168 OVER TIME), FFL
LUPRON DEPOT-PED 7.5 MG KIT	5	PA, QL (1 PER 28 DAYS), FFL
mifepristone 300 mg tablet	5	PA, QL (120 PER 30 DAYS), FFL
octreotide acetate	4	PA
SIGNIFOR	5	PA, FFL

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
SIGNIFOR LAR	5	PA, FFL
SOMATULINE DEPOT	5	PA, FFL
SOMAVERT	5	PA, FFL
SYNAREL	5	FFL
TRELSTAR	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole	1	
propylthiouracil	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 28 DAYS), FFL
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 28 DAYS), FFL
icatibant	5	PA, QL (18 PER 30 DAYS), FFL
sajazir	5	PA, QL (18 PER 30 DAYS), FFL
Immunoglobulins		
ATGAM	5	BVD, FFL
GAMMAGARD LIQUID	5	PA, FFL
GAMMAGARD LIQUID ERC	5	PA, FFL
GAMUNEX-C	5	PA, FFL
THYMOGLOBULIN	5	BVD, FFL
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS), FFL
ACTEMRA ACTPEN	5	PA, QL (3.6 PER 28 DAYS), FFL
ARCALYST	5	PA, QL (8 PER 28 DAYS), FFL
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA, QL (8 PER 28 DAYS), FFL

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
COSENTYX (2 SYRINGES)	5	PA, QL (8 PER 28 DAYS), FFL
COSENTYX SENSOREADY (2 PENS)	5	PA, QL (8 PER 28 DAYS), FFL
COSENTYX SENSOREADY PEN	5	PA, QL (8 PER 28 DAYS), FFL
COSENTYX SYRINGE 150 MG/ML	5	PA, QL (8 PER 28 DAYS), FFL
COSENTYX SYRINGE 75 MG/0.5 ML	5	PA, QL (2 PER 28 DAYS), FFL
COSENTYX UNOREADY PEN	5	PA, QL (8 PER 28 DAYS), FFL
DUPIXENT PEN 200 MG/1.14 ML	5	PA, QL (3.42 PER 28 DAYS), FFL
DUPIXENT PEN 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS), FFL
DUPIXENT SYRINGE 200 MG/1.14 ML	5	PA, QL (3.42 PER 28 DAYS), FFL
DUPIXENT SYRINGE 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS), FFL
ENTYVIO PEN	5	PA, QL (1.36 PER 28 DAYS), FFL
ORENCIA 125 MG/ML SYRINGE	5	PA, QL (4 PER 28 DAYS), FFL
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL (1.6 PER 28 DAYS), FFL
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL (2.8 PER 28 DAYS), FFL
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS), FFL
PYZCHIVA (45 MG/0.5 ML SYRINGE, CDV 45 MG/0.5 ML SYR)	4	PA, QL (1.5 PER 84 OVER TIME)
PYZCHIVA (90 MG/ML SYRINGE, CDV 90 MG/ML SYRINGE)	5	PA, QL (3 PER 84 OVER TIME), FFL
PYZCHIVA 45 MG/0.5 ML VIAL	4	PA, QL (1.5 PER 84 DAYS)
RIDAURA	3	
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET)	5	PA, QL (30 PER 30 DAYS), FFL
RINVOQ ER 45 MG TABLET	5	PA, QL (84 PER 180 OVER TIME), FFL
RINVOQ LQ	5	PA, QL (360 PER 30 DAYS), FFL
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL (6 PER 365 OVER TIME), FFL
SKYRIZI 55 MG/0.37 ML SYRINGE	5	PA, QL (2.22 PER 365 OVER TIME), FFL

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
SKYRIZI 600 MG/10 ML VIAL	5	PA, QL (60 PER 180 OVER TIME), FFL
SKYRIZI ON-BODY 180 MG/1.2 ML	5	PA, QL (8.4 PER 365 OVER TIME), FFL
SKYRIZI ON-BODY 360 MG/2.4 ML	5	PA, QL (16.8 PER 365 OVER TIME), FFL
SKYRIZI PEN	5	PA, QL (6 PER 365 OVER TIME), FFL
STEQEYMA 130 MG/26 ML VIAL	5	PA, QL (104 PER 180 OVER TIME), FFL
STEQEYMA 45 MG/0.5 ML SYRINGE	4	PA, QL (1.5 PER 84 OVER TIME)
STEQEYMA 45 MG/0.5 ML VIAL	4	PA, QL (1.5 PER 84 DAYS)
STEQEYMA 90 MG/ML SYRINGE	5	PA, QL (3 PER 84 OVER TIME), FFL
TREMFYA 100 MG/ML SYRINGE	5	PA, QL (3 PER 56 OVER TIME), FFL
TREMFYA 200 MG/2 ML SYRINGE	5	PA, QL (2 PER 28 DAYS), FFL
TREMFYA ONE-PRESS	5	PA, QL (3 PER 56 OVER TIME), FFL
TREMFYA PEN 100 MG/ML	5	PA, QL (3 PER 56 OVER TIME), FFL
TREMFYA PEN 200 MG/2 ML	5	PA, QL (2 PER 28 DAYS), FFL
TREMFYA PEN INDUCTION (2 PEN)	5	PA, QL (12 PER 180 OVER TIME), FFL
TYENNE 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS), FFL
TYENNE AUTOINJECTOR	5	PA, QL (3.6 PER 28 DAYS), FFL
USTEKINUMAB-AEKN 45 MG SYRINGE	4	PA, QL (1.5 PER 84 OVER TIME)
USTEKINUMAB-AEKN 90 MG/ML SYR	5	PA, QL (3 PER 84 OVER TIME), FFL
XOLAIR	5	PA, FFL
Immunostimulants		
ACTIMMUNE	5	PA, FFL
BESREMI	5	PA, QL (2 PER 28 DAYS), FFL

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
BESREMI PEN	5	PA, QL (1 PER 28 DAYS), FFL
PEGASYS	5	PA, FFL
Immunosuppressants		
azathioprine 50 mg tablet	2	BVD
cyclosporine (25 mg capsule, 100 mg capsule)	4	BVD
cyclosporine modified	4	BVD
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL (2 PER 28 DAYS), FFL
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL (4 PER 28 DAYS), FFL
ENBREL 50 MG/ML SYRINGE	5	PA, QL (8 PER 28 DAYS), FFL
ENBREL MINI	5	PA, QL (8 PER 28 DAYS), FFL
ENBREL SURECLICK	5	PA, QL (8 PER 28 DAYS), FFL
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET)	4	BVD
ENVARSUS XR 4 MG TABLET	5	BVD, FFL
everolimus (0.25 mg tablet, 0.5 mg tablet)	4	BVD
everolimus (0.75 mg tablet, 1 mg tablet)	5	BVD, FFL
gengraf	4	BVD
HADLIMA	5	PA, QL (4.8 PER 28 DAYS), FFL
HADLIMA PUSHTOUCH	5	PA, QL (4.8 PER 28 DAYS), FFL
HADLIMA(CF)	5	PA, QL (2.4 PER 28 DAYS), FFL
HADLIMA(CF) PUSHTOUCH	5	PA, QL (2.4 PER 28 DAYS), FFL
leflunomide	3	
methotrexate (1 gm vial, 2.5 mg tablet)	2	
methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)	1	
methotrexate sodium	2	
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	2	BVD
mycophenolate mofetil 200 mg/ml susp	5	BVD, FFL
mycophenolic acid	4	BVD

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
MYHIBBIN	5	BVD, FFL
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	BVD
SIMLANDI(CF) 20 MG/0.2 SYRG	5	PA, QL (2 PER 28 DAYS), FFL
SIMLANDI(CF) 40 MG/0.4 SYRG	5	PA, QL (4 PER 28 DAYS), FFL
SIMLANDI(CF) 80 MG/0.8 SYRG	5	PA, QL (3 PER 28 DAYS), FFL
SIMLANDI(CF) AUTOINJECTOR AI 40 MG/0.4	5	PA, QL (4 PER 28 DAYS), FFL
SIMLANDI(CF) AUTOINJECTOR AI 80 MG/0.8	5	PA, QL (3 PER 28 DAYS), FFL
sirolimus	4	BVD
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir))	2	BVD
tacrolimus 5 mg capsule (ir)	4	BVD
XATMEP	4	BVD
Vaccines		
ABRYSVO	1	QL (1 PER 999 OVER TIME), VAC ($0 Copayment)
ACTHIB	1	
ADACEL TDAP	1	VAC ($0 Copayment)
AREXVY	1	QL (1 PER 999 OVER TIME), VAC ($0 Copayment)
BCG VACCINE (TICE STRAIN)	1	VAC ($0 Copayment)
BEXSERO	1	VAC ($0 Copayment)
BOOSTRIX TDAP	1	VAC ($0 Copayment)
DAPTACEL DTAP	1	
DENGVAXIA	1	
ENGERIX-B ADULT	1	BVD, VAC ($0 Copayment)
ENGERIX-B PEDIATRIC-ADOLESCENT	1	BVD, VAC ($0 Copayment)
ERVEBO (NATIONAL STOCKPILE)	1	
GARDASIL 9	1	VAC ($0 Copayment)

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
HAVRIX (720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL)	1	
HAVRIX 1,440 UNIT/ML SYRINGE	1	VAC ($0 Copayment)
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	BVD, VAC ($0 Copayment)
HIBERIX	1	
IMOVAX RABIES VACCINE	1	BVD, VAC ($0 Copayment)
INFANRIX DTAP	1	
IPOL	1	VAC ($0 Copayment)
IXIARO	1	VAC ($0 Copayment)
JYNNEOS	1	BVD, VAC ($0 Copayment)
JYNNEOS (NATIONAL STOCKPILE)	1	BVD, VAC ($0 Copayment)
KINRIX	1	
M-M-R II VACCINE	1	VAC ($0 Copayment)
MENQUADFI	1	VAC ($0 Copayment)
MENVEO A-C-Y-W-135-DIP	1	VAC ($0 Copayment)
MRESVIA	1	QL (0.5 PER 999 OVER TIME), VAC ($0 Copayment)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	VAC ($0 Copayment)
PENMENVY MEN A-B-C-W-Y	1	VAC ($0 Copayment)
PENTACEL	1	
PRIORIX	1	VAC ($0 Copayment)
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	BVD, VAC ($0 Copayment)
RECOMBIVAX HB	1	BVD, VAC ($0 Copayment)
ROTARIX	1	
ROTATEQ	1	
SHINGRIX 50 MCG/0.5 ML SYRINGE	1	QL (1 PER 999 OVER TIME), VAC ($0 Copayment)

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
SHINGRIX VIAL KIT	1	QL (2 PER 999 OVER TIME), VAC ($0 Copayment)
STAMARIL	1	
TENIVAC	1	BVD, VAC ($0 Copayment)
TICOVAC	1	VAC ($0 Copayment)
TRUMENBA	1	VAC ($0 Copayment)
TWINRIX	1	VAC ($0 Copayment)
TYPHIM VI	1	VAC ($0 Copayment)
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL)	1	
VAQTA (50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	1	VAC ($0 Copayment)
VARIVAX VACCINE	1	VAC ($0 Copayment)
VAXCHORA VACCINE	1	VAC ($0 Copayment)
VIMKUNYA	1	VAC ($0 Copayment)
VIVOTIF	1	VAC ($0 Copayment)
YF-VAX	1	VAC ($0 Copayment)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)	4	
mesalamine 800 mg dr tablet	4	QL (180 PER 30 DAYS)
mesalamine dr	4	QL (180 PER 30 DAYS)
mesalamine dr 1.2 gm tablet	4	QL (120 PER 30 DAYS)
mesalamine er 0.375 gram cap	4	QL (120 PER 30 DAYS)
mesalamine er 250 mg capsule	4	QL (480 PER 30 DAYS)
mesalamine er 500 mg capsule	4	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
sulfasalazine	2	
sulfasalazine dr	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Glucocorticoids		
budesonide dr	4	PA, QL (90 PER 30 DAYS)
budesonide ec	4	PA, QL (90 PER 30 DAYS)
budesonide er	5	PA, QL (30 PER 30 DAYS), FFL
hydrocortisone 100 mg/60 ml	4	
procto-med hc	2	QL (454 PER 30 DAYS)
proctosol-hc	2	QL (454 PER 30 DAYS)
proctozone-hc	2	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
alendronate sodium (35 mg tab, 70 mg tab)	1	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	1	QL (120 PER 30 DAYS)
BONSITY	5	PA, FFL
calcitonin-salmon 200 unit spr	2	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule)	2	
calcitriol 1 mcg/ml solution	4	
cinacalcet hcl	4	PA
ibandronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
JUBBONTI	4	PA
OSENVELT	5	PA, FFL
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	4	
risedronate sodium (5 mg tablet, 30 mg tab)	3	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	3	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	3	QL (4 PER 28 DAYS)
risedronate sodium dr	4	QL (4 PER 28 DAYS)
STOBOCLO	4	PA
teriparatide (teriparatide, teriparatide)	5	PA, FFL
TYMLOS	5	PA, FFL

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
WYOST	5	PA, FFL
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate (1% drop, 1% drops)	3	
brimonidine tartrate-timolol	3	
cyclosporine 0.05% eye emuls	3	QL (60 PER 30 DAYS)
CYSTARAN	5	PA, QL (60 PER 28 DAYS), FFL
dorzolamide-timolol eye drops	1	
MIEBO	3	PA, QL (3 PER 30 DAYS)
neo-polycin hc	3	
neomycin-bacitracin-poly-hc	3	
neomycin-polymyxin-dexameth	2	
RESTASIS	3	QL (60 PER 30 DAYS)
sulfacetamide-prednisolone	2	
TOBRADEX EYE OINTMENT	4	
tobramycin-dexamethasone	3	
XDEMVY	5	PA, FFL
XIIDRA	3	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives		
bacitracin 500 unit/gm ophth	4	
bacitracin-polymyxin	2	
BESIVANCE	3	
ciprofloxacin hcl 0.3% eye drop	2	
erythromycin 0.5% eye ointment	2	
gatifloxacin	3	
gentamicin sulfate 0.3% eye drop	2	
moxifloxacin (0.5% drops, 0.5% drp-visc)	4	
NATACYN	4	
neo-polycin	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
neomycin-bacitracin-polymyxin	3	
neomycin-polymyxin-gramicidin	3	
ofloxacin 0.3% eye drops	2	
polycin	2	
polymyxin b sul-trimethoprim	2	
sulfacetamide sodium (10% drops, 10% ointment)	2	
tobramycin 0.3% eye drop	2	
trifluridine	3	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	3	
cromolyn sodium 4% eye drops	2	
epinastine hcl	3	
Ophthalmic Anti-inflammatories		
bromfenac sodium (0.07%, 0.09%)	4	
dexamethasone sodium phosphate 0.1% eye drop	2	
diclofenac sodium 0.1% eye drops	2	
difluprednate	4	
EYSUVIS	3	PA
fluorometholone	3	
flurbiprofen sodium	2	
ILEVRO	4	
INVELTYS	3	
ketorolac tromethamine (0.4%, 0.5%)	2	
prednisolone acetate	3	
prednisolone sodium phosphate 1% eye drop	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5% eye drop	3	
BETOPTIC S	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
carteolol hcl	2	
levobunolol hcl	2	
timolol maleate (0.25% drop, 0.5% drops)	1	
timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
brimonidine tartrate (0.1% drop, 0.15% drp)	4	
brimonidine tartrate 0.2% eye drop	1	
brinzolamide	4	
dorzolamide hcl	2	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	3	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03% eye drops	3	QL (15 PER 75 OVER TIME)
latanoprost 0.005% eye drops	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
travoprost	4	QL (15 PER 75 OVER TIME)
Otic Agents		
acetic acid 2% ear solution	2	
ciprofloxacin-dexamethasone	4	
flac otic oil	4	
fluocinolone acetonide oil	4	
hydrocortisone-acetic acid	4	
neomycin-polymyxin-hc ear susp	3	
neomycin-polymyxin-hydrocort	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ofloxacin 0.3% ear drops	3	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh)	4	BVD
flunisolide	3	QL (75 PER 30 DAYS)
fluticasone propionate 50 mcg spray	2	QL (16 PER 30 DAYS)
mometasone furoate 50 mcg spry	4	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)
Antihistamines		
azelastine hcl 0.1% (137 mcg) spry	2	QL (60 PER 30 DAYS)
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	2	
cyproheptadine hcl 4 mg tablet	4	PA
levocetirizine dihydrochloride 5 mg tablet	1	
olopatadine hcl 665 mcg nasal spry	4	QL (30.5 PER 30 DAYS)
Antileukotrienes		
montelukast sodium (4 mg tab chew, 5 mg tab chew)	2	
montelukast sodium 10 mg tablet	1	
montelukast sodium 4 mg granules	4	
zafirlukast	4	
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
ipratropium bromide 0.02% soln	2	BVD

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
ipratropium bromide 0.03% spray	2	QL (60 PER 30 DAYS)
ipratropium bromide 0.06% spray	2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
albuterol hfa 90 mcg inhaler (generic proair hfa)	3	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	3	QL (13.4 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic ventolin hfa)	3	QL (36 PER 30 DAYS)
albuterol sulfate (2 mg tab, 4 mg tab)	4	
albuterol sulfate (2 mg/5 ml cup, sulf 2 mg/5 ml, 8 mg/20 ml cup)	2	
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)	2	BVD
albuterol sulfate hfa	3	QL (17 PER 30 DAYS)
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	3	
levalbuterol tartrate hfa	3	QL (30 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	4	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
CAYSTON	5	PA, FFL
KALYDECO	5	PA, QL (60 PER 30 DAYS), FFL
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (120 PER 30 DAYS), FFL
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (60 PER 30 DAYS), FFL

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
PULMOZYME	5	BVD, FFL
tobramycin 300 mg/5 ml ampule	5	PA, FFL
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (90 PER 30 DAYS), FFL
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	5	PA, QL (60 PER 30 DAYS), FFL
Mast Cell Stabilizers		
cromolyn sodium 20 mg/2 ml neb soln	3	BVD
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA, QL (30 PER 30 DAYS)
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	4	
theophylline er (er 300 mg tablet, er 450 mg tablet)	4	
theophylline er (er 400 mg tablet, er 600 mg tablet)	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA, QL (90 PER 30 DAYS), FFL
ambrisentan	4	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tablet, 125 mg tablet)	5	PA, QL (60 PER 30 DAYS), FFL
bosentan 32 mg tablet for susp	5	PA, QL (120 PER 30 DAYS), FFL
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	PA, FFL
ORENITRAM ER 0.125 MG TABLET	4	PA
ORENITRAM MONTH 1 TITRATION KT	5	PA, FFL
ORENITRAM MONTH 2 TITRATION KT	5	PA, FFL
ORENITRAM MONTH 3 TITRATION KT	5	PA, FFL
sildenafil citrate 20 mg tablet	3	PA, QL (90 PER 30 DAYS)
tadalafil 20mg tablet (generic adcirca)	4	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS), FFL

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
VENTAVIS	5	PA, QL (270 PER 30 DAYS), FFL
WINREVAIR	5	PA, QL (1 PER 21 DAYS), FFL
WINREVAIR (2 PACK)	5	PA, QL (1 PER 21 DAYS), FFL
Pulmonary Fibrosis Agents		
nintedanib esylate	5	PA, QL (60 PER 30 DAYS)
pirfenidone 267 mg capsule	5	PA, QL (270 PER 30 DAYS), FFL
pirfenidone 267 mg tablet	4	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tablet	5	PA, QL (90 PER 30 DAYS), FFL
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	2	BVD
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
benzonatate	1	EX
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
breyna	4	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate	4	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE	5	PA, QL (0.5 PER 28 DAYS), FFL
FASENRA 30 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS), FFL
FASENRA PEN	5	PA, QL (1 PER 28 DAYS), FFL
fluticasone-salmeterol (100, 250, 500)	3	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55, 113, 232)	3	QL (1 PER 30 DAYS)
ipratropium-albuterol	2	BVD
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
wixela inhub	3	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
Skeletal Muscle Relaxants		
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	2	
methocarbamol (500 mg tablet, 750 mg tablet)	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	PA, QL (30 PER 30 DAYS)
DAYVIGO	3	PA, QL (30 PER 30 DAYS)
ramelteon	4	QL (30 PER 30 DAYS)
tasimelteon	5	PA, QL (30 PER 30 DAYS), FFL
temazepam (15 mg capsule, 30 mg capsule)	2	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	3	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	3	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	2	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil	4	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS), FFL
LUMRYZ STARTER PACK	5	PA, QL (28 PER 28 DAYS), FFL
modafinil	3	PA, QL (30 PER 30 DAYS)
sodium oxybate	5	PA, QL (540 PER 30 DAYS), FFL

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

Index of Drugs

A

abacavir . . . 50
abacavir-lamivudine . . . 50
abigale . . . 86
abigale lo . . . 86
ABILIFY ASIMTUFII . . . 45
ABILIFY MAINTENA . . . 45
abiraterone acetate . . . 34
abirtega . . . 34
ABRYSVO . . . 98
acamprosate calcium . . . 15
acarbose . . . 55
accutane . . . 74
acebutolol hcl . . . 65
acetaminophen-codeine . . . 13
acetazolamide . . . 67
acetazolamide er . . . 67
acetic acid . . . 104
acetylcysteine . . . 108
acitretin . . . 74
ACTEMRA . . . 94
ACTEMRA ACTPEN . . . 94
ACTHIB . . . 98
ACTIMMUNE . . . 96
acyclovir . . . 53
acyclovir sodium . . . 53
ADACEL TDAP . . . 98
adefovir dipivoxil . . . 52
ADEMPAS . . . 107
ADLARITY . . . 26
ADVAIR HFA . . . 108
afirmelle . . . 86
AIMOVIG AUTOINJECTOR . . . 32
AKEEGA . . . 36
ALA-CORT . . . 74
albendazole . . . 43
ALBUTEROL HFA 90 MCG INHALER (generic ProAir HFA) . . . 106
ALBUTEROL HFA 90 MCG INHALER (generic Proventil HFA) . . . 106
albuterol hfa 90 mcg inhaler (generic Ventolin hfa) . . . 106
albuterol sulfate . . . 106
albuterol sulfate hfa . . . 106
alclometasone dipropionate . . . 74
alcohol pads . . . 55
ALECENSA . . . 36
alendronate sodium . . . 101
alfuzosin hcl er . . . 83
aliskiren . . . 67
allopurinol . . . 31
alosetron hcl . . . 80
alprazolam . . . 54
altavera . . . 86
ALUNBRIG . . . 36
alyacen . . . 86
amabelz . . . 86
amantadine . . . 44
ambrisentan . . . 107
amethia . . . 86
amethyst . . . 86
amikacin sulfate . . . 16
amiloride hcl . . . 69
amiloride-hydrochlorothiazide . . . 67
amiodarone hcl . . . 65
amitriptyline hcl . . . 29
amlodipine besylate . . . 66
amlodipine besylate-benazepril . . . 67
amlodipine-atorvastatin . . . 67
amlodipine-olmesartan . . . 67
amlodipine-valsartan . . . 67
amlodipine-valsartan-hctz . . . 67
ammonium lactate . . . 74
amnesteem . . . 74
amoxapine . . . 29
amoxicillin . . . 19
amoxicillin-clavulanate pot er . . . 19
amoxicillin-clavulanate potass . . . 19
amphotericin b . . . 30
amphotericin b liposome . . . 30
ampicillin sodium . . . 19

ampicillin trihydrate . . . 19
ampicillin-sulbactam . . . 19
anagrelide hcl . . . 62
anastrozole . . . 36
ANORO ELLIPTA . . . 108
apomorphine hcl . . . 44
aprepitant . . . 30
apri . . . 86
APTIVUS . . . 51
aqua care sodium chloride . . . 77
aranelle . . . 86
ARANESP . . . 62
ARCALYST . . . 94
AREXVY . . . 98
ARIKAYCE . . . 16
aripiprazole . . . 45
aripiprazole odt . . . 46
ARISTADA . . . 46
ARISTADA INITIO . . . 46
armodafinil . . . 109
ARNUITY ELLIPTA . . . 105
asenapine maleate . . . 46
ashlyna . . . 86
ASMANEX . . . 105
ASMANEX HFA . . . 105
aspirin-dipyridamole er . . . 63
atazanavir sulfate . . . 51
atenolol . . . 65
atenolol-chlorthalidone . . . 67
ATGAM . . . 94
atomoxetine hcl . . . 72
atorvastatin calcium . . . 69
atovaquone . . . 43
atovaquone-proguanil hcl . . . 43
atropine sulfate . . . 102
ATTRUBY . . . 82
aubra . . . 86
aubra eq . . . 86
AUGTYRO . . . 36
aurovela . . . 86
aurovela 24 fe . . . 87
aurovela fe . . . 87
AUSTEDO . . . 72
AUSTEDO XR . . . 72
AUSTEDO XR TITRATION KT(WK1-4) . . . 72
autoshield duo pen needle . . . 58
AUVELITY . . . 26
aviane . . . 87
avidoxy . . . 21
AVMAPKI-FAKZYNJA . . . 35
AVONEX . . . 73
AVONEX (4 PACK) . . . 73
AVONEX PEN (4 PACK) . . . 73
ayuna . . . 87
AYVAKIT . . . 36
azathioprine . . . 97
azelaic acid . . . 74
azelastine hcl . . . 103,105
AZELEX . . . 74
azilsartan medoxomil . . . 64
azithromycin . . . 20
aztreonam . . . 16
azurette . . . 87

B

bacitracin . . . 102
bacitracin-polymyxin . . . 102
baclofen . . . 49
balsalazide disodium . . . 100
BALVERSA . . . 36,37
balziva . . . 87
BAQSIMI . . . 58
BARACLUDE . . . 52
BCG VACCINE (TICE STRAIN) . . . 98
BELBUCA . . . 12
BELSOMRA . . . 109
benazepril hcl . . . 64
benazepril-hydrochlorothiazide . . . 67
BENLYSTA . . . 94
benzonatate . . . 108
benztropine mesylate . . . 44
BEQALZI . . . 37

BESIVANCE . . . 102
BESREMI . . . 96
BESREMI PEN . . . 97
betaine anhydrous . . . 82
betamethasone diprop augmented . . . 74,75
betamethasone dipropionate . . . 75
betamethasone valerate . . . 75
BETASERON . . . 73
betaxolol hcl . . . 65,103
bethanechol chloride . . . 84
BETOPTIC S . . . 103
bexarotene . . . 43
BEXSERO . . . 98
bicalutamide . . . 34
BICILLIN L-A . . . 19
BIKTARVY . . . 49
bimatoprost . . . 104
bisoprolol fumarate . . . 65
bisoprolol-hydrochlorothiazide . . . 67
BIXLENVO . . . 49
blisovi 24 fe . . . 87
blisovi fe . . . 87
BONSITY . . . 101
BOOSTRIX TDAP . . . 98
bosentan . . . 107
BOSULIF . . . 37
bosutinib . . . 37
BRAFTOVI . . . 37
BREO ELLIPTA . . . 108
breyna . . . 108
BREZTRI AEROSPHERE . . . 108
briellyn . . . 87
brimonidine tartrate . . . 104
brimonidine tartrate-timolol . . . 102
brinzolamide . . . 104
brivaracetam . . . 22
BRIVIACT . . . 22
bromfenac sodium . . . 103
bromocriptine mesylate . . . 44
BRUKINSA . . . 37
budesonide . . . 105
budesonide dr . . . 101
budesonide ec . . . 101
budesonide er . . . 101
budesonide-formoterol fumarate . . . 108
bumetanide . . . 68
buprenorphine . . . 12
buprenorphine hcl . . . 15
buprenorphine-naloxone . . . 15
bupropion hcl . . . 26
bupropion hcl sr . . . 16,26
bupropion hcl sr 150mg tablet . . . 26
bupropion xl . . . 26,27
buspirone hcl . . . 54
butalbital-acetaminophen-caffe . . . 11
butalbital-aspirin-caffeine . . . 11
butorphanol tartrate . . . 13
BYSANTI . . . 46
BYSANTI TITRATION PACK A . . . 46
BYSANTI TITRATION PACK B . . . 46
BYSANTI TITRATION PACK C . . . 46

C

cabergoline . . . 93
CABOMETYX . . . 37
calcipotriene . . . 76
calcitonin-salmon . . . 101
calcitrene . . . 76
calcitriol . . . 101
CALQUENCE . . . 37
camila . . . 91
camrese . . . 87
camrese lo . . . 87
candesartan cilexetil . . . 64
candesartan-hydrochlorothiazid . . . 67
CAPLYTA . . . 46
CAPRELSA . . . 37
captopril . . . 64
carbamazepine . . . 24,25
carbamazepine er . . . 25
carbidopa . . . 44
carbidopa-levodopa . . . 44

carbidopa-levodopa er....44
carbidopa-levodopa-entacapone....44
carglumic acid....77
carteolol hcl....104
cartia xt....66
carvedilol....65
caspofungin acetate....30
CAVHANZA....37
CAYSTON....106
cefaclor....18
cefadroxil....18
cefazolin sodium....18
cefazolin sodium-dextrose....18
cefdinir....18
cefepime....18
cefepime hcl....18
cefepime-dextrose....18
cefixime....18
cefoxitin....18
cefoxitin sodium....18
cefpodoxime proxetil....18
cefprozil....18
ceftaroline fosamil....18
ceftazidime....18
ceftriaxone....18
cefuroxime....18
cefuroxime sodium....18
celecoxib....11
cephalexin....18
CEREZYME....82
cetirizine hcl....105
cevimeline hcl....73
chateal eq....87
CHEMET....79
chenodal....81
chlorhexidine gluconate....73
chloroquine phosphate....43
chlorpromazine hcl....29
chlorthalidone....69
cholestyramine....70
cholestyramine light....70
CHORIONIC GONADOTROPIN....85
ciclodan....30
ciclopirox....30
cilostazol....63
CIMDUO....50
cimetidine....81
cinacalcet hcl....101
ciprofloxacin hcl....21,102
ciprofloxacin-d5w....21
ciprofloxacin-dexamethasone....104
citalopram hbr....27
claravis....74
clarithromycin....20
clarithromycin er....20
clindacin etz....16
clindacin p....16
clindamycin (pediatric)....16
clindamycin hcl....16
clindamycin phosphate....16,17
clindamycin phosphate-d5w....17
clindamycin-0.9% nacl....17
clindamycin-benzoyl peroxide....74
clobazam....23
clobetasol emollient....75
clobetasol propionate....75
clodan....75
clomipramine hcl....29
clonazepam....54
clonidine....63
clonidine hcl....63
clonidine hcl er....72
clopidogrel....63
clorazepate dipotassium....54
clotrimazole....30
clotrimazole-betamethasone....76
clozapine....48
clozapine odt....48,49
COARTEM....43
COBENFY....48
COBENFY STARTER PACK....48
codeine sulfate....13

colchicine....32
colestipol hcl....70
colistimethate....17
COMBIPATCH....87
COMBIVENT RESPIMAT....108
COMETRIQ....37
compro....29
conjugated estrogens....85
constulose....80
COPIKTRA....37
CORLANOR....67
COSENTYX (2 SYRINGES)....95
COSENTYX SENSOREADY (2 PENS)....95
COSENTYX SENSOREADY PEN....95
COSENTYX SYRINGE....95
COSENTYX UNOREADY PEN....95
COTELLIC....37
CREON....82
CRESEMBA....31
cromolyn sodium....82,103,107
cryselle....87
CRYSVITA....82
cyanocobalamin injection....79
cyclobenzaprine hcl....109
cyclophosphamide....33
cycloserine....33
CYCLOSET....55
cyclosporine....97,102
cyclosporine modified....97
cyproheptadine hcl....105
cyred....87
cyred eq....87
CYSTAGON....82
CYSTARAN....102

D

dabigatran etexilate....61
dalfampridine er....73
danazol....85
dantrolene sodium....49
DANZITEN....37
dapagliflozin....55
dapagliflozin-metfor er 5-1000 mg....55
dapagliflozin-metformin er....55
dapsone....33
DAPTACEL DTAP....98
daptomycin....17
darunavir....51
dasatinib....37
dasetta....87
DAURISMO....38
daysee....87
DAYVIGO....109
deblitane....91
deferasirox....79
DELSTRIGO....49
demeclocycline hcl....21
DENGVAXIA....98
DEPO-ESTRADIOL....85
DEPO-SUBQ PROVERA 104....91
DEPO-TESTOSTERONE....85
dermacinrx lidocan....14
DESCOVY....50
desipramine hcl....29
desmopressin acetate....85
desogestr-eth estrad eth estra....87
desonide....75
desoximetasone....75
desvenlafaxine succinate er....27
dexamethasone....84
dexamethasone sodium phosphate....103
dexmethylphenidate hcl....72
dextroamphetamine sulfate....71
dextroamphetamine sulfate er....71
dextroamphetamine-amphet er....71
dextroamphetamine-amphetamine....71
dextromethorphan hbr-quinidine....72
dextrose 2.5%-0.45% nacl....77
dextrose 5%-0.2% nacl....77
dextrose 5%-0.225% nacl....77
dextrose 5%-0.45% nacl....77
dextrose 5%-0.9% nacl....78

dextrose in water....79
DIACOMIT....22
diazepam....23,54
diazoxide....58
diclofenac potassium....11
diclofenac sodium....11,76,103
diclofenac sodium er....11
diclofenac sodium-misoprostol....11
dicloxacillin sodium....19
dicyclomine hcl....80
DIFICID....20
difluprednate....103
digoxin....67
dihydroergotamine mesylate....32
DILANTIN....25
dilt-xr....66
diltiazem 12hr er....66
diltiazem 24hr er....66
diltiazem 24hr er (cd)....66
diltiazem 24hr er (la)....66
diltiazem 24hr er (xr)....66
diltiazem hcl....66
dimethyl fumarate....73
diphenoxylate-atropine....80
dipyridamole....63
disulfiram....15
divalproex sodium....22
divalproex sodium er....22
dofetilide....65
dolishale....87
donepezil hcl....26
donepezil hcl odt....26
dorzolamide hcl....104
dorzolamide-timolol....102
dotti....85
DOVATO....49
doxazosin mesylate....64
doxepin hcl....29
doxy 100....21
doxycycline hyclate....21
doxycycline monohydrate....22
DRISDOL....79
DRIZALMA SPRINKLE....27
dronabinol....30
droplet insulin syringe....58
droplet micron pen needle....58
droplet pen needle....58
dropsafe pen needle....58
drospirenone-eth estra-levomef....87
drospirenone-ethinyl estradiol....87
droxidopa....63
DUAVEE....92
DULERA....108
duloxetine hcl....27
DUPIXENT PEN....95
DUPIXENT SYRINGE....95
dutasteride....83
dutasteride-tamsulosin....84

E

easy comfort insulin syringe....58
easy comfort pen needle....59
easy touch insulin syringe....59
ec-naproxen....11
econazole nitrate....31
EDARBI....64
EDARBYCLOR....67
EDURANT....49
EDURANT PED....50
efavirenz....50
efavirenz-emtric-tenofov disop....50
efavirenz-lamivu-tenofov disop....50
ELELYSO....82
ELIGARD....93
elinest....87
ELIQUIS....61
ELIQUIS SPRINKLE....61
eltrombopag olamine....62
eluryng....87
EMGALITY PEN....32
EMGALITY SYRINGE....32
EMSAM....27

emtricitabine 50
emtricitabine-rilpivirne-tenof 50
emtricitabine-tenofovir disop 50
EMTRIVA 50
emzahh 91
enalapril maleate 64
enalapril-hydrochlorothiazide 67
ENBREL 97
ENBREL MINI 97
ENBREL SURECLICK 97
ENDOCET 13
ENGERIX-B ADULT 98
ENGERIX-B PEDIATRIC-ADOLESCENT 98
enilloring 87
enoxaparin sodium 61,62
enpresse 87
ENSACOVE 38
enskyce 87
entacapone 44
entecavir 52
ENTRESTO SPRINKLE 67
ENTYVIO PEN 95
enulose 80
ENVARSUS XR 97
EPIDIOLEX 22
epinastine hcl 103
epinephrine 106
epitol 25
eplerenone 70
ergotamine-caffeine 32
ERIVEDGE 38
ERLEADA 34
erlotinib hcl 38
errin 91
ertapenem 20
ERVEBO (NATIONAL STOCKPILE) 98
ery 20
ERY-TAB 20
ERYTHROCIN LACTOBIONATE 21
erythromycin 21,102
erythromycin lactobionate 21
erythromycin-benzoyl peroxide 74
escitalopram oxalate 27,28
eslicarbazepine acetate 25
esomeprazole magnesium 81
estarylla 87
estradiol 86
estradiol (once weekly) 86
estradiol (twice weekly) 86
estradiol valerate 86
estradiol-norethindrone acetat 87
ESTRING 86
ETCAMAH 35
ethambutol hcl 33
ethosuximide 23
ethynodiol-ethinyl estradiol 87
etodolac 11
etodolac er 11
etonogestrel-ethinyl estradiol 88
etravirine 50
EUCRISA 75
EULEXIN 34
everolimus 38,97
EVOTAZ 51
exemestane 36
EXXUA 27
EYSUVIS 103
ezetimibe 70
ezetimibe-simvastatin 70

F

falmina 88
famciclovir 53
famotidine 81
FANAPT 46
FASENRA 108
FASENRA PEN 108
feirza 88
felbamate 22
felodipine er 66
fenofibrate 69
fenofibric acid 69

fentanyl ... 12
fentanyl citrate ... 13
FETZIMA ... 28
FIASP ... 59
FIASP FLEXTOUCH ... 59
FIASP PENFILL ... 59
FIASP PUMPCART ... 59
fidaxomicin ... 21
FINACEA ... 74
finasteride ... 84
fingolimod ... 73
FINTEPLA ... 22
FIRMAGON ... 93
flac otic oil ... 104
flecainide acetate ... 65
fluconazole ... 31
fluconazole-nacl ... 31
flucytosine ... 31
fludrocortisone acetate ... 84
flunisolide ... 105
fluocinolone acetonide ... 75
fluocinolone acetonide oil ... 104
fluocinonide ... 75
fluocinonide-e ... 75
fluorometholone ... 103
fluorouracil ... 76
fluoxetine dr ... 28
fluoxetine hcl ... 28
fluphenazine decanoate ... 45
fluphenazine hcl ... 45
flurbiprofen ... 12
flurbiprofen sodium ... 103
fluticasone propionate ... 75,105
fluticasone-salmeterol ... 108
fluvastatin er ... 69
fluvastatin sodium ... 69
fluvoxamine maleate ... 28
folic acid ... 79
fosamprenavir calcium ... 51
fosfomycin tromethamine ... 17
fosinopril sodium ... 64
fosinopril-hydrochlorothiazide ... 67
FOTIVDA ... 38
FRUZAQLA ... 38
FULPHILA ... 62
furosemide ... 68
FUZEON ... 51
FYCOMPA ... 22

G

gabapentin ... 23,24
galantamine er ... 26
galantamine hbr ... 26
galantamine hydrobromide ... 26
galbriela ... 88
gallifrey ... 91
GAMMAGARD LIQUID ... 94
GAMMAGARD LIQUID ERC ... 94
GAMUNEX-C ... 94
GARDASIL 9 ... 98
gatifloxacin ... 102
gauze pad ... 55
GAUZE PADS & DRESSINGS - PADS 2 X 2 ... 55
gavilyte-c ... 81
gavilyte-g ... 81
gavilyte-n ... 81
GAVRETO ... 38
gefitinib ... 38
gemfibrozil ... 69
GEMTESA ... 83
generlac ... 80
gengraf ... 97
gentamicin sulfate ... 16,77,102
gentamicin sulfate in ns ... 16
GENVOYA ... 49
GILOTRIF ... 38
glatiramer acetate ... 73
glatopa ... 73
GLEOSTINE ... 33,34
glimepiride ... 55
glipizide ... 55

glipizide er....55
glipizide xl....56
glipizide-metformin....56
glucagon emergency kit....58
glucagon hcl....58
glucose 5%-0.9% nacl....78
glucose in water....79
glyburide....56
glyburide micronized....56
glyburide-metformin hcl....56
glycopyrrolate....80
GLYXAMBI....56
GOMEKLI....38
granisetron hcl....30
GRANIX....62
griseofulvin....31
griseofulvin ultramicrosize....31
guanfacine hcl....63
guanfacine hcl er....72
GVOKE....58
GVOKE HYPOPEN 1-PACK....58
GVOKE HYPOPEN 2-PACK....58
GVOKE PFS 1-PACK SYRINGE....58
GVOKE PFS 2-PACK SYRINGE....58

H

HADLIMA....97
HADLIMA PUSHTOUCH....97
HADLIMA(CF)....97
HADLIMA(CF) PUSHTOUCH....97
HAEGARDA....94
hailey....88
hailey 24 fe....88
hailey fe....88
halobetasol propionate....76
haloette....88
haloperidol....45
haloperidol decanoate....45
haloperidol decanoate 100....45
haloperidol lactate....45
HAVRIX....99
heather....91
heparin sodium....62
HEPLISAV-B....99
HERNEXEOS....38
HIBERIX....99
HUMALOG....59
HUMALOG JUNIOR KWIKPEN....59
HUMALOG KWIKPEN U-100....59
HUMALOG KWIKPEN U-200....59
HUMALOG MIX 50-50 KWIKPEN....59
HUMALOG MIX 75-25....59
HUMALOG MIX 75-25 KWIKPEN....59
HUMALOG TEMPO PEN U-100....59
HUMATIN....16
HUMULIN 70-30....59
HUMULIN 70/30 KWIKPEN....59
HUMULIN N....59
HUMULIN N KWIKPEN....59
HUMULIN R....59
HUMULIN R U-500....59
HUMULIN R U-500 KWIKPEN....59
hydralazine hcl....70
hydrochlorothiazide....69
hydrocodone-acetaminophen....13
hydrocodone-ibuprofen....13,14
hydrocortisone....76,84,101
hydrocortisone butyrate....76
hydrocortisone valerate....76
hydrocortisone-acetic acid....104
hydromorphone hcl....14
hydroxychloroquine sulfate....43
hydroxyurea....35
hydroxyzine hcl....54
hydroxyzine pamoate....54
HYRNUO....38

I

ibandronate sodium....101
IBRANCE....38
IBTROZI....38
ibu....12

ibuprofen....12
icatibant....94
iclevia....88
ICLUSIG....38
IDHIFA....38
IDVYNSO....51
ILEVRO....103
imatinib mesylate....38
IMBRUVICA....38,39
imipenem-cilastatin sodium....20
imipramine hcl....29
imiquimod....76
IMKELDI....39
IMOVAX RABIES VACCINE....99
IMPAVIDO....17
INBRIJA....44
incassia....92
INCRELEX....85
INCRUSE ELLIPTA....105
indapamide....69
indomethacin....12
INFANRIX DTAP....99
INGREZZA....72
INGREZZA INITIATION PK(TARDIV)....72
INGREZZA SPRINKLE....72
INLURIYO....35
INLYTA....39
INQOVI....35
INREBIC....39
INSULIN ASPART....59
INSULIN ASPART FLEXPEN....59
INSULIN ASPART PENFILL....59
INSULIN PEN NEEDLE....59
insulin syringe....60
INSULIN SYRINGE (DISP) U-100 0.3 ML....59
INSULIN SYRINGE (DISP) U-100 1 ML....59
INSULIN SYRINGE (DISP) U-100 1/2 ML....60
insupen pen needle....60
INTELENCE....50
INTRALIPID....79
introvale....88
INVEGA HAFYERA....46
INVEGA SUSTENNA....46,47
INVEGA TRINZA....47
INVELTYS....103
IPOL....99
ipratropium bromide....105,106
ipratropium-albuterol....108
irbesartan....64
irbesartan-hydrochlorothiazide....67
ISENTRESS....49
ISENTRESS HD....49
isibloom....88
isoniazid....33
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD....56
isosorbide dinitrate....71
isosorbide mononitrate....71
isosorbide mononitrate er....71
isotretinoin....74
isradipine....66
ITOVEBI....39
itraconazole....31
ivabradine hcl....67
ivermectin....43,77
IWILFIN....35
IXIARO....99

J

jaimiess....88
JAKAFI....39
jantoven....62
JANUMET XR....56
JARDIANCE....56
jasmiel....88
JAYPIRCA....39
jencycla....92
JENTADUETO....56
JENTADUETO XR....56
JIDEYTRO....39
jolessa....88
JOURNAVX....11

JUBBONTI....101
juleber....88
JULUCA....49
junel....88
junel fe....88
junel fe 24....88
JYNNEOS....99
JYNNEOS (NATIONAL STOCKPILE)....99

K

kaitlib fe....88
KALETRA....51
kalliga....88
KALYDECO....106
kariva....88
kcl-d5w-0.2% nacl....78
kcl-d5w-0.225% nacl....78
kcl-d5w-0.45% nacl....78
kelnor 1-35....88
kelnor 1-50....88
KERENDIA....70
KESIMPTA PEN....73
ketoconazole....31
ketorolac tromethamine....103
KINRIX....99
kionex....80
KISQALI....39
KISQALI FEMARA CO-PACK....35
klayesta....31
klor-con 10....78
KLOR-CON 8....78
klor-con m10....78
KLOR-CON M15....78
klor-con m20....78
KLOXXADO....15
KOMZIFTI....39
KOSELUGO....39
kourzeq....73
KRAZATI....39
kurvelo....88

L

l-glutamine....82
labetalol hcl....65
lacosamide....25
lactulose....80
lamivudine....50,52
lamivudine hbv....52
lamivudine-zidovudine....50
lamotrigine....22
lamotrigine er....22
LAMPIT....43
lansoprazole....82
LANTUS....60
LANTUS SOLOSTAR....60
lapatinib....39
larin....88
larin 24 fe....88
larin fe....88
latanoprost....104
LAYOLIS FE....88
LAZCLUZE....39
leena....88
leflunomide....97
lenalidomide....34
LENVIMA....39
lessina....88
letrozole....36
leucovorin calcium....35
LEUKERAN....34
leuprolide acetate....93
leuprolide depot....93
levalbuterol tartrate hfa....106
levetiracetam....23
levetiracetam er....23
LEVO-T....92
levobunolol hcl....104
levocarnitine....82
levocarnitine sf....82
levocetirizine dihydrochloride....105
levofloxacin....21

levofloxacin-d5w . . . 21
levonest . . . 89
levonorg-eth estrad eth estrad . . . 89
levonorgestrel-eth estradiol . . . 89
levora-28 . . . 89
levothyroxine sodium . . . 92
LEVOXYL . . . 92
lidocaine . . . 14
lidocaine hcl . . . 14
lidocaine hcl laryngotracheal 4% solution . . . 14
lidocaine hcl viscous . . . 15
lidocaine-prilocaine . . . 15
lidocan iii . . . 15
lidocan iv . . . 15
lidocan v . . . 15
LIFYORLI . . . 93
LILETTA . . . 84
linezolid . . . 17
linezolid-0.9% nacl . . . 17
linezolid-d5w . . . 17
LINZESS . . . 80
liomny . . . 93
liothyronine sodium . . . 93
lisdexamfetamine dimesylate . . . 72
lisinopril . . . 64
lisinopril-hydrochlorothiazide . . . 68
lithium carbonate . . . 55
lithium carbonate er . . . 55
lithium citrate . . . 55
lithium citrate 8 meq/5 ml solution . . . 55
LIVTENCITY . . . 52
lo-zumandimine . . . 89
LOESTRIN . . . 89
LOESTRIN FE . . . 89
lojaimiess . . . 89
LOKELMA . . . 80
lomustine . . . 34
LONSURF . . . 35
loperamide . . . 80
lopinavir-ritonavir . . . 52
lorazepam . . . 54
lorazepam intensol . . . 54
LORBRENA . . . 40
loryna . . . 89
losartan potassium . . . 64
losartan-hydrochlorothiazide . . . 68
lovastatin . . . 69
low-ogestrel . . . 89
loxapine . . . 45
lubiprostone . . . 80
luizza . . . 89
LUMAKRAS . . . 40
LUMIGAN . . . 104
LUMRYZ . . . 109
LUMRYZ STARTER PACK . . . 109
LUPRON DEPOT . . . 93
LUPRON DEPOT (LUPANETA) . . . 93
LUPRON DEPOT-PED . . . 93
lurasidone hcl . . . 47
lurbipr . . . 12
lutera . . . 89
LYBALVI . . . 47
lyleq . . . 92
lyllana . . . 86
LYNPARZA . . . 40
LYSODREN . . . 35
LYTGOBI . . . 40
LYUMJEV . . . 60
LYUMJEV KWIKPEN U-100 . . . 60
LYUMJEV KWIKPEN U-200 . . . 60
LYUMJEV TEMPO PEN U-100 . . . 60
lyza . . . 92

M

M-M-R II VACCINE . . . 99
magnesium sulfate . . . 78
malathion . . . 77
maraviroc . . . 51
marlissa . . . 89
MARPLAN . . . 27
MATULANE . . . 34
matzim la . . . 66

MAVYRET....53
meclizine hcl....30
medroxyprogesterone acetate....92
mefloquine hcl....43
megestrol acetate....92
MEKINIST....40
MEKTOVI....40
meleya....92
meloxicam....12
memantine hcl....26
memantine hcl er....26
MENEST....86
MENQUADFI....99
MENVEO A-C-Y-W-135-DIP....99
mercaptopurine....35
meropenem....20
meropenem-0.9% nacl....20
mesalamine....100
mesalamine dr....100
mesalamine er....100
mesna....43
metformin hcl....56
metformin hcl er....56
methadone hcl....13
methazolamide....68
methenamine hippurate....17
methimazole....94
methocarbamol....109
methotrexate....97
methotrexate sodium....97
methoxsalen....76
methscopolamine bromide....80
methsuximide....23
methylphenidate er....72
methylphenidate hcl....72
methylprednisolone....84
metoclopramide hcl....81
metolazone....69
metoprolol succinate....65
metoprolol tartrate....65
metoprolol-hydrochlorothiazide....68
METRO IV....17
metronidazole....17,77
metyrosine....68
mexiletine hcl....65
micafungin....31
microgestin....89
microgestin fe....89
midodrine hcl....63
MIEBO....102
mifepristone....93
miglustat....82
mili....89
MIMRYLO....36
mimvey....89
minocycline hcl....22
minoxidil....70
mirtazapine....27
misoprostol....81
modafinil....109
MODEYSO....40
moexipril hcl....64
molindone hcl....45
mometasone furoate....76,105
mondoxyne nl....22
mono-linyah....89
montelukast sodium....105
morphine sulfate....14
morphine sulfate er....13
MOUNJARO....56
MOVANTIK....80
moxifloxacin....21,102
moxifloxacin hcl....21
MRESVIA....99
MULTAQ....65
mupirocin....77
mycophenolate mofetil....97
mycophenolic acid....97
MYHIBBIN....98
MYRBETRIQ....83

N

nabumetone . . . 12
nadolol . . . 66
nafcillin . . . 19
nafcillin sodium . . . 19
naloxone hcl . . . 15
naltrexone hcl . . . 15
nano 2nd gen pen needle . . . 60
nano pen needle . . . 60
naproxen . . . 12
naproxen sodium . . . 12
naratriptan hcl . . . 32
NATACYN . . . 102
nateglinide . . . 57
NAYZILAM . . . 24
nebivolol hcl . . . 66
necon . . . 89
NEEDLES, INSULIN DISP., SAFETY . . . 60
nefazodone hcl . . . 28
neo-polycin . . . 102
neo-polycin hc . . . 102
neomycin sulfate . . . 16
neomycin-bacitracin-poly-hc . . . 102
neomycin-bacitracin-polymyxin . . . 103
neomycin-polymyxin-dexameth . . . 102
neomycin-polymyxin-gramicidin . . . 103
neomycin-polymyxin-hc . . . 104
neomycin-polymyxin-hydrocort . . . 104
NERLYNX . . . 40
NEUPRO . . . 44
nevirapine . . . 50
nevirapine er . . . 50
NEXLETOL . . . 70
NEXLIZET . . . 70
NEXPLANON . . . 84
niacin er . . . 70
nicardipine hcl . . . 66
NICOTROL . . . 16
NICOTROL NS . . . 16
nifedipine er . . . 66
nikki . . . 89
nilotinib hcl . . . 40
nilutamide . . . 34
nimodipine . . . 66
NINLARO . . . 40
nintedanib esylate . . . 108
nisoldipine . . . 66
nitazoxanide . . . 43
nitisinone . . . 82
NITRO-BID . . . 71
nitrofurantoin . . . 17
nitrofurantoin mono-macro . . . 17
nitroglycerin . . . 71
nitroglycerin patch . . . 71
NIVESTYM . . . 62,63
nizatidine . . . 81
nora-be . . . 92
norelgestromin-eth estradiol . . . 89
norethin-eth estra-ferrous fum . . . 89
norethindron-ethinyl estradiol . . . 89
norethindrone . . . 92
norethindrone ac (lupaneta) . . . 92
norethindrone acetate . . . 92
norethindrone-e.estradiol-iron . . . 89,90
norgestimate-ethinyl estradiol . . . 90
nortrel . . . 90
nortriptyline hcl . . . 29
NORVIR . . . 52
NOVOLIN 70-30 . . . 60
NOVOLIN 70-30 FLEXPEN . . . 60
NOVOLIN N . . . 60
NOVOLIN N FLEXPEN . . . 60
NOVOLIN R . . . 60
NOVOLIN R FLEXPEN . . . 60
NOVOLOG . . . 60
NOVOLOG FLEXPEN . . . 60
NOVOLOG MIX 70-30 . . . 60
NOVOLOG MIX 70-30 FLEXPEN . . . 60
NOVOLOG PENFILL . . . 60
NUBEQA . . . 34
NUEDEXTA . . . 72

NUPLAZID....47
NURTEC ODT....32
NUTRILIPID....79
nyamyc....31
nylia....90
nystatin....31
nystatin-triamcinolone....77
nystop....31

O

ocella....90
octreotide acetate....93
ODEFSEY....51
ODOMZO....40
ofloxacin....21,103,105
OGSIVEO....40
OJEMDA....40
OJJAARA....40
olanzapine....47
olanzapine odt....47
olmesartan medoxomil....64
olmesartan-amlodipine-hctz....68
olmesartan-hydrochlorothiazide....68
olopatadine hcl....105
omega-3 acid ethyl esters....70
omeprazole....82
omnipod 5 (libre 2/3 plus)....60
omnipod 5 dexg7g6 intro(gen 5)....60
omnipod 5 dexg7g6 pods (gen 5)....60
omnipod 5 intro (libre2/3plus)....60
omnipod classic pods (gen 3)....60
omnipod dash intro kit (gen 4)....60
omnipod dash pdm kit (gen 4)....61
omnipod dash pods (gen 4)....61
omnipod go pods....61
OMNITROPE....85
ondansetron hcl....30
ondansetron odt....30
ONUREG....36
OPIPZA....47
OPVEE....15
oralone....73
ORENCIA....95
ORENCIA CLICKJECT....95
ORENITRAM ER....107
ORENITRAM MONTH 1 TITRATION KT....107
ORENITRAM MONTH 2 TITRATION KT....107
ORENITRAM MONTH 3 TITRATION KT....107
ORFADIN....82
ORGOVYX....36
ORKAMBI....106
orquidea....92
ORSERDU....35
oseltamivir phosphate....53
OSENVELT....101
OTEZLA....77
OTEZLA XR....77
oxazepam....54
oxcarbazepine....25
oxybutynin chloride....83
oxybutynin chloride er....83
oxycodone hcl....14
oxycodone-acetaminophen....14
OZEMPIC....57

P

PACERONE....65
pacerone....65
paliperidone er....47
PANRETIN....43
pantoprazole sodium....82
paricalcitol....101
paroxetine cr....28
paroxetine er....28
paroxetine hcl....28
PAXLOVID....53
PAXLOVID 150-100 MG DOSE PACK....53
PAXLOVID 300-100 MG DOSE PACK....53
pazopanib hcl....40

PEDIARIX 99
PEDVAXHIB 99
peg 3350-electrolyte 81
peg-3350 and electrolytes 81
PEGASYS 97
PEMAZYRE 40
pen needle 61
PENBRAYA 99
penicillamine 84
penicillin g potassium 19
penicillin g sodium 19
penicillin gk-iso-osm dextrose 19
penicillin v potassium 19
PENMENVY MEN A-B-C-W-Y 99
PENTACEL 99
pentamidine isethionate 43
PENTASA 100
pentoxifylline 68
perampanel 23
perindopril erbumine 65
periogard 73
permethrin 77
perphenazine 30
PERSERIS 47
pfizerpen 19
phenelzine sulfate 27
phenobarbital 24
phenoxybenzamine hcl 64
PHENYTEK 25
phenytoin 25
phenytoin sodium extended 25
philith 90
PIFELTRO 50
pilocarpine hcl 73,104
pimozide 45
pimtrea 90
pindolol 66
pioglitazone hcl 57
pioglitazone-glimepiride 57
pioglitazone-metformin 57
piperacillin-tazobactam 20
PIQRAY 40,41
pirfenidone 108
piroxicam 12
PLEGRIDY 73
PLEGRIDY PEN 73
podofilox 77
polycin 103
polymyxin b sul-trimethoprim 103
pomalidomide 34
POMALYST 34
portia 90
posaconazole 31
potassium chloride 78
potassium chloride in d5lr 78
potassium chloride proamp 78
potassium chloride-0.45% nacl 78
potassium chloride-dextrose 5% 78
potassium citrate er 78
pramipexole dihydrochloride 44
prasugrel hcl 63
pravastatin sodium 69
praziquantel 43
prazosin hcl 64
prednisolone 84
prednisolone acetate 103
prednisolone sodium phosphate 84,103
prednisone 84,85
pregabalin 24
PREGNYL 85
PREMARIN 86
PREMPHASE 90
PREMPRO 90
PRETOMANID 33
prevalite 70
PREVYMIS 52
PREZCOBIX 52
PREZISTA 52
PRIFTIN 33
primaquine 44
primidone 24
PRIORIX 99

probenecid 32
probenecid-colchicine 32
prochlorperazine 30
prochlorperazine maleate 30
PROCRIT 63
procto-med hc 101
proctosol-hc 101
proctozone-hc 101
progesterone 92
PROGRAF 98
PROLASTIN C 82
promethazine hcl 30
promethegan 30
propafenone hcl 65
propafenone hcl er 65
propranolol hcl 66
propranolol hcl er 66
propylthiouracil 94
PROQUAD 99
protriptyline hcl 29
PULMOZYME 107
pyrazinamide 33
pyridostigmine bromide 33
pyridostigmine bromide er 33
pyrimethamine 44
PYRUKYND 82
PYZCHIVA 95

Q

QINLOCK 41
QUADRACEL DTAP-IPV 99
quetiapine fumarate 47
quetiapine fumarate er 47,48
quinapril hcl 65
quinapril-hydrochlorothiazide 68
quinidine gluconate 65
quinidine sulfate 65
quinine sulfate 44
QVAR REDIHALER 105

R

RABAVERT 99
rabeprazole sodium 82
RALDESY 28
raloxifene hcl 92
ramelteon 109
ramipril 65
ranolazine er 68
rasagiline mesylate 45
RASONQUE 41
reclipsen 90
RECOMBIVAX HB 99
RELENZA 53
repaglinide 57
REPATHA SURECLICK 70
REPATHA SYRINGE 70
RESTASIS 102
RETACRIT 63
RETEVMO 41
REVCOVI 83
REVUFORJ 41
REXTOVY 15
REXULTI 48
REYATAZ 52
REZDIFFRA 83
REZLIDHIA 41
RHOPRESSA 104
ribavirin 53
RIDAURA 95
rifabutin 33
rifampin 33
rifapentine 33
rilpivirine 50
rilpivirine hcl 50
riluzole 72
RINVOQ 95
RINVOQ LQ 95
risedronate sodium 101
risedronate sodium dr 101
risperidone 48

risperidone er....48
risperidone odt....48
ritonavir....52
rivaroxaban....62
rivastigmine....26
rizatriptan....32
ROCKLATAN....104
roflumilast....107
ROMVIMZA....41
ropinirole er....44
ropinirole hcl....44
rosuvastatin calcium....69
ROTARIX....99
ROTATEQ....99
roweepra....23
ROZLYTREK....41
RUBRACA....41
rufinamide....25
RUKOBIA....51
RYBELSUS....57
RYDAPT....41
RYTARY....44

S

sacubitril-valsartan....68
sajazir....94
SANTYL....77
sapropterin dihydrochloride....83
SCEMBLIX....41
scopolamine....30
SECUADO....48
selegiline hcl....45
selenium sulfide....76
SELZENTRY....51
SEREVENT DISKUS....106
sertraline hcl....28
setlakin....90
sharobel....92
SHINGRIX....99,100
SIGNIFOR....93
SIGNIFOR LAR....94
sildenafil citrate....84,107
silodosin....84
silver sulfadiazine....77
SIMBRINZA....104
SIMLANDI(CF)....98
SIMLANDI(CF) AUTOINJECTOR....98
simliya....90
simpesse....90
simvastatin....69,70
sirolimus....98
SIRTURO....33
sitagliptin phos-metformin....57
sitagliptin phos-metformin er....57
sitagliptin phosphate....57
SIVEXTRO....17
SKYLA....84
SKYRIZI....95,96
SKYRIZI ON-BODY....96
SKYRIZI PEN....96
sod sulf-potass sulf-mag sulf....81
sodium chloride....78,79
sodium chloride-water....79
sodium oxybate....109
sodium phenylbutyrate....83
sodium polystyrene sulfonate....80
solifenacin succinate....83
SOLIQUA 100-33....57
SOLTAMOX....35
SOMATULINE DEPOT....94
SOMAVERT....94
sorafenib....41
sotalol....65
sotalol af....65
SPIRIVA RESPIMAT....106
spironolactone....70
spironolactone-hctz....68
sprintec....90
SPRITAM....23
SPS....80
sronyx....90
SSD....77

STAMARIL . . . 100
STEQEYMA . . . 96
sterile pads . . . 57
STIOLTO RESPIMAT . . . 108
STIVARGA . . . 41
STOBOCLO . . . 101
STRENSIQ . . . 83
streptomycin sulfate . . . 16
STRIBILD . . . 49
subvenite . . . 23
SUBVENITE . . . 23
sucralfate . . . 81
sulfacetamide sodium . . . 74,103
sulfacetamide-prednisolone . . . 102
sulfadiazine . . . 21
sulfamethoxazole-trimethoprim . . . 21
sulfasalazine . . . 100
sulfasalazine dr . . . 100
sulindac . . . 12
sumatriptan . . . 32
sumatriptan succinate . . . 32
sunitinib malate . . . 41
SUNLENCA . . . 51
SUTAB . . . 81
syeda . . . 90
SYMLINPEN 120 . . . 57
SYMLINPEN 60 . . . 57
SYMPAZAN . . . 24
SYMTUZA . . . 52
SYNAREL . . . 94
SYNJARDY . . . 57
SYNJARDY XR . . . 57
SYNTHROID . . . 93

T

TABLOID . . . 35
TABRECTA . . . 41
tacrolimus . . . 76,98
tadalafil . . . 84
Tadalafil 10mg tablet (generic cialis) . . . 84
Tadalafil 20mg tablet (generic Adcirca) . . . 107
Tadalafil 20mg tablet (generic cialis) . . . 84
TAFINLAR . . . 41
TAGRISSO . . . 42
TALZENNA . . . 42
tamoxifen citrate . . . 35
tamsulosin hcl . . . 84
tarina 24 fe . . . 90
tarina fe . . . 90
tarina fe 1-20 eq . . . 90
tasimelteon . . . 109
tazarotene . . . 74
tazicef . . . 18
taztia xt . . . 66
TAZVERIK . . . 42
TEFLARO . . . 19
telmisartan . . . 64
telmisartan-amlodipine . . . 68
telmisartan-hydrochlorothiazid . . . 68
temazepam . . . 109
TENIVAC . . . 100
tenofovir disoproxil fumarate . . . 51
TEPMETKO . . . 42
terazosin hcl . . . 64
terbinafine hcl . . . 31
terbutaline sulfate . . . 106
terconazole . . . 31
teriparatide . . . 101
testosterone . . . 85
testosterone cypionate . . . 85
testosterone enanthate . . . 85
tetrabenazine . . . 73
tetracycline hcl . . . 22
THALOMID . . . 34
theophylline anhydrous . . . 107
theophylline er . . . 107
thioridazine hcl . . . 45
thiothixene . . . 45
THYMOGLOBULIN . . . 94
tiadylt er . . . 66
tiagabine hcl . . . 24
TIBSOVO . . . 42

ticagrelor . . . 63
TICOVAC . . . 100
tigecycline . . . 17
tilia fe . . . 90
timolol maleate . . . 66,104
tinidazole . . . 17
TIVICAY . . . 49
TIVICAY PD . . . 49
tizanidine hcl . . . 49
TOBRADEX . . . 102
tobramycin . . . 103,107
tobramycin sulfate . . . 16
tobramycin-dexamethasone . . . 102
tolterodine tartrate . . . 83
tolterodine tartrate er . . . 83
tolvaptan . . . 79
topiramate . . . 23
toremifene citrate . . . 35
torpenz . . . 42
torsemide . . . 68
TOUJEO MAX SOLOSTAR . . . 61
TOUJEO SOLOSTAR . . . 61
TRACLEER . . . 107
TRADJENTA . . . 57
tramadol hcl . . . 14
tramadol hcl er . . . 13
tramadol hcl-acetaminophen . . . 14
trandolapril . . . 65
trandolapril-verapamil er . . . 68
tranexamic acid . . . 63
tranylcypromine sulfate . . . 27
TRAVASOL . . . 79
travoprost . . . 104
trazodone hcl . . . 29
TRELEGY ELLIPTA . . . 108
TRELSTAR . . . 94
TREMFYA . . . 96
TREMFYA ONE-PRESS . . . 96
TREMFYA PEN . . . 96
TREMFYA PEN INDUCTION (2 PEN) . . . 96
tretinoin . . . 43,74
tri-estarylla . . . 90
tri-legest fe . . . 90
tri-linyah . . . 90
tri-lo-estarylla . . . 90
tri-lo-marzia . . . 90
tri-lo-mili . . . 90
tri-lo-sprintec . . . 90
tri-mili . . . 90
tri-nymyo . . . 90
tri-sprintec . . . 91
tri-vylibra . . . 91
tri-vylibra lo . . . 91
triamcinolone acetonide . . . 73,76
triamterene-hydrochlorothiazid . . . 69
triderm . . . 76
trientine hcl . . . 79
trifluoperazine hcl . . . 45
trifluridine . . . 103
trihexyphenidyl hcl . . . 44
TRIKAFTA . . . 107
triklo . . . 70
trilitas . . . 74
trimethoprim . . . 17
trimipramine maleate . . . 29
TRINTELLIX . . . 29
TRIUMEQ . . . 51
TRIUMEQ PD . . . 51
trivora-28 . . . 91
TROPHAMINE . . . 79
trospium chloride . . . 83
true comfort safety pen needle . . . 61
TRULICITY . . . 57
TRUMENBA . . . 100
TRUQAP . . . 42
TUKYSA . . . 42
TURALIO . . . 42
turqoz . . . 91
TWINRIX . . . 100
TYBOST . . . 51
tydemy . . . 91
TYENNE . . . 96

TYENNE AUTOINJECTOR 96
TYMLOS 101
TYPHIM VI 100

U

UDENYCA 63
UDENYCA AUTOINJECTOR 63
UDENYCA ONBODY 63
ultra-fine insulin syringe 61
ultra-fine pen needle 61
unifine otc pen needle 61
unifine pentips 61
unifine pentips plus 61
unifine ultra pen needle 61
UNITHROID 93
ursodiol 81
USTEKINUMAB-AEKN 96

V

valacyclovir 53
VALCHLOR 34
valganciclovir hcl 52
valproic acid 23
valsartan 64
valsartan-hydrochlorothiazide 68
VALTOCO 24
valtya 91
vancomycin hcl 17
VANFLYTA 42
VAQTA 100
varenicline tartrate 16
VARIVAX VACCINE 100
VASCEPA 70
VAXCHORA VACCINE 100
velivet 91
VENCLEXTA 42
VENCLEXTA STARTING PACK 42
venlafaxine besylate er 29
venlafaxine hcl 29
venlafaxine hcl er 29
VENTAVIS 108
VENTOLIN HFA 106
VEOZAH 73
VEPPANU 35
verapamil er 67
verapamil er pm 67
verapamil hcl 67
verapamil sr 67
VERQUVO 71
VERSACLOZ 49
VERZENIO 42
vestura 91
VIBERZI 80
vienva 91
vigabatrin 24
vigadrone 24
VIGAFYDE 24
vigpoder 24
vilazodone hcl 29
VIMKUNYA 100
viorele 91
VIRACEPT 52
VIREAD 51
vitamin d2 79
VITRAKVI 42
VIVITROL 15
VIVOTIF 100
VIZIMPRO 42
volnea 91
VONJO 42
VORANIGO 42
voriconazole 31
voriconazole (hpbcd) 31
VOSEVI 53
VOWST 81
VPRIV 83
VRAYLAR 48
VUMERITY 73
vyfemla 91
vylibra 91

W

warfarin sodium . . . 62
WELIREG . . . 83
wera . . . 91
WINREVAIR . . . 108
WINREVAIR (2 PACK) . . . 108
wixela inhub . . . 108
wymzya fe . . . 91
WYOST . . . 102

X

XALKORI . . . 42
xarah fe . . . 91
XARELTO . . . 62
XATMEP . . . 98
XCOPRI . . . 25
XDEMVY . . . 102
xelria fe . . . 91
XERMELO . . . 80
XHANCE . . . 105
XIFAXAN . . . 81
XIGDUO XR . . . 57,58
XIIDRA . . . 102
XOFLUZA . . . 53
XOLAIR . . . 96
XOPENEX HFA . . . 106
XOSPATA . . . 42
XPOVIO . . . 36
XPOVIO 40 MG ONCE WEEKLY . . . 36
Xpovio 80mg once weekly 16 pack . . . 36
XTANDI . . . 34
xulane . . . 91

Y

yargesa . . . 83
YF-VAX . . . 100
yulithira . . . 42,43
yuvafem . . . 86

Z

zafemy . . . 91
zafirlukast . . . 105
zaleplon . . . 109
ZEJULA . . . 43
ZELBORAF . . . 43
zelvysia . . . 83
zenatane . . . 74
ZENBEXUS . . . 34
ZENPEP . . . 83
zenzedi . . . 72
zidovudine . . . 51
ZIEXTENZO . . . 63
ziprasidone hcl . . . 48
ziprasidone mesylate . . . 48
ZOKINVY . . . 83
ZOLINZA . . . 36
zolpidem tartrate . . . 109
ZONISADE . . . 25
zonisamide . . . 25
ZOSYN . . . 20
zovia 1-35 . . . 91
ZTALMY . . . 24
ZTLIDO . . . 15
zumandimine . . . 91
ZURZUVAE . . . 27
ZYDELIG . . . 43
ZYKADIA . . . 43

MASS ADVANTAGE

A Medicare Advantage Plan

NONDISCRIMINATION NOTICE

Mass Advantage complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Mass Advantage provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact us and we will be happy to assist you.

If you believe that Mass Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with us, either in person, by mail, fax, email, or you can call (844) 918-0114 HMO or (844) 915-0234 PPO (TTY: 711).

If you need help filing a grievance, please contact us and we will help you.

You can contact us by mail at Mass Advantage, P.O. Box 64806, Attn: MPD-1200, Saint Paul, MN 55164-0811; phone at (844) 918-0114 HMO or (844) 915-0234 PPO, TTY: 711 from April 1 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov.

Mass Advantage is a Medicare Advantage organization with a Medicare contract offering HMO and PPO plans. Enrollment in Mass Advantage depends on contract renewal.

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MASS ADVANTAGE

Notice of Language Availability

English: ATTENTION: If you speak any language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 o hable con su proveedor.

Chinese (simplified): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO)（文本电话：711）或咨询您的服务提供商。

Chinese (traditional): 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO)，TTY：711 或與您的提供者討論。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 o makipag-usap sa iyong provider.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO) (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 an oder sprechen Sie mit Ihrem Provider.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 или обратитесь к своему поставщику услуг.

Arabic إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية . كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-918-0114 (HMO) / 1-844-915-0234 / TTY: 711 أو تحدث إلى مقدم الخدمة\

Hindi: ध्यान दें: यिद आप हिंदी बोलते ़तो आपकेलिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती ासुलभ पा पों में जानकारी दान करने केलिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध ा 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 कॉल करें या अपने दाता से बात करें।

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), tty: 711 o parla con il tuo fornitore.

Portuguese: ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 ou fale com seu provedor.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 oswa pale avèk founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-844-918-0114 (HMO) / 1-844-915-0234 (PPO), TTY: 711 lub porozmawiaj ze swoim dostawcą.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-918-0114 (HMO) / 1-844-915-0234 (PPO)，TTY：711 までお電話ください。または、ご利用の事業者にご相談ください。

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This formulary was updated on 11/01/2026. For more recent information or other questions, please contact Mass Advantage Member Services at 844-918-0114 (HMO) or 844-915-0234 (PPO) (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. Eastern, 7 days a week; April 1 – September 30, 8 a.m. – 8 p.m. Eastern, Monday through Friday, or visit www.massadvantage.com.