



Aetna Medicare (HMO),
Aetna Medicare (PPO)

2026 Formulary
(List of Covered Drugs or “Drug List”)

5T Classic

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

Formulary ID Number: 26014 Version Number 7

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-800-307-4830 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)** and choose “Manage your prescription drugs.”

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 Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drugs List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

Table of contents

What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?	3
Can the formulary change?	3
How do I use the formulary?	4
What are generic drugs?	5
What are original biological products and how are they related to biosimilars?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the formulary?	6
How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s formulary?	6
What can I do if my drug is not on the formulary or has a restriction?	7
For more information	7
Mail-order pharmacy	7
Aetna® Medicare formulary	8
Drug tier copay levels	9
Formulary key	10
Drug list	10
Index of Drugs	138

What is the Aetna Medicare (HMO), Aetna Medicare (PPO) 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 our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [AetnaRetireePlans.com](https://www.aetna.com/retireeplans)

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 Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may 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 titled “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 10/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 138. 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?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior authorization:** 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, we 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 30 days per prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?” on page 6 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 our plan.
- 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 Aetna Medicare (HMO), Aetna Medicare (PPO)'s 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 coverage restrictions 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 a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31 -days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your plan's 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>.

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Aetna® Medicare formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 138.

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

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

QL **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 30 days per prescription of *atorvastatin*.

PA **Prior authorization**

Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST **Step therapy**

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

LD **Limited distribution**

The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. *

MO **Mail order**

Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.* §

B/D **Part B versus Part D**

This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ACS Available at CVS Specialty Pharmacy

These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. ** §

HRM High Risk Medication

According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-888-267-2637 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit [AetnaRetireePlans.com](https://www.aetna.com/retireeplans)

**Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

§Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Drug tier copay levels

This 2026 formulary is a listing of brand name and generic drugs. The Aetna® Medicare 2026 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2026 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Preferred generic drugs
Tier 2	Generic drugs
Tier 3	Preferred brand drugs
Tier 4	Non-preferred drugs
Tier 5	Specialty drugs

Please Note: Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit
Lowercase <i>italics</i> = Generic medications		PA = Prior Authorization
		ST = Step Therapy
		LD = Limited Distribution
		MO = Mail-order Delivery
		B/D = Part B vs. Part D
		ASC= Available at CVS Specialty Pharmacy
		HRM= High Risk Medication

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	4	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	3	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	MO
<i>probenecid tablet 500mg</i>	3	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	4	
<i>lidocaine hydrochloride injection 1% pf, 2%</i>	4	
<i>lidocaine hydrochloride injection 1%</i>	4	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	2	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	4	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	3	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	3	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	3	QL (90 EA per 30 days) MO
<i>fenoprofen calcium capsule 400mg</i>	4	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	2	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	2	MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium capsule 100mg, 50mg</i>	4	QL (120 EA per 30 days) MO
<i>meloxicam tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone tablet 500mg, 750mg</i>	2	MO
<i>naproxen dr tablet delayed release 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
NAPROXEN SODIUM CR TABLET EXTENDED RELEASE 24 HOUR 375MG	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 750mg</i>	4	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	4	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	2	MO
<i>naproxen suspension 125mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<i>oxaprozin tablet 600mg</i>	4	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	3	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	3	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	4	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 10mg/5ml, 5mg/5ml</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	3	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	4	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	4	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	3	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	4	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	4	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	4	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml</i>	3	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	3	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocodone/ibuprofen tablet</i> 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liquid 1mg/ml</i>	4	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg,</i> 4mg, 8mg	3	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	4	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	4	B/D
<i>morphine sulfate injection 0.5mg/ ml, 2mg/ml iv prefilled syringe,</i> 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv vial	4	B/D
<i>morphine sulfate injection 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral solution</i> 10mg/5ml, 20mg/5ml	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution</i> 100mg/5ml	4	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i> 5mg	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride</i> concentrate 100mg/5ml	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i> 5mg/5ml	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet</i> 30mg	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet</i> 10mg, 15mg, 20mg, 5mg	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet</i> 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet</i> 10mg, 5mg	4	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>tramadol hydrochloride/ acetaminophen tablet 325mg; 37.5mg</i>	4	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tablet 200mg</i>	4	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	4	PA MO
<i>aztreonam injection 1gm, 2gm</i>	4	MO
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	4	
<i>clindamycin hcl capsule 300mg</i>	2	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	4	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	4	
<i>colistimethate sodium injection 150mg</i>	4	PA MO
<i>dapsone tablet 100mg, 25mg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	4	
<i>daptomycin injection 350mg, 500mg</i>	5	
EMVERM TABLET CHEWABLE 100MG	5	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	3	MO
<i>fosfomycin tromethamine packet 3gm</i>	4	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate injection 40mg/ml</i>	4	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	MO
IMPAVIDO CAPSULE 50MG	5	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>ivermectin tablet 6mg</i>	3	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	3	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	PA
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL (1800 ML per 30 days) PA MO
<i>linezolid tablet 600mg</i>	4	QL (56 EA per 28 days) PA MO
<i>meropenem injection 1gm, 500mg</i>	4	MO
<i>methenamine hippurate tablet 1gm</i>	4	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	4	MO
<i>metronidazole capsule 375mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>metronidazole injection</i> <i>500mg/100ml</i>	4	
<i>metronidazole tablet 250mg,</i> <i>500mg</i>	3	MO
<i>neomycin sulfate tablet 500mg</i>	2	MO
<i>nitazoxanide tablet 500mg</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i> <i>capsule 100mg, 25mg, 50mg</i>	3	MO
<i>nitrofurantoin monohydrate/</i> <i>macrocrystals capsule 100mg</i>	3	MO
<i>pentamidine isethionate injection</i> <i>300mg</i>	4	MO
<i>pentamidine isethionate inhalation</i> <i>solution reconstituted 300mg</i>	4	B/D MO
<i>praziquantel tablet 600mg</i>	4	MO
<i>pyrimethamine tablet 25mg</i>	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	5	
SIVEXTRO TABLET 200MG	5	MO
<i>streptomycin sulfate injection 1gm</i>	5	MO
<i>sulfadiazine tablet 500mg</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i> <i>tablet 800mg; 160mg</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i> <i>injection 400mg/5ml; 80mg/5ml</i>	4	MO
<i>sulfamethoxazole/trimethoprim</i> <i>suspension 200mg/5ml; 40mg/5ml</i>	4	MO
<i>sulfamethoxazole/trimethoprim</i> <i>tablet 400mg; 80mg</i>	1	MO
<i>tinidazole tablet 250mg, 500mg</i>	4	MO
TOBI PODHALER CAPSULE 28MG	5	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/</i> <i>ml, 40mg/ml</i>	4	
<i>tobramycin sulfate injection</i> <i>1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin sulfate injection 1.2gm</i>	5	
<i>tobramycin nebulization solution</i> <i>300mg/5ml</i>	5	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	4	
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	4	
ANTIFUNGALS		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D MO
<i>amphotericin b injection 50mg</i>	4	B/D MO
<i>caspofungin acetate injection 50mg, 70mg</i>	4	
CRESEMBA CAPSULE 74.5MG	5	QL (175 EA per 30 days)
CRESEMBA CAPSULE 186MG	5	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
<i>fluconazole/sodium chloride injection 100mg/50ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	MO
<i>flucytosine capsule 250mg, 500mg</i>	5	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>griseofulvin microsize tablet 500mg</i>	4	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	MO
<i>itraconazole capsule 100mg</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	2	PA MO
<i>miconazole injection 100mg, 50mg</i>	4	
MYCAMINE INJECTION 50MG	4	MO
<i>nystatin tablet 500000unit</i>	4	MO
<i>posaconazole dr tablet delayed release 100mg</i>	5	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	5	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	PA MO
<i>voriconazole tablet 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	4	MO
COARTEM TABLET 20MG; 120MG	4	MO
<i>mefloquine hydrochloride tablet 250mg</i>	3	MO
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>quinine sulfate capsule 324mg</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	4	MO
<i>abacavir tablet 300mg</i>	4	MO
APTIVUS CAPSULE 250MG	5	MO
<i>atazanavir sulfate capsule 300mg</i>	4	MO
<i>atazanavir capsule 150mg, 200mg</i>	4	MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO
<i>darunavir tablet 800mg</i>	5	QL (30 EA per 30 days) MO

*You 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 TABLET SOLUBLE 2.5MG	5	MO
EDURANT TABLET 25MG	5	MO
<i>efavirenz tablet 600mg</i>	4	MO
<i>emtricitabine capsule 200mg</i>	4	MO
EMTRIVA SOLUTION 10MG/ML	4	MO
<i>etravirine tablet 100mg, 200mg</i>	5	MO
<i>fosamprenavir calcium tablet 700mg</i>	5	MO
FUZEON INJECTION 90MG	5	MO; LD
INTELENCE TABLET 25MG	4	
ISENTRESS HD TABLET 600MG	5	MO
ISENTRESS PACKET 100MG	5	MO
ISENTRESS TABLET CHEWABLE 25MG	4	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
ISENTRESS TABLET 400MG	5	MO
<i>lamivudine solution 10mg/ml</i>	3	MO
<i>lamivudine tablet 150mg, 300mg</i>	3	MO
<i>maraviroc tablet 150mg, 300mg</i>	5	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	3	MO
<i>nevirapine suspension 50mg/5ml</i>	4	MO
<i>nevirapine tablet 200mg</i>	3	MO
NORVIR PACKET 100MG	4	MO
PIFELTRO TABLET 100MG	5	MO
PREZISTA SUSPENSION 100MG/ML	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	4	MO
<i>ritonavir tablet 100mg</i>	3	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	MO
SELZENTRY SOLUTION 20MG/ML	5	MO
SUNLENCA INJECTION 463.5MG/1.5ML	5	QL (3 ML per 180 days) MO; LD

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

Drug name	Drug tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK 300MG	5	MO; LD
SUNLENCA TABLET 300MG	5	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	MO
TIVICAY PD TABLET SOLUBLE 5MG	5	MO
TIVICAY TABLET 50MG	5	MO
TROGARZO INJECTION 200MG/1.33ML	5	MO; LD
TYBOST TABLET 150MG	3	MO
VIRACEPT TABLET 250MG, 625MG	5	MO
VIREAD POWDER 40MG/GM	5	MO
VIREAD TABLET 150MG, 200MG, 250MG	5	MO
<i>zidovudine capsule 100mg</i>	3	MO
<i>zidovudine syrup 50mg/5ml</i>	3	MO
<i>zidovudine tablet 300mg</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	MO
CIMDUO TABLET 300MG; 300MG	5	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	MO
DOVATO TABLET 50MG; 300MG	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	MO

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

Drug name	Drug tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	5	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	MO
JULUCA TABLET 50MG; 25MG	5	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	5	MO
PREZCOBIX TABLET 150MG; 800MG	5	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	5	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	4	MO
<i>isoniazid injection 100mg/ml</i>	4	
<i>isoniazid syrup 50mg/5ml</i>	2	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
PRETOMANID TABLET 200MG	4	QL (30 EA per 30 days) PA
PRIFTIN TABLET 150MG	4	MO
<i>pyrazinamide tablet 500mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>rifabutin capsule 150mg</i>	4	MO
<i>rifampin capsule 150mg, 300mg</i>	3	MO
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	PA; ACS LD
TRECTOR TABLET 250MG	4	MO
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	MO
<i>acyclovir suspension 200mg/5ml</i>	2	MO
<i>acyclovir tablet 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil tablet 10mg</i>	4	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	5	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	5	PA; ACS
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	5	PA; ACS
<i>famciclovir tablet 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	3	B/D
<i>lamivudine tablet 100mg</i>	3	MO
LIVTENCITY TABLET 200MG	5	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	5	PA; ACS
MAVYRET TABLET 100MG; 40MG	5	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	3	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	3	QL (60 EA per 180 days) MO

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

Drug name	Drug tier	Requirements/Limits
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	5	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	5	QL (120 EA per 30 days) PA
PREVYMIS TABLET 240MG, 480MG	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	3	ACS
<i>ribavirin tablet 200mg</i>	3	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	4	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACLO ER TABLET EXTENDED RELEASE 12 HOUR 500MG	4	MO
<i>cefaclor capsule 250mg, 500mg</i>	2	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil capsule 500mg</i>	2	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	MO
<i>cefadroxil tablet 1gm</i>	2	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	4	
<i>cefazolin sodium iv injection 1gm</i>	4	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	3	
CEFAZOLIN INJECTION 2GM/100ML; 4%	3	
CEFAZOLIN IV INJECTION 2GM, 3GM	4	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	4	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	4	MO
<i>cefdinir capsule 300mg</i>	2	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	MO
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime capsule 400mg</i>	3	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	MO
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	MO
<i>cefprozil tablet 250mg, 500mg</i>	3	MO
<i>ceftazidime injection 2gm, 6gm</i>	4	
<i>ceftazidime injection 1gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	4	
CEFTRIAZONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium intravenous injection 1gm</i>	4	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm, 500mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>cefuroxime axetil tablet 250mg, 500mg</i>	3	MO
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	MO
<i>cephalexin capsule 250mg, 500mg, 750mg</i>	2	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>cephalexin tablet 250mg, 500mg</i>	2	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	4	
TEFLARO INJECTION 400MG, 600MG	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	4	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	2	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	MO
<i>clarithromycin tablet 250mg, 500mg</i>	3	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	
DIFICID TABLET 200MG	5	MO
<i>erythromycin base tablet 250mg, 500mg</i>	3	MO
<i>erythromycin dr capsule delayed release particles 250mg</i>	3	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	MO
<i>erythromycin ethylsuccinate tablet 400mg</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>erythromycin lactobionate injection</i> 500mg	5	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet</i> 250mg, 500mg	1	MO
<i>ciprofloxacin i.v.-in d5w injection</i> 200mg/100ml; 5%	4	
<i>ciprofloxacin i.v.-in d5w injection</i> 400mg/200ml; 5%	4	MO
<i>levofloxacin in d5w injection 5%;</i> 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	3	MO
<i>levofloxacin tablet 250mg, 500mg,</i> 750mg	2	MO
<i>moxifloxacin hydrochloride/ sodium hydrochloride injection</i> 400mg/250ml; 0.8%	4	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	4	
<i>moxifloxacin hydrochloride tablet</i> 400mg	4	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium</i> <i>er tablet extended release 12 hour</i> 1000mg; 62.5mg	4	MO
<i>amoxicillin/clavulanate potassium</i> <i>suspension reconstituted</i> 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	MO
<i>amoxicillin/clavulanate potassium</i> <i>tablet 250mg; 125mg, 500mg;</i> 125mg, 875mg; 125mg	2	MO
<i>amoxicillin capsule 250mg, 500mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>amoxicillin suspension</i> <i>reconstituted 125mg/5ml,</i> <i>200mg/5ml, 250mg/5ml,</i> <i>400mg/5ml</i>	1	MO
<i>amoxicillin tablet chewable 125mg,</i> <i>250mg</i>	1	MO
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm,</i> <i>125mg, 1gm i.v., 250mg, 2gm i.v.</i>	4	
<i>ampicillin sodium injection 1gm,</i> <i>2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam injection</i> <i>10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	4	
<i>ampicillin/sulbactam injection 2gm;</i> <i>1gm</i>	4	
<i>ampicillin capsule 500mg</i>	1	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ ML	4	MO
<i>dicloxacillin sodium capsule 250mg,</i> <i>500mg</i>	3	MO
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	4	
LENTOCILIN INJECTION 1200000UNIT	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	MO
<i>nafcillin sodium injection 10gm</i>	5	
<i>oxacillin sodium injection 10gm,</i> <i>1gm, 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	4	
<i>penicillin g potassium injection</i> <i>20000000unit, 5000000unit</i>	4	MO
<i>penicillin g sodium injection</i> <i>5000000unit</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	1	MO
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	4	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	MO
<i>doxycycline hyclate injection 100mg</i>	4	MO
<i>doxycycline hyclate tablet 100mg</i>	2	MO
<i>doxycycline hyclate tablet 20mg</i>	3	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg</i>	4	MO
<i>doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg</i>	2	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	MO
<i>minocycline hcl capsule 75mg</i>	2	MO
<i>minocycline hcl tablet 75mg</i>	4	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride tablet 50mg</i>	4	ST MO
<i>mondoxyne nl capsule 100mg</i>	4	
NUZYRA INJECTION 100MG	5	ACS LD
NUZYRA TABLET 150MG	5	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	4	MO
<i>tigecycline injection 50mg</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	PA MO

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

Drug name	Drug tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	3	PA
GLEOSTINE CAPSULE 10MG, 40MG	4	ACS
GLEOSTINE CAPSULE 100MG	5	ACS
LEUKERAN TABLET 2MG	5	MO
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	5	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	5	ACS
<i>mercaptopurine tablet 50mg</i>	3	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	3	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate injection 50mg/2ml</i>	3	MO
ONUREG TABLET 200MG, 300MG	5	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	5	ACS LD
TABLOID TABLET 40MG	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	5	PA; ACS
<i>abirtega tablet 250mg</i>	4	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	2	MO
<i>bicalutamide tablet 50mg</i>	3	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	PA; ACS
ERLEADA TABLET 240MG, 60MG	5	PA; ACS LD
EULEXIN CAPSULE 125MG	5	
<i>exemestane tablet 25mg</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	5	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>letrozole tablet 2.5mg</i>	2	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA; ACS
LYSODREN TABLET 500MG	5	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	3	MO
<i>nilutamide tablet 150mg</i>	5	MO
NUBEQA TABLET 300MG	5	PA; ACS LD
ORGOVYX TABLET 120MG	5	PA; LD
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	5	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	MO
<i>toremifene citrate tablet 60mg</i>	4	PA MO
XTANDI CAPSULE 40MG	5	PA; ACS LD
XTANDI TABLET 40MG, 80MG	5	PA; ACS LD
YONSA TABLET 125MG	5	QL (120 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
<i>arsenic trioxide injection 12mg/6ml</i>	5	
ASPARLAS INJECTION 3750UNIT/5ML	5	PA; LD
BESREMI INJECTION 500MCG/ML	5	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	5	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>hydroxyurea capsule 500mg</i>	2	MO
IWILFIN TABLET 192MG	5	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	MO
MATULANE CAPSULE 50MG	5	LD
<i>mesna tablet 400mg</i>	5	MO
ONCASPAR INJECTION 750UNIT/ML	5	PA; LD
<i>tretinoin capsule 10mg</i>	5	MO
WELIREG TABLET 40MG	5	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	5	PA; LD
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	5	QL (60 EA per 30 days) PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	5	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	5	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	5	QL (120 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
CABOMETYX TABLET 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	5	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	5	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	5	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	5	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	5	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	5	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE CAPSULE 150MG	5	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg</i>	3	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	5	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	5	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	5	QL (60 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	5	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	5	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	5	QL (168 EA per 28 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	5	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	5	PA; LD
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	5	QL (90 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	5	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	5	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	5	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	5	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	5	QL (56 EA per 28 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; ACS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; ACS
KISQALI TABLET THERAPY PACK 200MG	5	PA; ACS
KOSELUGO CAPSULE 10MG, 25MG	5	PA; LD
KRAZATI TABLET 200MG	5	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	5	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	5	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	5	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	5	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
LYNPARZA TABLET 100MG, 150MG	5	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	5	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	5	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	5	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	5	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR TABLET 200MG	5	QL (120 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	5	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	5	QL (120 EA per 30 days) PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; ACS LD
ODOMZO CAPSULE 200MG	5	PA; ACS LD
OGSIVEO TABLET 50MG	5	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	5	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	5	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	5	QL (120 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	5	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	QL (56 EA per 28 days) PA; ACS
QINLOCK TABLET 50MG	5	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	5	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	5	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	5	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	5	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	5	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	5	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	5	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	5	PA; ACS LD
RYDAPT CAPSULE 25MG	5	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA; LD
SCSEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA; LD
SCSEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	5	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	5	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
TAFINLAR CAPSULE 50MG, 75MG	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	5	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA; ACS LD
TAZVERIK TABLET 200MG	5	QL (240 EA per 30 days) PA; LD
TECVAYLI INJECTION	5	PA; LD
153MG/1.7ML, 30MG/3ML		
TEPMETKO TABLET 225MG	5	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	5	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	5	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION	5	PA; ACS
100MG/10ML, 500MG/50ML		
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	5	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	5	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA; LD
TABLET THERAPY PACK 10MG; 100MG; 50MG		
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA; ACS LD
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
VITRAKVI SOLUTION 20MG/ML	5	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	5	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	5	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	5	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	5	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	5	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	5	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	5	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	5	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY	5	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	5	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	5	PA; ACS LD
ZOLINZA CAPSULE 100MG	5	PA; ACS
ZYDELIG TABLET 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
ZYKADIA TABLET 150MG	5	QL (84 EA per 28 days) PA; ACS LD
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	QL (30 EA per 30 days) MO
benazepril hydrochloride/ hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	MO
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	1	MO
enalapril maleate/ hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	MO
fosinopril sodium/ hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	MO
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg	1	MO
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	MO
ACE INHIBITORS		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	MO
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	MO
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	4	MO
KERENDIA TABLET 10MG, 20MG	3	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	3	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	4	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	MO
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/ hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	4	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml</i>	4	
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	2	MO
<i>disopyramide phosphate capsule 100mg, 150mg</i>	4	PA MO
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	ACS
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	3	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	4	
LIDOCAINE HCL INJECTION 100MG/5ML	4	
<i>lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ TABLET 400MG	4	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	3	MO
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	MO
<i>propafenone hydrochloride tablet 225mg, 300mg</i>	3	MO
<i>quinidine sulfate tablet 200mg, 300mg</i>	2	MO
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	MO
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	2	MO
<i>sotalol hydrochloride tablet 80mg</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	MO
<i>fenofibrate capsule 150mg, 50mg</i>	2	MO
<i>fenofibrate capsule 130mg, 43mg</i>	3	MO
<i>fenofibrate tablet 40mg</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	4	MO
<i>gemfibrozil tablet 600mg</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	4	MO
<i>cholestyramine light powder 4gm/dose</i>	4	MO
<i>cholestyramine packet 4gm</i>	4	MO
<i>cholestyramine powder 4gm/dose</i>	4	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	3	MO
<i>colesevelam hydrochloride tablet 625mg</i>	3	MO
<i>colestipol hydrochloride granules 5gm</i>	4	MO
<i>colestipol hydrochloride packet 5gm</i>	4	MO
<i>colestipol hydrochloride tablet 1gm</i>	4	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	4	MO
NEXLETOL TABLET 180MG	3	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	3	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	4	MO
<i>niacin er tablet extended release 500mg</i>	4	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	4	MO
<i>niacor tablet 500mg</i>	4	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	4	QL (120 EA per 30 days) PA MO
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	PA
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
VASCEPA CAPSULE 0.5GM, 1GM	4	MO

*You 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-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet</i> <i>100mg; 25mg, 50mg; 25mg</i>	1	MO
<i>bisoprolol fumarate/</i> <i>hydrochlorothiazide tablet 10mg;</i> <i>6.25mg, 2.5mg; 6.25mg, 5mg;</i> <i>6.25mg</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i> <i>tablet 25mg; 100mg, 25mg; 50mg,</i> <i>50mg; 100mg</i>	3	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule</i> <i>200mg, 400mg</i>	2	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate tablet 10mg,</i> <i>5mg</i>	2	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	4	MO
<i>carvedilol phosphate er capsule</i> <i>extended release 24 hour 10mg,</i> <i>20mg, 40mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tablet 12.5mg, 25mg,</i> <i>3.125mg, 6.25mg</i>	1	MO
<i>labetalol hydrochloride injection</i> <i>5mg/ml</i>	4	
<i>labetalol hydrochloride tablet</i> <i>100mg, 200mg, 300mg, 400mg</i>	3	MO
<i>metoprolol succinate er tablet</i> <i>extended release 24 hour 100mg,</i> <i>200mg, 25mg, 50mg</i>	2	MO
<i>metoprolol tartrate injection</i> <i>5mg/5ml</i>	4	
<i>metoprolol tartrate tablet 100mg,</i> <i>25mg, 37.5mg, 50mg, 75mg</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	MO
<i>nebivolol hydrochloride tablet 10mg,</i> <i>2.5mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	3	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>propranolol hcl injection 1mg/ml</i>	4	
<i>propranolol hcl oral solution 40mg/5ml</i>	3	MO
<i>propranolol hcl tablet 40mg</i>	3	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	4	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	3	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	2	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>DILTIAZEM HCL INJECTION 100MG</i>	4	
<i>diltiazem hcl injection 50mg/10ml</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	MO
<i>felodipine er tablet extended release 24 hour 10mg, 5mg</i>	2	MO
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	4	MO
<i>isradipine capsule 2.5mg, 5mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)</i>	2	MO
<i>nifedipine er tablet extended release 24 hour (generic Adalat CC) 30mg, 60mg</i>	3	MO
<i>nimodipine capsule 30mg</i>	4	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg</i>	4	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	MO
<i>verapamil hcl er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>verapamil hcl er tablet extended release (generic Calan SR) 120mg</i>	2	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG	3	MO
<i>verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour (generic Verelan PM) 100mg, 200mg, 300mg</i>	2	MO
<i>verapamil hydrochloride er tablet extended release (generic Calan SR) 180mg, 240mg</i>	2	MO
<i>verapamil hydrochloride injection 2.5mg/ml</i>	4	MO
<i>verapamil hydrochloride tablet 120mg</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	MO
<i>acetazolamide tablet 125mg, 250mg</i>	3	MO
<i>amiloride hcl tablet 5mg</i>	3	MO
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	MO
<i>bumetanide injection 0.25mg/ml</i>	3	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	3	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	2	MO
<i>furosemide injection 10mg/ml</i>	4	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	2	MO
<i>methazolamide tablet 25mg, 50mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	4	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	3	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	3	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	2	MO
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	3	QL (8 EA per 28 days) MO
<i>CORLANOR SOLUTION 5MG/5ML</i>	4	
<i>digoxin injection 0.25mg/ml</i>	4	MO
<i>digoxin oral solution 0.05mg/ml</i>	2	MO
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL (30 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	3	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	4	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>epinephrine injection 30mg/30ml</i>	3	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	PA MO
<i>hydralazine hcl injection 20mg/ml</i>	4	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
<i>metirosine capsule 250mg</i>	5	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	2	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	3	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate tablet 40mg</i>	4	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	MO
NITRO-BID OINTMENT 2%	3	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
NITROGLYCERIN INJECTION 5MG/ML	4	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	4	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection 0.5mg</i>	4	B/D; ACS
<i>epoprostenol sodium injection 1.5mg</i>	5	B/D; ACS

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

Drug name	Drug tier	Requirements/Limits
OPSUMIT TABLET 10MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	3	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	5	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet 20mg</i>	5	PA; ACS
<i>treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml</i>	5	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	5	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	5	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	5	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	5	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	5	QL (2 EA per 21 days) PA; ACS LD

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	4	QL (150 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	4	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	3	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	2	QL (150 ML per 30 days) PA; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	4	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) PA MO; HRM
<i>meprobamate tablet 200mg, 400mg</i>	4	PA MO
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg, 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	3	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>memantine hydrochloride solution 2mg/ml</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	4	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	3	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	3	MO; HRM
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	3	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg</i>	4	PA MO; HRM
<i>citalopram hydrobromide solution 10mg/5ml</i>	3	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	4	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	4	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	3	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	4	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>fluoxetine dr capsule delayed release 90mg</i>	4	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	2	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	2	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	3	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	3	PA MO; HRM
<i>imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg</i>	4	PA MO; HRM
MARPLAN TABLET 10MG	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	3	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	3	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	3	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	3	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg</i>	2	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	QL (900 ML per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	4	PA MO; HRM
<i>phenelzine sulfate tablet 15mg</i>	3	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	PA MO; HRM
RALDESY SOLUTION 10MG/ML	5	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	3	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate tablet 10mg</i>	4	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 300mg, 50mg</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	4	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	4	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	4	MO
<i>amantadine hcl tablet 100mg</i>	3	MO
<i>benztropine mesylate injection 1mg/ml</i>	2	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	4	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	4	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	4	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	3	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG, 25MG; 200MG; 100MG, 31.25MG; 200MG; 125MG, 37.5MG; 200MG; 150MG, 50MG; 200MG; 200MG	4	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	MO
<i>carbidopa tablet 25mg</i>	4	MO
<i>entacapone tablet 200mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
INBRIJA CAPSULE 42MG	5	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3.75mg, 3mg, 4.5mg</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	3	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl capsule 5mg</i>	2	MO
<i>selegiline hcl tablet 5mg</i>	2	MO
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	2	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	2	MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL (60 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>aripiprazole solution 1mg/ml</i>	4	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	5	HRM
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) MO; HRM
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	4	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	4	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	4	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	3	HRM
<i>clozapine tablet 200mg</i>	3	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	3	QL (270 EA per 30 days); HRM

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

Drug name	Drug tier	Requirements/Limits
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	5	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	5	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	4	PA; HRM
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	4	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection</i> <i>25mg/ml</i>	4	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ ml</i>	2	MO; HRM
<i>fluphenazine hydrochloride elixir</i> <i>2.5mg/5ml</i>	2	MO; HRM
<i>fluphenazine hydrochloride injection</i> <i>2.5mg/ml</i>	4	MO; HRM
<i>fluphenazine hydrochloride tablet</i> <i>10mg, 1mg, 2.5mg, 5mg</i>	2	MO; HRM
<i>haloperidol decanoate injection</i> <i>100mg/ml, 50mg/ml</i>	4	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	4	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	3	MO; HRM
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	3	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days); HRM

*You 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 INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	3	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	3	HRM
<i>molindone hydrochloride tablet 25mg</i>	4	HRM
NUPLAZID CAPSULE 34MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	4	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	3	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	5	QL (30 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
OPIPZA FILM 10MG	5	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	4	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	4	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	3	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	3	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	5	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	2	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	2	QL (120 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>risperidone tablet 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	MO; HRM
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	5	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	5	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	4	QL (6 EA per 3 days) MO; HRM
ANTISEIZURE AGENTS		
APTiom TABLET 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTiom TABLET 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT INJECTION 50MG/5ML	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	5	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	4	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>carbamazepine suspension 100mg/5ml</i>	2	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	2	MO
<i>carbamazepine tablet chewable 100mg</i>	2	MO; HRM
<i>carbamazepine tablet 200mg</i>	2	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	3	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	5	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	5	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL GEL 10MG, 2.5MG, 20MG	4	QL (5 EA per 30 days) MO; HRM
<i>diazepam concentrate 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam injection 5mg/ml</i>	4	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DILANTIN INFATABS TABLET CHEWABLE 50MG	4	MO
DILANTIN-125 SUSPENSION 125MG/5ML	4	MO
DILANTIN CAPSULE 100MG, 30MG	4	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	3	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	3	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	4	MO
EPIDIOLEX SOLUTION 100MG/ML	5	QL (600 ML per 30 days) PA; ACS LD
<i>epitol tablet 200mg</i>	2	HRM
EPRONTIA SOLUTION 25MG/ML	4	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	4	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	4	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	3	MO
<i>ethosuximide solution 250mg/5ml</i>	4	MO
<i>felbamate suspension 600mg/5ml</i>	4	MO
<i>felbamate tablet 400mg, 600mg</i>	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	4	MO
FYCOMPA SUSPENSION 0.5MG/ML	5	QL (680 ML per 28 days) PA MO
FYCOMPA TABLET 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	3	QL (360 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	5	
<i>lacosamide oral solution 10mg/ml</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	5	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	2	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	2	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam injection 500mg/5ml</i>	4	
<i>levetiracetam oral solution 100mg/ml</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	5	QL (10 EA per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	4	MO
NAYZILAM SOLUTION 5MG/0.1ML	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	4	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	3	MO; HRM
<i>perampanel tablet 2mg</i>	4	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	4	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	4	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>phenyteck capsule 200mg, 300mg</i>	3	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	3	MO
<i>phenytoin sodium injection 50mg/ml</i>	4	
<i>phenytoin suspension 125mg/5ml</i>	3	MO
<i>phenytoin tablet chewable 50mg</i>	3	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin solution 20mg/ml</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	MO
<i>roweepra tablet 500mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	4	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	5	QL (240 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL (90 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	2	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	5	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	2	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	2	MO
<i>topiramate tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	4	
<i>valproic acid capsule 250mg</i>	2	MO
<i>valproic acid solution 250mg/5ml</i>	2	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	4	QL (10 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	4	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	4	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>vigadrone packet 500mg</i>	5	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	5	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	5	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	4	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	5	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	5	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	5	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	5	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	2	MO
<i>zonisamide capsule 50mg</i>	2	MO; HRM
ZTALMY SUSPENSION 50MG/ML	5	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg</i>	4	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour 25mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	3	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	3	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	4	QL (180 EA 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
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>tasimelteon capsule 20mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	3	QL (1 ML per 30 days) PA; ACS
<i>almotriptan malate tablet 12.5mg, 6.25mg</i>	4	QL (8 EA per 30 days) MO
<i>almotriptan tablet 12.5mg, 6.25mg</i>	4	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection 1mg/ml</i>	5	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate tablet 2.5mg</i>	4	QL (12 EA per 30 days) MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	3	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	3	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	3	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	3	QL (12 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium tablet 500mg; 85mg</i>	4	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	2	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	3	QL (16 EA per 30 days) PA MO
<i>zolmitriptan odt tablet disintegrating 2.5mg, 5mg</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan tablet 2.5mg, 5mg</i>	4	QL (6 EA per 30 days) MO
<i>zomig tablet 2.5mg</i>	4	QL (6 EA per 30 days)
<i>zomig tablet 5mg</i>	5	QL (6 EA per 30 days)
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA; ACS
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	4	MO
NUDEXTA CAPSULE 20MG; 10MG	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	3	MO
<i>pyridostigmine bromide tablet 30mg, 60mg</i>	3	MO
<i>riluzole tablet 50mg</i>	3	MO
<i>tetrabenazine tablet 25mg</i>	5	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	5	QL (90 EA per 30 days) PA; ACS
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	5	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	PA; ACS
<i> fingolimod hydrochloride capsule 0.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	5	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	5	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	3	MO
<i>baclofen tablet 15mg</i>	4	MO
<i>chlorzoxazone tablet 500mg</i>	2	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	4	MO
<i>tizanidine hcl tablet 2mg</i>	2	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	2	MO
<i>tizanidine hydrochloride tablet 4mg</i>	2	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	3	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE SOLUTION 500MG/ML	5	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	4	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	4	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	3	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	4	MO
KLOXXADO LIQUID 8MG/0.1ML	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>naloxone hcl injection 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	2	MO
<i>naloxone hydrochloride prefilled syringe injection 0.4mg/ml, 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	MO
<i>naltrexone hydrochloride tablet 50mg</i>	3	MO
NICOTROL NS SOLUTION 10MG/ML	4	QL (360 ML per 365 days) MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	4	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	MO
VIVITROL INJECTION 380MG	5	ACS

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol capsule 100mg, 200mg, 50mg</i>	4	MO
<i>methyltestosterone capsule 10mg</i>	5	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	4	MO
<i>testosterone enanthate injection 200mg/ml</i>	4	PA MO
<i>testosterone pump gel 1%</i>	3	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	3	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	3	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	3	QL (180 ML per 30 days) MO

ANTIDIABETICS, INSULINS

BD ALCOHOL SWABS	3	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	PA MO

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

Drug name	Drug tier	Requirements/Limits
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	3	PA MO
BD PEN MISCELLANEOUS	3	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	MO
FIASP PENFILL INJECTION 100UNIT/ML	3	MO
FIASP PUMPCART INJECTION 100UNIT/ML	3	B/D MO
FIASP INJECTION 100UNIT/ML	3	B/D MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	5	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	5	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	MO
INSULIN ASPART INJECTION 100UNIT/ML	3	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO
LANTUS INJECTION 100UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO

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

Drug name	Drug tier	Requirements/Limits
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	3	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	MO
NOVOLOG RELION INJECTION 100UNIT/ML	3	B/D MO
NOVOLOG INJECTION 100UNIT/ML	3	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	3	QL (15 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	3	QL (30 EA per 30 days) ST MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	4	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) PA MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	QL (6 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
TRADJENTA TABLET 5MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 70mg/75ml</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
BONSITY INJECTION 560MCG/2.24ML	5	PA; ACS
<i>calcitonin-salmon solution 200unit/ act</i>	3	MO
<i>ibandronate sodium injection 3mg/3ml</i>	4	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	3	QL (1 EA per 30 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	4	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	4	
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	5	PA; ACS
WYOST INJECTION 120MG/1.7ML	5	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	4	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	4	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	5	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	3	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA; ACS
<i>deferasirox tablet 90mg</i>	3	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; ACS
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	5	ACS
<i>sodium polystyrene sulfonate powder</i>	3	MO
<i>sps rectal suspension 15gm/60ml</i>	3	
<i>sps combination suspension 15gm/60ml</i>	3	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	5	PA; ACS
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	2	
<i>altavera tablet 30mcg; 0.15mg</i>	2	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	2	
<i>amethyst tablet 20mcg; 90mcg</i>	2	
<i>apri tablet 0.15mg; 30mcg</i>	2	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	2	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>aubra eq tablet 20mcg; 0.1mg</i>	2	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	2	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>aviane tablet 20mcg; 0.1mg</i>	2	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	2	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>balziva tablet 35mcg; 0.4mg</i>	2	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>briellyn tablet 35mcg; 0.4mg</i>	2	
<i>camila tablet 0.35mg</i>	3	
<i>CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG</i>	3	
<i>CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG</i>	3	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>chateal eq tablet 30mcg; 0.15mg</i>	2	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	2	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	2	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	2	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	2	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>deblitane tablet 0.35mg</i>	3	
<i>delyla tablet 20mcg; 0.1mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	MO
dolishale tablet 20mcg; 90mcg	2	MO
drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg	2	MO
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg	2	MO
elinest tablet 30mcg; 0.3mg	2	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	3	
emzahh tablet 0.35mg	3	MO
enilloring ring 0.015mg/24hr; 0.12mg/24hr	3	MO
enskyce tablet 0.15mg; 0.03mg	2	MO
errin tablet 0.35mg	3	
estarylla tablet 35mcg; 0.25mg	2	
ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg	2	MO
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	3	MO
falmina tablet 20mcg; 0.1mg	2	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	2	
feirza 1/20 tablet 20mcg; 75mg; 1mg	2	
finzala tablet chewable 20mcg; 75mg; 1mg	2	
galbriela tablet chewable 25mcg; 75mg; 0.8mg	2	
hailey 1.5/30 tablet 30mcg; 1.5mg	2	MO
hailey 24 fe tablet 20mcg; 75mg; 1mg	2	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	2	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	2	

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

Drug name	Drug tier	Requirements/Limits
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>heather tablet 0.35mg</i>	2	MO
<i>iclevia tablet 0.03mg; 0.15mg</i>	2	
<i>incassia tablet 0.35mg</i>	3	
<i>introvale tablet 0.03mg; 0.15mg</i>	2	
<i>isibloom tablet 0.15mg; 30mcg</i>	2	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>jasmiel tablet 3mg; 0.02mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
JOLESSA TABLET 0.03MG; 0.15MG	3	
<i>juleber tablet 0.15mg; 30mcg</i>	2	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>junel 1/20 tablet 20mcg; 1mg</i>	2	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	2	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	2	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	2	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	2	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	2	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>larin 1/20 tablet 20mcg; 1mg</i>	2	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lessina tablet 20mcg; 0.1mg</i>	2	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	2	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	2	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	2	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	2	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	2	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	2	MO
<i>loryna tablet 3mg; 0.02mg</i>	2	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	2	
<i>luteru tablet 20mcg; 0.1mg</i>	2	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>marlissa tablet 0.03mg; 0.15mg</i>	2	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>meleya tablet 0.35mg</i>	3	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	2	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	2	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	2	
NEXPLANON INJECTION 68MG	3	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	2	
NORA-BE TABLET 0.35MG	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	3	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	2	MO
<i>norlyroc tablet 0.35mg</i>	2	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	2	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	MO
OCELLA TABLET 3MG; 0.03MG	3	

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

Drug name	Drug tier	Requirements/Limits
<i>orsythia</i> tablet 20mcg; 0.1mg	2	
<i>philith</i> tablet 35mcg; 0.4mg	2	
<i>pimtrea</i> tablet 0.15mg; 0.02mg; 0.01mg	2	
<i>portia-28</i> tablet 0.03mg; 0.15mg	2	
<i>reclipsen</i> tablet 0.15mg; 0.03mg	2	
<i>rosyrah</i> tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg	2	
<i>setlakin</i> tablet 0.03mg; 0.15mg	2	
<i>sharobel</i> tablet 0.35mg	3	
<i>simliya</i> tablet 0.15mg; 0.02mg; 0.01mg	2	
<i>simpesse</i> tablet 0.1mg; 0.03mg; 0.01mg	2	MO
<i>sprintec 28</i> tablet 35mcg; 0.25mg	2	MO
<i>sronyx</i> tablet 20mcg; 0.1mg	2	
<i>syeda</i> tablet 3mg; 0.03mg	2	
<i>tarina 24 fe</i> tablet 20mcg; 75mg; 1mg	2	
<i>tarina fe 1/20 eq</i> tablet 20mcg; 75mg; 1mg	2	
<i>tilia fe</i> tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg	3	
<i>tri-estarylla</i> tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	2	MO
<i>tri-legest fe</i> tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg	2	MO
<i>tri-lynyah</i> tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	2	
<i>tri-lo-estarylla</i> tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	2	
<i>tri-lo-marzia</i> tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	2	
<i>tri-lo-mili</i> tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg	2	MO
<i>tri-lo-sprintec</i> tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg	2	
<i>tri-mili</i> tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg	2	

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

Drug name	Drug tier	Requirements/Limits
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>turqoz tablet 30mcg; 0.3mg</i>	2	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	2	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	2	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	2	MO
<i>vestura tablet 3mg; 0.02mg</i>	2	
<i>vienva tablet 20mcg; 0.1mg</i>	2	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	2	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>vyfemla tablet 35mcg; 0.4mg</i>	2	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	2	
<i>wera tablet 35mcg; 0.5mg</i>	2	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	2	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	2	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	2	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	2	
<i>zumandimine tablet 3mg; 0.03mg</i>	2	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	3	
<i>abigale tablet 1mg; 0.5mg</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>dotti patch twice weekly</i> 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	3	QL (8 EA per 28 days)
DUAVEE TABLET 20MG; 0.45MG	4	MO
estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml	4	MO
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	3	MO
estradiol cream 0.1mg/gm	3	MO
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	2	QL (8 EA per 28 days) MO
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	2	QL (4 EA per 28 days) MO
estradiol oral tablet 0.5mg, 1mg, 2mg	1	MO
estradiol vaginal tablet 10mcg	2	MO
ESTRING RING 7.5MCG/24HR	4	QL (1 EA per 90 days) MO
fyavolv tablet 2.5mcg; 0.5mg	2	MO
fyavolv tablet 5mcg; 1mg	3	MO
jinteli tablet 5mcg; 1mg	3	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	3	QL (8 EA per 28 days)
mimvey tablet 1mg; 0.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	2	MO
norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg	3	MO
PREMARIN CREAM 0.625MG/GM	4	MO
PREMARIN INJECTION 25MG	4	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	MO
<i>yuvaferm tablet 10mcg</i>	3	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	4	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	2	MO
<i>dexamethasone solution 0.5mg/5ml</i>	2	MO
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	2	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	4	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	4	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	4	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
<i>prednisolone solution 15mg/5ml</i>	2	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>prednisone solution 5mg/5ml</i>	1	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	1	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	4	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	5	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	3	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	4	
<i>betaine anhydrous powder 1gm</i>	5	ACS
<i>cabergoline tablet 0.5mg</i>	3	MO
<i>carglumic acid tablet soluble 200mg</i>	5	PA; LD
CERDELGA CAPSULE 84MG	5	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	5	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	5	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	4	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	4	MO
<i>desmopressin acetate nasal solution 0.01%</i>	3	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	5	
GENOTROPIN MINISQUICK INJECTION 0.2MG	3	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
GENOTROPIN MINIQUEICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	5	PA; ACS
INCRELEX INJECTION 40MG/4ML	5	PA; LD
<i>javygtor packet 100mg, 500mg</i>	5	PA; LD
<i>javygtor tablet 100mg</i>	5	PA; LD
JYNARQUE TABLET 15MG, 30MG	5	QL (120 EA per 30 days) PA; LD
<i>levocarnitine injection 200mg/ml</i>	4	
<i>levocarnitine oral solution 1gm/10ml</i>	4	MO
<i>levocarnitine tablet 330mg</i>	4	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	5	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	5	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	5	PA; ACS
<i>methergine tablet 0.2mg</i>	4	
<i>methylergonovine maleate tablet 0.2mg</i>	5	MO
<i>mifepristone tablet 300mg</i>	5	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	3	MO
REVCovi INJECTION 2.4MG/1.5ML	5	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA; ACS

*You 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 INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	5	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	5	MO
<i>tolvaptan tablet therapy pack 0, 15mg</i>	5	QL (56 EA per 28 days) PA
VEOZAH TABLET 45MG	4	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>gallifrey tablet 5mg</i>	2	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate suspension 40mg/ml</i>	3	MO
<i>megestrol acetate suspension 625mg/5ml</i>	4	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>progesterone capsule 100mg, 200mg</i>	3	MO
<i>progesterone injection 50mg/ml</i>	4	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG, 200MCG/5ML	5	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	5	MO

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

Drug name	Drug tier	Requirements/Limits
<i>levothyroxine sodium tablet</i> 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	MO
<i>levoxyl tablet</i> 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	MO
<i>liothyronine sodium injection</i> 10mcg/ml	5	
<i>liothyronine sodium tablet</i> 25mcg, 50mcg, 5mcg	3	MO
<i>methimazole tablet</i> 10mg, 5mg	1	MO
<i>propylthiouracil tablet</i> 50mg	3	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	MO
<i>unithroid tablet</i> 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule</i> 0.25mcg, 0.5mcg	3	MO
<i>calcitriol injection</i> 1mcg/ml	4	
<i>calcitriol oral solution</i> 1mcg/ml	4	MO
<i>doxercalciferol injection</i> 4mcg/2ml	4	
<i>paricalcitol capsule</i> 1mcg, 2mcg, 4mcg	4	MO
<i>paricalcitol injection</i> 2mcg/ml, 5mcg/ml	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack</i> , 40mg, 80mg	4	B/D MO
<i>aprepitant capsule</i> 125mg	5	B/D MO
<i>compro suppository</i> 25mg	2	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	4	

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

Drug name	Drug tier	Requirements/Limits
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	4	B/D
<i>granisetron hydrochloride tablet 1mg</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	2	MO
<i>metoclopramide hcl solution 5mg/5ml</i>	4	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	4	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>metoclopramide odt tablet disintegrating 5mg</i>	2	MO
<i>ondansetron hcl solution 4mg/5ml</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	2	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	3	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	MO; HRM
<i>prochlorperazine suppository 25mg</i>	2	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	4	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	4	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	4	PA MO; HRM
<i>promethazine hydrochloride suppository 25mg</i>	4	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>promethazine hydrochloride syrup</i> 6.25mg/5ml	4	PA
<i>promethazine hydrochloride tablet</i> 12.5mg, 25mg, 50mg	4	PA MO; HRM
<i>promethegan suppository 50mg</i>	4	PA MO; HRM
<i>promethegan suppository 12.5mg,</i> <i>25mg</i>	4	PA; HRM
<i>scopolamine patch 72 hour</i> 1mg/3days	4	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i> <i>capsule 300mg</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	3	PA MO; HRM
<i>dicyclomine hydrochloride capsule</i> 10mg	2	PA MO; HRM
<i>dicyclomine hydrochloride injection</i> 10mg/ml	4	PA MO; HRM
<i>dicyclomine hydrochloride tablet</i> 20mg	2	PA MO; HRM
GLYCOPYRROLATE INJECTION 0.6MG/3ML	4	
<i>glycopyrrolate injection 0.2mg/ml</i> (preservative free, prefilled syringe), 0.4mg/2ml	4	
<i>glycopyrrolate injection 0.2mg/ml,</i> <i>1mg/5ml, 4mg/20ml</i>	4	MO
<i>glycopyrrolate oral solution</i> 1mg/5ml	4	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	MO
<i>methscopolamine bromide tablet</i> 2.5mg, 5mg	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg,</i> <i>400mg, 800mg</i>	4	MO
<i>famotidine premixed injection</i> 0.4mg/ml; 0.9%	4	
<i>famotidine injection 200mg/20ml,</i> <i>20mg/2ml, 40mg/4ml</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>famotidine suspension reconstituted 40mg/5ml</i>	3	MO
<i>famotidine tablet 20mg, 40mg</i>	2	MO
<i>nizatidine capsule 150mg, 300mg</i>	2	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	3	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	MO
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO
<i>mesalamine dr capsule delayed release 400mg</i>	4	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	4	MO
<i>mesalamine enema 4gm</i>	4	MO
<i>mesalamine kit 4gm</i>	4	MO
<i>mesalamine suppository 1000mg</i>	4	MO
<i>sulfasalazine tablet delayed release 500mg</i>	2	MO
<i>sulfasalazine tablet 500mg</i>	3	MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	4	MO
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac solution 10gm/15ml</i>	2	
<i>kristalose packet 10gm, 20gm</i>	4	PA
<i>lactulose packet 10gm, 20gm</i>	4	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>lactulose solution 10gm/15ml</i>	2	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	MO
SUTAB TABLET 225MG; 188MG; 1479MG	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	5	QL (60 EA per 30 days) PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	3	MO; HRM
GATTEX INJECTION 5MG	5	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
<i>lansoprazole/amoxicillin/ clarithromycin therapy pack 500mg; 500mg; 30mg</i>	4	QL (224 EA per 365 days) MO
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	3	MO
<i>misoprostol tablet 100mcg, 200mcg</i>	3	MO
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	4	MO
<i>sucralfate tablet 1gm</i>	2	MO
<i>ursodiol capsule 300mg</i>	3	MO
<i>ursodiol tablet 250mg, 500mg</i>	4	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	5	PA; LD
XERMELO TABLET 250MG	5	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	5	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>esomeprazole sodium injection</i> 40mg	3	
<i>lansoprazole capsule delayed</i> <i>release 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed</i> <i>release 30mg</i>	2	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed</i> <i>release 10mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed</i> <i>release 20mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection</i> 40mg	4	
<i>pantoprazole sodium tablet delayed</i> <i>release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed</i> <i>release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed</i> <i>release 20mg</i>	4	QL (30 EA per 30 days) MO

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl er tablet extended</i> <i>release 24 hour 10mg</i>	2	QL (30 EA per 30 days) MO
CIALIS TABLET 5MG	4	QL (30 EA per 30 days) PA MO
<i>dutasteride/tamsulosin</i> <i>hydrochloride capsule 0.5mg;</i> <i>0.4mg</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	4	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule</i> <i>0.4mg</i>	2	QL (60 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% solution 0.25%</i>	2	MO
<i>bethanechol chloride tablet 10mg,</i> <i>25mg, 50mg, 5mg</i>	3	MO
<i>potassium citrate er tablet extended</i> <i>release 1080mg, 15meq, 540mg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	2	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet 20mg</i>	2	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 suppository 200mg</i>	3	MO
<i>terconazole cream 0.4%, 0.8%</i>	3	MO
<i>terconazole suppository 80mg</i>	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	4	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL (74 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection</i> 100mg/ml, 120mg/0.8ml, 150mg/ ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	MO
<i>fondaparinux sodium injection</i> 2.5mg/0.5ml	4	MO
<i>fondaparinux sodium injection</i> 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	MO
FRAGMIN INJECTION 10000UNIT/4ML	4	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ ML	4	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	4	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	3	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium injection</i> 5000unit/0.5ml	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	4	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	4	QL (60 EA per 30 days)
<i>rivaroxaban tablet 2.5mg</i>	3	QL (60 EA per 30 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	3	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	5	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	5	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	4	MO
BERINERT INJECTION 500UNIT	5	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	1	MO
DOPTELET TABLET 20MG	5	QL (60 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection</i> 30mg/3ml	5	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	5	PA; ACS
<i>pentoxifylline er tablet extended</i> <i>release 400mg</i>	2	MO
<i>sajazir injection 30mg/3ml</i>	5	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	4	PA MO
SIKLOS TABLET 1000MG	5	PA MO
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i> <i>injection 0.7%; 1000mg/100ml</i>	4	
<i>tranexamic acid injection</i> 1000mg/10ml	4	
<i>tranexamic acid tablet 650mg</i>	3	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule</i> <i>extended release 12 hour 25mg;</i> <i>200mg</i>	3	QL (60 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tablet 25mg, 50mg,</i> <i>75mg</i>	2	PA MO
<i>prasugrel hydrochloride tablet</i> 10mg, 5mg	4	MO
<i>ticagrelor tablet 60mg, 90mg</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
BIMZELX INJECTION 160MG/ML, 320MG/2ML	5	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL MINI INJECTION 50MG/ ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	5	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA; LD
PYZCHIVA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	5	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	5	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SOTYKTU TABLET 6MG	5	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
STELARA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	5	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
VELSIPITY TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	5	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	5	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	3	MO
JYLAMVO SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP SOLUTION 2.5MG/ML	4	MO
IMMUNOGLOBULINS		
GAMASTAN INJECTION	3	B/D; ACS LD

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

Drug name	Drug tier	Requirements/Limits
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA; ACS LD
ARCALYST INJECTION 220MG	5	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D MO
AZATHIOPRINE INJECTION 100MG	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D MO
BENLYSTA INJECTION 200MG/ML	5	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	3	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	3	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	3	B/D MO
<i>everolimus tablet 0.25mg</i>	4	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>engraf capsule 100mg, 25mg</i>	3	B/D
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>mycophenolate mofetil injection</i> 500mg	4	B/D MO
<i>mycophenolate mofetil suspension</i> <i>reconstituted 200mg/ml</i>	5	B/D MO
<i>mycophenolate mofetil tablet</i> 500mg	3	B/D MO
<i>mycophenolic acid dr tablet delayed</i> <i>release 180mg, 360mg</i>	4	B/D MO
NULOJIX INJECTION 250MG	5	B/D
PROGRAF PACKET 0.2MG, 1MG	4	B/D MO
REZUROCK TABLET 200MG	5	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	5	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg,</i> 5mg	4	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA INJECTION	1	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	

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Drug name	Drug tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOL INACTIVATED IPV INJECTION	1	
IXCHIQ INJECTION	3	
IXCHIQ INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	3	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
RABAERT INJECTION	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 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
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION	1	
1.2MCG/0.25ML, 2.4MCG/0.5ML		
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION	1	
25MCG/0.5ML		
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION	1	
1350PFU/0.5ML		
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION	3	
40MCG/0.8ML		
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 5% /ELECTROLYTE	3
#48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	
DEXTROSE 10%/SODIUM	4
CHLORIDE 0.2% INJECTION 10%; 0.2%	
DEXTROSE 10%/SODIUM	4
CHLORIDE 0.45% INJECTION 10%; 0.45%	
DEXTROSE 2.5%/SODIUM	4
CHLORIDE 0.45% INJECTION 2.5%; 0.45%	
DEXTROSE 5%/LACTATED	4
RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	
DEXTROSE 5%/SODIUM CHLORIDE	4
0.2% INJECTION 5%; 0.2%	

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

Drug name	Drug tier	Requirements/Limits
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	4	MO
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	4	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	4	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	4	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	4	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	4	

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

Drug name	Drug tier	Requirements/Limits
<i>magnesium sulfate injection</i> 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%	4	
<i>multiple electrolytes injection</i> type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE INJECTION 5%; 0.15%; 0.225%, 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	4	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride</i> <i>injection 20meq/l; 0.45%, 20meq/l;</i> <i>0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/</i> <i>ml</i>	4	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	3	
SODIUM BICARBONATE INJECTION 7.5%	4	
<i>sodium bicarbonate injection 4.2%</i>	4	
<i>sodium bicarbonate injection 8.4%</i>	4	MO
<i>sodium chloride 0.45% injection</i> <i>0.45%</i>	4	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	3	MO
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	3	MO
<i>klor-con/ef tablet effervescent 25meq</i>	2	MO
<i>klor-con packet 20meq</i>	3	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	3	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	4	
<i>multi-vitamin/fluoride drops solution 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>multi-vitamin/fluoride/iron solution</i> 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml	4	MO
<i>multivitamin/fluoride tablet</i> <i>chewable</i> 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit	4	MO
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	3	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	3	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	3	MO
<i>potassium chloride er capsule</i> <i>extended release</i> 10meq, 8meq	2	MO
<i>potassium chloride er tablet</i> <i>extended release</i> 10meq, 15meq, 20meq, 8meq	2	MO
<i>potassium chloride packet</i> 20meq	3	MO
<i>potassium chloride oral solution</i> 10%, 20%	4	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	3	MO

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

Drug name	Drug tier	Requirements/Limits
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	3	MO
sodium fluoride solution 0.5mg/ml	4	MO
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	4	MO
tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml; 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml	4	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	3	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	4	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
<i>clinisol sf 15% injection 151meq/l;</i> 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	4	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D
<i>dextrose 10% injection 10%</i>	3	
<i>dextrose 5% injection 5%</i>	3	MO
DEXTROSE 50% INJECTION 50%	3	B/D
DEXTROSE 70% INJECTION 70%	3	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	3	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	3	B/D
NUTRILIPID INJECTION 20GM/100ML	3	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	5	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

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

Drug name	Drug tier	Requirements/Limits
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc ointment 400unit/ gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone ointment 400unit/ gm; 1%; 0.5%; 10000unit/gm</i>	4	MO
<i>neomycin/polymyxin/ dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/ dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	MO
TOBRADEX OINTMENT 0.1%; 0.3%	3	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	3	MO
ZYLET SUSPENSION 0.5%; 0.3%	3	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>bacitracin ointment 500unit/gm</i>	3	MO
BESIVANCE SUSPENSION 0.6%	3	MO
CILOXAN OINTMENT 0.3%	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	3	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	2	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	3	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	3	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	3	QL (12 ML per 30 days) MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	MO
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	4	MO
<i>sulfacetamide sodium solution 10%</i>	3	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	3	MO
XDEMVY SOLUTION 0.25%	5	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	4	MO
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%</i>	3	MO
<i>bromfenac sodium solution 0.075%</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>bromfenac solution 0.09%</i>	4	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	3	MO
FLAREX SUSPENSION 0.1%	4	MO
<i>fluorometholone suspension 0.1%</i>	3	MO
<i>flurbiprofen sodium solution 0.03%</i>	2	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	2	MO
LOTEMAX SM GEL 0.38%	3	MO
LOTEMAX OINTMENT 0.5%	3	MO
<i>loteprednol etabonate gel 0.5%</i>	3	MO
<i>loteprednol etabonate suspension 0.2%, 0.5%</i>	3	MO
<i>prednisolone acetate suspension 1%</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	3	MO
<i>cromolyn sodium solution 4%</i>	3	MO
<i>epinastine hcl solution 0.05%</i>	3	MO
ZERVIAE SOLUTION 0.24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	3	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brimonidine tartrate solution 0.15%</i>	3	MO
<i>brinzolamide suspension 1%</i>	3	MO
<i>carteolol hcl solution 1%</i>	2	MO
COMBIGAN SOLUTION 0.2%; 0.5%	3	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	4	MO
<i>dorzolamide hydrochloride solution 2%</i>	1	MO
<i>latanoprost solution 0.005%</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	2	MO
LUMIGAN SOLUTION 0.01%	3	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	5	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	4	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	4	MO
RHOPRESSA SOLUTION 0.02%	4	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	4	MO
SIMBRINZA SUSPENSION 0.2%; 1%	4	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO
<i>travoprost solution 0.004%</i>	3	MO
VYZULTA SOLUTION 0.024%	4	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	3	MO
CYSTARAN SOLUTION 0.44%	5	PA; LD
EYSUVIS SUSPENSION 0.25%	4	MO
MIEBO SOLUTION 1.338GM/ML	3	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	2	MO
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	3	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	3	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid solution 2%</i>	3	MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CIPRO HC SUSPENSION 0.2%; 1%	4	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	3	MO
<i>ciprofloxacin solution 0.2%</i>	3	MO
<i>flac oil 0.01%</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic solution 0.3%</i>	3	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	4	QL (4 GM per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	2	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	2	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	2	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	2	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	2	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	MO; HRM
<i>hydroxyzine hcl injection 25mg/ml</i>	4	PA MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride injection 50mg/ml</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	4	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	3	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	2	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	3	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	4	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	4	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	3	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>montelukast sodium tablet 10mg</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D MO
<i>aminophylline injection 25mg/ml</i>	4	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	5	QL (60 EA per 30 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	QL (112 EA per 28 days) PA; ACS LD
<i>pirfenidone capsule 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	4	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	3	

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

Drug name	Drug tier	Requirements/Limits
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	3	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	3	MO
<i>theophylline solution 80mg/15ml</i>	2	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	5	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	3	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	4	QL (32 ML per 30 days) PA MO
STERIOD INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	4	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
STERIOD/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	4	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>clindacin foam 1%</i>	4	QL (100 GM per 30 days)
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%</i>	4	MO
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clindamycin phosphate gel tube 1%</i>	3	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	MO
<i>dapsone gel 5%, 7.5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	2	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	PA
<i>neuac gel 5%; 1.2%</i>	4	
<i>sulfacetamide sodium lotion 10%</i>	3	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	4	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	2	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	2	MO
SSD CREAM 1%	3	
SULFAMYLON CREAM 85MG/GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	3	QL (45 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clotrimazole cream 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	3	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	4	QL (85 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	3	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	2	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	4	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	3	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	3	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	3	QL (60 GM per 30 days)
<i>selenium sulfide lotion 2.5%</i>	2	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	3	PA MO
<i>calcipotriene/betamethasone dipropionate ointment 0.064%; 0.005%</i>	4	QL (400 GM per 28 days) PA MO
<i>calcipotriene cream 0.005%</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	3	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	4	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
ENSTILAR FOAM 0.064%; 0.005%	5	QL (120 GM per 30 days) PA MO
<i>methoxsalen capsule 10mg</i>	5	MO
<i>tazarotene cream 0.1%</i>	3	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	4	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	3	QL (100 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	4	QL (60 GM per 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	QL (120 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	3	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	3	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	3	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	3	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	4	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	4	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	3	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	3	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	4	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate cream 0.1%</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone valerate cream 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%</i>	2	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	3	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	3	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	3	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	QL (60 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>triamcinolone acetonide ointment</i> 0.025%, 0.1%	2	MO
<i>triamcinolone acetonide ointment</i> 0.5%	2	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hydrochloride external</i> <i>solution 4%</i>	4	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine cream 2.5%;</i> <i>2.5%</i>	3	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	4	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	3	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	3	QL (90 EA per 30 days) PA
<i>tridacaine ii patch 5%</i>	3	QL (90 EA per 30 days) PA
<i>tridacaine patch 5%</i>	3	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate cream 12%</i>	3	MO
<i>ammonium lactate lotion 12%</i>	3	MO
<i>azelaic acid gel 15%</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution</i> <i>1.5%</i>	3	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	4	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed</i> <i>release 40mg</i>	4	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	4	QL (120 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	4	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
<i>hydrocortisone perianal cream</i> <i>2.5%</i>	1	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	4	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	3	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	4	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	4	MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotion 0.75%</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>nitroglycerin ointment 0.4%</i>	4	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	5	QL (60 GM per 30 days) MO
PANRETIN GEL 0.1%	5	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	4	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	4	MO
<i>procto-med hc cream 2.5%</i>	2	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	1	
<i>proctosol hc cream 2.5%</i>	4	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	4	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	5	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	5	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	3	MO
<i>permethrin cream 5%</i>	4	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01%	5	QL (30 GM per 30 days) PA MO
SANTYL OINTMENT 250UNIT/GM	4	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% solution</i> 0.9%	2	MO
<i>sterile water for irrigation solution</i>	2	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule</i> 30mg	4	MO
<i>chlorhexidine gluconate solution</i> 0.12%	1	MO
<i>clinpro 5000 paste 1.1%</i>	4	MO
<i>clotrimazole troche 10mg</i>	3	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	4	MO
<i>dentagel gel 1.1%</i>	4	MO
<i>fluoridex daily defense paste 1.1%</i>	4	
FLUORIDEX SENSITIVITY RELIEF/ SLS FREE GEL 5%; 1.1%	4	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	4	
<i>fluorimax 5000 paste 1.1%</i>	4	
<i>fraiche 5000 dental gel 1.1%</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>just right 5000 paste 1.1%</i>	4	
<i>kourzeq paste 0.1%</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	4	MO
<i>lidocaine viscous solution 2%</i>	4	MO
<i>nystatin suspension 100000unit/ml</i>	4	MO
<i>oralone dental paste paste 0.1%</i>	2	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
PREVIDENT 5000 ENAMEL	4	MO
PROTECT GEL 5%; 1.1%		
<i>sf gel 1.1%</i>	4	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	4	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	4	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	4	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE GEL 5%; 1.1%	4	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	4	MO

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

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	19	ADEMPAS	51	<i>amikacin sulfate</i>	15
<i>abacavir sulfate/</i>	21	<i>aenapine</i>	60	<i>amiloride hcl</i>	49
<i>lamivudine</i>		<i>afirmelle</i>	83	<i>amiloride/</i>	49
ABELCET	18	AIMOVIG	73	<i>hydrochlorothiazide</i>	
<i>abigale</i>	90	AIRSUPRA	129	<i>aminophylline</i>	128
<i>abigale lo</i>	90	AKEEGA	30	<i>amiodarone</i>	43
ABILIFY	59	<i>ala-cort</i>	132	<i>hydrochloride</i>	
ABILIFY MAINTENA	59	<i>albendazole</i>	15	<i>amitriptyline hcl</i>	54
<i>abiraterone acetate</i>	30	<i>albuterol sulfate</i>	127	<i>amitriptyline</i>	54
<i>abirtega</i>	30	<i>albuterol sulfate hfa</i>	127	<i>hydrochloride</i>	
ABRYSVO	110	<i>alclometasone</i>	132	<i>amlodipine besylate</i>	47
<i>acamprosate calcium</i>	76	<i>dipropionate</i>		<i>amlodipine besylate/</i>	50
<i>dr</i>		ALECENSA	32	<i>atorvastatin calcium</i>	
<i>acarbose</i>	80	<i>alendronate sodium</i>	82	<i>amlodipine</i>	40
<i>accutane</i>	130	<i>alfuzosin hcl er</i>	102	<i>besylate/benazepril</i>	
<i>acebutolol</i>	46	<i>aliskiren</i>	50	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>allopurinol</i>	10	<i>amlodipine besylate/</i>	41
<i>acetaminophen/</i>	13	<i>almotriptan</i>	73	<i>valsartan</i>	
<i>codeine</i>		<i>almotriptan malate</i>	73	<i>amlodipine/</i>	41
<i>acetaminophen/</i>	13	<i>alosetron</i>	100	<i>olmesartan medoxomil</i>	
<i>codeine phosphate</i>		<i>hydrochloride</i>		<i>amlodipine/valsartan/</i>	41
<i>acetazolamide</i>	49	<i>alprazolam</i>	52	<i>hydrochlorothiazide</i>	
<i>acetazolamide er</i>	49	<i>alprazolam er</i>	52	<i>ammonium lactate</i>	135
<i>acetic acid</i>	124	ALPRAZOLAM	52	<i>amnestem</i>	130
<i>acetic acid 0.25%</i>	102	INTENSOL		<i>amoxapine</i>	54
<i>acetylcysteine</i>	93,	<i>altavera</i>	83	<i>amoxicillin</i>	27,
	128	ALUNBRIG	32		28
<i>acitretin</i>	132	ALVAIZ	105	<i>amoxicillin/clavulanate</i>	27
ACTHIB	110	ALVESCO	129	<i>potassium</i>	
ACTIMMUNE	109	<i>alyacen 1/35</i>	83	<i>amoxicillin/clavulanate</i>	27
<i>acyclovir</i>	23,	<i>alyacen 7/7/7</i>	83	<i>potassium er</i>	
	135	<i>amantadine hcl</i>	58	<i>amphetamine/</i>	70,
<i>acyclovir sodium</i>	23	<i>ambrisentan</i>	51	<i>dextroamphetamine</i>	71
ADACEL	110	<i>amethyst</i>	83	<i>amphotericin b</i>	18
<i>adefovir dipivoxil</i>	23			<i>amphotericin b</i>	18
				<i>liposome</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>ampicillin</i>	28	ATROVENT HFA	125	BD PEN NEEDLE/ ORIGINAL/ULTRA- FINE/29G X 1/2	78
<i>ampicillin sodium</i>	28	<i>aubra eq</i>	84	<i>benazepril</i>	40
<i>ampicillin-sulbactam</i>	28	AUGTYRO	32	<i>hydrochloride</i>	
<i>ampicillin/sulbactam</i>	28	<i>aurovela 1.5/30</i>	84	<i>benazepril</i>	40
<i>anagrelide</i>	105	<i>aurovela 1/20</i>	84	<i>hydrochloride/</i>	
<i>hydrochloride</i>		<i>aurovela 24 fe</i>	84	<i>hydrochlorothiazide</i>	
<i>anastrozole</i>	30	<i>aurovela fe 1.5/30</i>	84	BENLYSTA	109
ANORO ELLIPTA	125	<i>aurovela fe 1/20</i>	84	<i>benztropine mesylate</i>	58
<i>aprepitant</i>	96	AUSTEDO	74	BERINERT	105
<i>apri</i>	83	AUSTEDO XR	74	BESIVANCE	122
APTIOM	64	AUVELITY	54	BESREMI	31
APTIVUS	19	<i>aviane</i>	84	<i>betaine anhydrous</i>	93
<i>aranelle</i>	83	AVMAPKI FAKZYNJA	32	<i>powder</i>	
ARCALYST	109	<i>ayuna</i>	84	<i>betamethasone</i>	133
AREXVY	110	AYVAKIT	32	<i>dipropionate</i>	
ARIKAYCE	15	<i>azathioprine</i>	109	<i>betamethasone</i>	132,
<i>aripiprazole</i>	59, 60	AZATHIOPRINE	109	<i>dipropionate</i>	133
ARISTADA	60	<i>azelaic acid</i>	135	<i>augmented</i>	
<i>armodafinil</i>	76	<i>azelastine hcl</i>	123	<i>betamethasone</i>	133
ARNUITY ELLIPTA	129	<i>azelastine</i>	126	<i>valerate</i>	
<i>arsenic trioxide</i>	31	<i>hydrochloride</i>		BETASERON	75
<i>ashlyna</i>	83	<i>azithromycin</i>	26	<i>betaxolol hcl</i>	46, 123
ASPARLAS	31	<i>aztreonam</i>	15	<i>bethanechol chloride</i>	102
<i>aspirin/dipyridamole er</i>	106	<i>azurette</i>	84	BEVESPI	125
ASTAGRAF XL	109	<i>bacitracin</i>	122	<i>bexarotene</i>	31, 135
<i>atazanavir</i>	19	<i>bacitracin/polymyxin b</i>	121	BEXSERO	110
<i>atazanavir sulfate</i>	19	<i>baclofen</i>	75	<i>bicalutamide</i>	30
<i>atenolol</i>	46	BAFIERTAM	75	BICILLIN L-A	28
<i>atenolol/chlorthalidone</i>	46	<i>balsalazide disodium</i>	99	BIKTARVY	21
<i>atomoxetine</i>	71	BALVERSA	32	BIMZELX	106
<i>atorvastatin calcium</i>	44	<i>balziva</i>	84	<i>bisoprolol</i>	46
<i>atovaquone</i>	15	BARACLUDE	23	<i>bisoprolol fumarate/</i>	46
<i>atovaquone/proguanil</i>	19	BCG	110	<i>hydrochlorothiazide</i>	
<i>hcl</i>		BD ALCOHOL SWABS	77	<i>blisovi 24 fe</i>	84
<i>atovaquone/proguanil</i>	19	BD INSULIN SYRINGE	77, 78	<i>blisovi fe 1.5/30</i>	84
<i>hydrochloride</i>		BD PEN	78		
<i>atopine sulfate</i>	124				

Drug name	Page	Drug name	Page	Drug name	Page
<i>blisovi fe 1/20</i>	84	<i>buspirone</i>	53	<i>carteolol hcl</i>	123
BONSITY	82	<i>hydrochloride</i>		<i>cartia xt</i>	47
BOOSTRIX	110	<i>butorphanol tartrate</i>	13	<i>carvedilol</i>	46
<i>bosentan</i>	51	<i>cabergoline</i>	93	<i>carvedilol phosphate</i>	46
BOSULIF	32	CABOMETYX	33	<i>er</i>	
BRAFTOVI	32	<i>calcipotriene</i>	132	<i>caspofungin acetate</i>	18
BREO ELLIPTA	129	<i>calcipotriene/</i>	132	CAYSTON	15
BREZTRI	125	<i>betamethasone</i>		<i>cefaclor</i>	24
<i>briellyn</i>	84	<i>dipropionate</i>		CEFACLOR ER	24
<i>brimonidine tartrate</i>	123	<i>calcitonin-salmon</i>	82	<i>cefadroxil</i>	24
<i>brimonidine tartrate/</i>	123	<i>calcitrene</i>	132	<i>cefazolin</i>	25
<i>timolol maleate</i>		<i>calcitriol</i>	96	CEFAZOLIN	25
<i>brinzolamide</i>	123	CALCITRIOL	132	CEFAZOLIN/	25
BRIVIACT	64	CALQUENCE	33	DEXTROSE	
<i>bromfenac</i>	123	<i>camila</i>	84	<i>cefazolin sodium</i>	24
<i>bromfenac sodium</i>	122	CAMRESE	84	CEFAZOLIN SODIUM	24
<i>bromocriptine</i>	58	CAMRESE LO	84	<i>cefdinir</i>	25
<i>mesylate</i>		<i>candesartan cilexetil</i>	43	<i>cefepime</i>	25
BRUKINSA	32	<i>candesartan cilexetil/</i>	42	<i>cefixime</i>	25
<i>budesonide</i>	129	<i>hydrochlorothiazide</i>		<i>cefotetan</i>	25
<i>budesonide dr</i>	99	CAPLYTA	60	<i>cefoxitin</i>	25
<i>budesonide er</i>	99	CAPRELSA	33	<i>cefpodoxime proxetil</i>	25
<i>budesonide/</i>	130	<i>captopril</i>	40	<i>cefprozil</i>	25
<i>formoterol fumarate</i>		<i>captopril/</i>	40	<i>ceftazidime</i>	25
<i>dihydrate</i>		<i>hydrochlorothiazide</i>		<i>ceftriaxone in iso-</i>	25
<i>bumetanide</i>	49	<i>carbamazepine</i>	65	<i>osmotic dextrose</i>	
<i>buprenorphine</i>	12	<i>carbamazepine er</i>	64	<i>ceftriaxone sodium</i>	25
<i>buprenorphine hcl</i>	76	<i>carbidopa</i>	58	CEFTRIAZONE	25
<i>buprenorphine hcl/</i>	76	<i>carbidopa/levodopa</i>	58	SODIUM	
<i>naloxone hcl</i>		CARBIDOPA/	58	<i>cefuroxime axetil</i>	26
<i>buprenorphine</i>	76	LEVODOPA/		<i>cefuroxime sodium</i>	26
<i>hydrochloride/</i>		ENTACAPONE		<i>celecoxib</i>	10
<i>naloxone</i>		<i>carbidopa/levodopa er</i>	58	<i>cephalexin</i>	26
<i>hydrochloride</i>		<i>carbidopa/levodopa</i>	58	CERDELGA	93
<i>bupropion</i>	54	<i>odt</i>		<i>cetirizine</i>	126
<i>bupropion</i>	54,	<i>carbinoxamine</i>	126	<i>hydrochloride</i>	
<i>hydrochloride er</i>	76	<i>maleate</i>		<i>cevimeline</i>	136
<i>buspirone hcl</i>	52	<i>carglumic acid</i>	93	<i>hydrochloride</i>	

Drug name	Page	Drug name	Page	Drug name	Page
charlotte 24 fe	84	citalopram	54	clonazepam	65
chateal eq	84	hydrobromide		clonazepam odt	65
CHEMET	83	claravis	130	clonidine	50
chloramphenicol	15	clarithromycin	26	hydrochloride	
sodium succinate		clarithromycin er	26	clonidine patch	50
chlordiazepoxide/	54	clemastine fumarate	126	clopidogrel	106
amitriptyline		CLENPIQ	99	clorazepate	65
chlordiazepoxide hcl	53	clindacin	130	dipotassium	
chlordiazepoxide	53	clindamycin	15,	clotrimazole	132
hydrochloride			131	clotrimazole/	131
chlorhexidine	136	clindamycin/benzoyl	131	betamethasone	
gluconate		peroxide		dipropionate	
chloroquine phosphate	19	clindamycin hcl	15	clotrimazole troche	136
chlorpromazine hcl	60	clindamycin	15	clozapine	60
chlorpromazine	60	hydrochloride		clozapine odt	60
hydrochloride		clindamycin palmitate	15	COARTEM	19
chlorthalidone	49	hydrochloride		COBENFY	61
chlorzoxazone	75	clindamycin phosphate	103,	COBENFY STARTER	61
cholestyramine	45		130,	PACK	
cholestyramine light	45		131	CODEINE SULFATE	13
CIALIS	102	clindamycin	130	colchicine	10
ciclopirox	131	phosphate/benzoyl		colesevelam	45
ciclopirox olamine	131	peroxide		hydrochloride	
cilostazol	105	clindamycin	15	colestipol	45
CILOXAN	122	phosphate/dextrose		hydrochloride	
CIMDUO	21	CLINDAMYCIN/	15	colistimethate sodium	15
cimetidine	98	SODIUM CHLORIDE		COMBIGAN	123
cinacalcet	54,	CLINIMIX 6/5	118	COMBIVENT	125
hydrochloride	55,	CLINIMIX 8/10	118	RESPIMAT	
	93	CLINIMIX 8/14	119	COMETRIQ KIT	33
ciprofloxacin	125	CLINOLIPID	119	compro	96
ciprofloxacin/	125	clinpro 5000 paste	136	consulose	99
dexamethasone		clobazam	65	COPIKTRA	33
ciprofloxacin hcl	27	clobetasol propionate	133	CORLANOR	50
ciprofloxacin	27,	clobetasol propionate	133	COTELLIC	33
hydrochloride	122	e		CREON	100
ciprofloxacin i.v.-in d5w	27	clodan	133	CRESEMBA	18
CIPRO HC	125	clomipramine	55		
		hydrochloride			

Drug name	Page	Drug name	Page	Drug name	Page
<i>cromolyn sodium</i>	100,	<i>dasetta 7/7/7</i>	84	<i>dexmethylphenidate</i>	71
	123,	DAURISMO	33	<i>hydrochloride er</i>	
	128	<i>daysee</i>	84	<i>dextroamphetamine</i>	71
<i>cryselle-28</i>	84	DAYVIGO	73	<i>sulfate</i>	
CURITY GAUZE PADS	78	<i>deblitane</i>	84	<i>dextroamphetamine</i>	71
<i>cyclobenzaprine</i>	75	<i>deferasirox</i>	83	<i>sulfate er</i>	
<i>hydrochloride</i>		DELSTRIGO	21	<i>dextroamphetamine</i>	71
<i>cyclophosphamide</i>	29	<i>delyla</i>	84	<i>sulfateg</i>	
<i>capsule</i>		DENGVAIXIA	110	DEXTROSE 2.5%/	112
CYCLOPHOSPHAMIDE	30	DENTA 5000 PLUS	136	SODIUM CHLORIDE	
TABLET		SENSITIVE		0.45%	
<i>cycloserine</i>	22	<i>dentagel</i>	136	<i>dextrose 5%</i>	119
<i>cyclosporine</i>	109	DEPO-SUBQ	85	DEXTROSE 5% /	112
<i>cyclosporine modified</i>	109	PROVERA		ELECTROLYTE #48	
<i>cyproheptadine hcl</i>	126	DESCOVY	21	DEXTROSE 5%/	112
<i>cyproheptadine</i>	126	<i>desipramine</i>	55	LACTATED RINGERS	
<i>hydrochloride</i>		<i>hydrochloride</i>		DEXTROSE 5%/	112
<i>cyred eq</i>	84	<i>desloratadine</i>	126	SODIUM CHLORIDE	
CYSTAGON	93	<i>desloratadine odt</i>	126	0.2%	
CYSTARAN	124	<i>desmopressin acetate</i>	93	<i>dextrose 5%/sodium</i>	113
<i>dabigatran</i>	103	<i>desonide</i>	133	<i>chloride 0.3%</i>	
<i>dalfampridine er</i>	75	<i>desoximetasone</i>	133	DEXTROSE 5%/	113
<i>danazol</i>	77	<i>dessmopressin</i>	93	SODIUM CHLORIDE	
<i>dantrolene sodium</i>	76	<i>acetate</i>		0.9%	
DANZITEN	33	<i>desvenlafaxine er</i>	55	DEXTROSE 5%/	113
DAPAGLIFLOZIN	80	<i>dexamethasone</i>	92	SODIUM CHLORIDE	
PROPANEDIOL		<i>dexamethasone</i>	92	0.33%	
<i>dapsone</i>	15,	<i>intensol</i>		DEXTROSE 5%/	113
	131	<i>dexamethasone</i>	92,	SODIUM CHLORIDE	
DAPTACEL	110	<i>sodium phosphate</i>	123	0.45%	
<i>daptomycin</i>	16	<i>dexlansoprazole</i>	101	<i>dextrose 10%</i>	119
DAPTOMYCIN/	16	<i>dexmethylphenidate</i>	71	DEXTROSE 10%/	112
SODIUM CHLORIDE		<i>hcl</i>		SODIUM CHLORIDE	
<i>darifenacin</i>	103	<i>dexmethylphenidate</i>	71	0.2%	
<i>hydrobromide er</i>		<i>hcl er</i>		DEXTROSE 10%/	112
<i>darunavir</i>	19	<i>dexmethylphenidate</i>	71	SODIUM CHLORIDE	
<i>dasatinib</i>	33	<i>hydrochloride</i>		0.45%	
<i>dasetta 1/35</i>	84			DEXTROSE 50%	119
				DEXTROSE 70%	119

Drug name	Page	Drug name	Page	Drug name	Page
dextrose/sodium chloride	113	DIMENHYDRINATE	96	doxycycline monohydrate	29
DIACOMIT	65	diphenhydramine hydrochloride	126	DRIZALMA	55
diazepam	65	diphenoxylate/atropine	100	dronabinol	97
diazepam intensol	65	diphenoxylate hydrochloride/atropine sulfate	100	drospirenone/ethinyl estradiol	85
DIAZEPAM RECTAL GEL	65	dipyridamole	106	drospirenone/ethinyl estradiol/levomefolate calcium	85
diazoxide	93	disopyramide phosphate	43	droxidopa	50
diclofenac potassium	10	disulfiram	76	DUAVEE	91
diclofenac sodium	123, 135	divalproex sodium dr	66	DULERA	130
diclofenac sodium dr	10	divalproex sodium er	66	duloxetine	55
diclofenac sodium er	10	dofetilide	43	hydrochloride dr	
diclofenac sodium/ misoprostol	11	dolishale	85	DUPIXENT	106
dicloxacillin sodium	28	donepezil hcl	53	dutasteride	102
dicyclomine hcl	98	donepezil hydrochloride	53	dutasteride/tamsulosin hydrochloride	102
dicyclomine hydrochloride	98	DOPTELET	105	econazole nitrate	132
DIFICID	26	dorzolamide hcl/ timolol maleate	123	EDARBI	43
diflunisal	11	dorzolamide hydrochloride	124	EDARBYCLOR	42
difluprednate	123	dorzolamide hydrochloride	124	EDURANT	20
digox	50	dorzolamide hydrochloride/timolol maleate pf	124	EDURANT PED	20
digoxin	50	dotti	91	efavirenz	20
dihydroergotamine mesylate	73	DOVATO	21	efavirenz/ emtricitabine/tenofovir disoproxil fumarate	21
DILANTIN	66	doxazosin mesylate	41	efavirenz/lamivudine/ tenofovir disoproxil fumarate	21
DILANTIN-125	66	doxepin hcl	55	effer-k	115
DILANTIN INFATABS	66	doxepin hydrochloride	55, 73, 135	eletriptan	73
diltiazem	47	doxercalciferol	96	hydrobromide	
diltiazem hcl	47	doxy 100	29	ELIGARD	30
DILTIAZEM HCL	47	doxycycline	29, 135	elinest	85
diltiazem hcl er	47	doxycycline hyclate	29	ELIQUIS	104
diltiazem hydrochloride	48			ELIQUIS STARTER PACK	103
diltiazem hydrochloride er	47, 48			eluyring	85
dilt-xr	47				

Drug name	Page	Drug name	Page	Drug name	Page
EMEND	97	ergotamine tartrate/	73	etodolac er	11
EMSAM	55	caffeine		etonogestrel/ethinyl	85
emtricitabine	20	ERIVEDGE	33	estradiol	
emtricitabine/	21	ERLEADA	30	etravirine	20
rilpivirine/tenofovir		erlotinib hydrochloride	33	EUCRISA	135
disoproxil fumarate		errin	85	EULEXIN	30
emtricitabine/tenofovir	22	ertapenem sodium	16	everolimus	33,
disoproxil		ery	131		109
emtricitabine/tenofovir	22	eryhtromycin dr	26	EVOTAZ	22
disoproxil fumarate		erythromycin	122,	exemestane	30
EMTRIVA	20		131	EXTENCILLINE	28
EMVERM	16	erythromycin base	26	EYSUVIS	124
emzahh	85	erythromycin/benzoyl	131	ezetimibe	45
enalapril maleate	40	peroxide		ezetimibe/simvastatin	45
enalapril maleate/	40	erythromycin	26	falmina	85
hydrochlorothiazide		ethylsuccinate		famciclovir	23
ENBREL	107	erythromycin	27	famotidine	98,
ENBREL MINI	106	lactobionate			99
ENBREL SURECLICK	106	ERZOFRI	61	famotidine premixed	98
endocet	13	escitalopram oxalate	55	FANAPT	61
ENGERIX-B	110	eslicarbazepine	66	FANAPT TITRATION	61
enilloring	85	acetate		PACK A	
enoxaparin sodium	104	esomeprazole	101	FANAPT TITRATION	61
enskyce	85	magnesium		PACK C	
ENSTILAR	132	esomeprazole sodium	102	FARXIGA	80
entacapone	58	estarylla	85	FASENRA	128
entecavir	23	estradiol	91	febuxostat	10
ENTRESTO	42	estradiol/	91	feirza 1.5/30	85
enulose	99	norethindrone acetate		feirza 1/20	85
EPCLUSA	23	estradiol valerate	91	felbamate	66
EPIDIOLEX	66	ESTRING	91	felodipine er	48
epinastine hcl	123	eszopiclone	73	fenofibrate	44
epinephrine	50,	ethambutol	22	fenofibrate micronized	44
	128	hydrochloride		fenofibric acid dr	44
epitol	66	ethosuximide	66	fenoprofen calcium	11
eplerenone	41	ethynodiol diacetate/	85	FENOPROFEN	11
epoprostenol sodium	51	ethinyl estradiol		CALCIUM	
EPRONTIA	66	etodolac	11	fentanyl	12

Drug name	Page	Drug name	Page	Drug name	Page
<i>fesoterodine fumarate</i>	103	FLUORIDEX	136	<i>fosphenytoin sodium</i>	66
<i>er</i>		SENSITIVITY RELIEF/		FOTIVDA	33
FETZIMA	55	SLS FREE		FRAGMIN	104
FETZIMA TITRATION	55	<i>fluorimax 5000</i>	136	<i>fraiche 5000 dental</i>	136
PACK		FLUORIMAX 5000	136	<i>frovatriptan succinate</i>	73
FIASP	78	SENSITIVE		FRUZAQLA	33
FIASP FLEXTOUCH	78	<i>fluorometholone</i>	123	<i>furosemide</i>	49
FIASP PENFILL	78	<i>fluorouracil</i>	135	FUZEON	20
FIASP PUMPCART	78	<i>fluoxetine dr</i>	56	<i>fyavolv</i>	91
<i>finasteride</i>	102	<i>fluoxetine</i>	56	FYCOMPA	66
<i> fingolimid</i>	75	<i>hydrochloride</i>		<i>gabapentin</i>	66,
<i>hydrochloride</i>		<i>fluphenazine</i>	61		67
FINTEPLA	66	<i>decanoate</i>		<i>galantamine</i>	53
<i>finzala</i>	85	<i>fluphenazine hcl</i>	61	<i>hydrobromide</i>	
FIRMAGON	30	<i>fluphenazine</i>	61	<i>galantamine</i>	53
<i>flac</i>	125	<i>hydrochloride</i>		<i>hydrobromide er</i>	
FLAREX	123	<i>flurbiprofen</i>	11	<i>galbriela</i>	85
<i>flecainide acetate</i>	43	<i>flurbiprofen sodium</i>	123	<i>gallifrey</i>	95
<i>fluconazole</i>	18	<i>fluticasone propionate</i>	129,		
<i>fluconazole in sodium</i>	18		134	GAMASTAN	108
<i>chloride</i>		<i>fluticasone propionate/</i>	130	GAMMAKED	109
<i>fluconazole/sodium</i>	18	<i>salmeterol</i>		GAMUNEX-C	109
<i>chloride</i>		<i>fluticasone propionate/</i>	130	<i>ganciclovir</i>	23
<i>flucytosine</i>	18	<i>salmeterol diskus</i>		GARDASIL 9	110
<i>fludrocortisone</i>	92	FLUTICASONE	130	<i>gatifloxacin</i>	122
<i>acetate</i>		PROPIONATE/		GATTEX	100
<i>flunisolide</i>	129	SALMETEROL HFA		<i>gavilyte-c</i>	99
<i>fluocinolone acetonide</i>	125,	<i>fluvastatin</i>	44	<i>gavilyte-g</i>	99
	133,	<i>fluvastatin sodium er</i>	44	<i>gavilyte-n/flavor pack</i>	99
	134	<i>fluvoxamine maleate</i>	53	GAVRETO	33
<i>fluocinolone acetonide</i>	133	<i>fluvoxamine maleate er</i>	53	<i>gefitinib</i>	33
<i>body</i>		<i>fomepizole</i>	93	<i>gemfibrozil</i>	44
<i>fluocinolone acetonide</i>	133	<i>fondaparinux sodium</i>	104	GEMTESA	103
<i>scalp</i>		<i>fosamprenavir calcium</i>	20	<i>generlac</i>	99
<i>fluocinonide</i>	134	<i>fosfomycin</i>	16	<i>gengraf</i>	109
<i>fluocinonide emulsified</i>	134	<i>tromethamine</i>		GENOTROPIN	94
<i>base</i>		<i>fosinopril sodium</i>	41	GENOTROPIN	93,
<i>fluoride</i>	115	<i>fosinopril sodium/</i>	40	MINIQUICK	94
<i>fluoridex daily defense</i>	136	<i>hydrochlorothiazide</i>			

Drug name	Page	Drug name	Page	Drug name	Page
<i>gentamicin sulfate</i>	16, 122, 131	<i>hailey 1.5/30</i>	85	<i>hydrocodone/</i>	14
<i>gentamicin sulfate</i>	16	<i>hailey 24 fe</i>	85	<i>ibuprofen</i>	
<i>pediatric</i>		<i>hailey fe 1.5/30</i>	85	<i>hydrocortisone</i>	92, 99, 134
<i>gentamicin sulfate/</i>	16	<i>hailey fe 1/20</i>	85	<i>hydrocortisone/acetic</i>	125
<i>sodium chloride</i>		<i>halobetasol propionate</i>	134	<i>acid</i>	
GENVOYA	22	<i>haloette</i>	86	<i>hydrocortisone</i>	134
GILOTRIF	34	<i>haloperidol</i>	61	<i>butyrate</i>	
<i>glatiramer acetate</i>	75	<i>haloperidol decanoate</i>	61	<i>hydrocortisone</i>	135
<i>glatopa</i>	75	<i>haloperidol lactate</i>	61	<i>perianal</i>	
GLEOSTINE	30	HAVRIX	110	<i>hydrocortisone sodium</i>	92
<i>glimepiride</i>	80	<i>heather</i>	86	<i>succinate</i>	
<i>glipizide</i>	80	<i>heparin sodium</i>	104, 105	<i>hydrocortisone</i>	134
<i>glipizide er</i>	80	HEPARIN SODIUM	104	<i>valerate</i>	
<i>glipizide/metformin</i>	80	HEPARIN SODIUM/	104	<i>hydromorphone hcl</i>	14
<i>hydrochloride</i>		D5W		HYDROMORPHONE	14
GLUCOSE	119	HEPARIN SODIUM/	104	HYDROCHLORIDE	
(DEXTROSE) 50%		DEXTROSE		<i>hydroxychloroquine</i>	108
GLUCOSE	119	HEPARIN SODIUM/	104	<i>sulfate</i>	
(DEXTROSE) 70%		NACL 0.45%		<i>hydroxyurea</i>	32
<i>glycopyrrolate</i>	98	HEPARIN SODIUM/	104	<i>hydroxyzine hcl</i>	126
GLYCOPYRROLATE	98	SODIUM CHLORIDE		<i>hydroxyzine</i>	126
GLYXAMBI	80	HEPLISAV-B	110	<i>hydrochloride</i>	
GOMEKLI	34	HIBERIX	110	<i>hydroxyzine pamoate</i>	126
<i>granisetron</i>	97	HUMIRA	107	<i>ibandronate sodium</i>	82
<i>hydrochloride</i>		HUMULIN R U-500	78	IBRANCE	34
<i>griseofulvin microsize</i>	18, 19	(CONCENTRATED)		IBTROZI	34
<i>griseofulvin</i>	19	HUMULIN R U-500	78	<i>ibu</i>	11
<i>ultramicrosize</i>		KWIKPEN		<i>ibuprofen</i>	11
<i>guanfacine</i>	71	<i>hydralazine hcl</i>	50	<i>icatibant acetate</i>	106
<i>guanfacine</i>	50	<i>hydralazine</i>	50	<i>iclevia</i>	86
<i>hydrochloride</i>		<i>hydrochloride</i>		ICLUSIG	34
HADLIMA	107	<i>hydrochlorothiazide</i>	49	IDHIFA	34
HADLIMA	107	<i>hydrocodone</i>	13	<i>imatinib mesylate</i>	34
PUSHTOUCH		<i>hydrocodone/</i>	13	IMBRUVICA	34
HAEGARDA	105, 106	<i>acetaminophen</i>		<i>imipenem/cilastatin</i>	16
		<i>hydrocodone bitartrate</i>	12	<i>imipramine hcl</i>	56
		<i>er</i>			

Drug name	Page	Drug name	Page	Drug name	Page
<i>imipramine</i>	56	ISOLYTE-P/DEXTROSE	113	<i>junel 1.5/30</i>	86
<i>hydrochloride</i>		5%		<i>junel 1/20</i>	86
<i>imipramine pamoate</i>	56	ISOLYTE-S	113	<i>junel fe 1.5/30</i>	86
<i>imiquimod</i>	135	ISOLYTE-S PH 7.4	113	<i>junel fe 1/20</i>	86
IMIQUIMOD PUMP	135	<i>isoniazid</i>	22	<i>junel fe 24</i>	86
IMKELDI	34	<i>isosorbide dinitrate</i>	51	<i>just right 5000</i>	137
IMOVAX RABIES	111	<i>isosorbide dinitrate/</i>	50	JYLAMVO	108
(H.D.C.V.)		<i>hydralazine</i>		JYNARQUE	94
IMPAVIDO	16	<i>hydrochloride</i>		JYNNEOS	111
INBRIJA	59	<i>isosorbide mononitrate</i>	51	<i>kaitlib fe</i>	86
<i>incassia</i>	86	<i>er</i>		KALETRA	22
INCRELEX	94	<i>isotonic gentamicin</i>	16	<i>kalliga</i>	86
INCRUSE ELLIPTA	126	<i>isotretinoin</i>	131	KALYDECO	128
<i>indapamide</i>	49	<i>isradipine</i>	48	<i>kariva</i>	86
INFANRIX	111	ITOVEBI	34	KCL 0.3%/D5W/NACL	113
INLYTA	34	<i>itraconazole</i>	19	0.9%	
INQOVI	30	<i>ivabradine</i>	51	KCL 0.3%/D5W/NACL	113
INREBIC	34	<i>hydrochloride</i>		0.45%	
INSULIN ASPART	78	<i>ivermectin</i>	16	KCL 0.15%/D5W/	113
INSULIN ASPART	78	IWILFIN	32	NACL 0.2%	
FLEXPEN		IXCHIQ	111	KCL 0.15%/D5W/	113
INSULIN ASPART	78	<i>jaimiess</i>	86	NACL 0.9%	
PENFILL		JAKAFI	34	KCL 0.15%/D5W/	113
INTELENCE	20	<i>jantoven</i>	105	NACL 0.45%	
<i>introvale</i>	86	JANUMET	80	KCL 0.075%/D5W/	113
INVEGA HAFYERA	61	JANUMET XR	80	NACL 0.45%	
INVEGA SUSTENNA	62	JANUVIA	80	KEIMPTA	75
INVEGA TRINZA	62	JARDIANCE	80	<i>kelnor 1/35</i>	86
IPOL INACTIVATED IPV	111	<i>jasmiel</i>	86	<i>kelnor 1/50</i>	86
<i>ipratropium bromide</i>	126	<i>javygtor</i>	94	KERENDIA	41
<i>ipratropium bromide/</i>	125	JAYPIRCA	34	<i>ketoconazole</i>	19,
<i>albuterol sulfate</i>		<i>jencycla</i>	86		132
<i>irbesartan</i>	43	JENTADUETO	80	<i>ketodan</i>	132
<i>irbesartan/</i>	42	JENTADUETO XR	80	<i>ketorolac</i>	11,
<i>hydrochlorothiazide</i>		<i>jinteli</i>	91	<i>tromethamine</i>	123
ISENTRESS	20	JOLESSA	86	KINERET	107
ISENTRESS HD	20	<i>juleber</i>	86	KINRIX	111
<i>isibloom</i>	86	JULUCA	22	<i>kionex</i>	83

Drug name	Page	Drug name	Page	Drug name	Page
KISQALI	35	<i>lansoprazole/</i>	101	<i>levalbuterol hcl</i>	127
KISQALI FEMARA 400	35	<i>amoxicillin/</i>		<i>levalbuterol</i>	127
DOSE		<i>clarithromycin</i>		<i>hydrochloride</i>	
KISQALI FEMARA 600	35	LANTUS	78	LEVAlBUTEROL	127
DOSE		LANTUS SOLOSTAR	78	TARTRATE HFA	
<i>klayesta</i>	132	<i>lapatinib ditosylate</i>	35	<i>levetiracetam</i>	67,
<i>klor-con</i>	115	<i>larin 1.5/30</i>	86		68
<i>klor-con 8</i>	115	<i>larin 1/20</i>	86	<i>levetiracetam er</i>	67
<i>klor-con 10</i>	115	<i>larin 24 fe</i>	86	<i>levetiracetam/sodium</i>	67
<i>klor-con/ef</i>	115	<i>larin fe 1.5/30</i>	86	<i>chloride</i>	
<i>klor-con m10</i>	115	<i>larin fe 1/20</i>	86	LEVETIRACETAM/	67
<i>klor-con m15</i>	115	<i>latanoprost</i>	124	SODIUM CHLORIDE	
<i>klor-con m20</i>	115	LAZCLUZE	35	<i>levobunolol hcl</i>	124
KLOXXADO	76	<i>leflunomide</i>	108	<i>levocarnitine</i>	94
KOSELUGO	35	<i>lenalidomide</i>	31	<i>levocetirizine</i>	127
<i>kourzeq</i>	137	LENTOCILIN	28	<i>dihydrochloride</i>	
KRAZATI	35	LENVIMA 4 MG DAILY	35	<i>levofloxacin</i>	27,
<i>kristalose</i>	99	DOSE			122
<i>kurvelo</i>	86	LENVIMA 8 MG DAILY	35	<i>levofloxacin in d5w</i>	27
<i>labetalol hydrochloride</i>	46	DOSE		<i>levonest</i>	86
<i>lacosamide</i>	67	LENVIMA 10 MG DAILY	35	<i>levonorgestrel and</i>	87
<i>lactated ringers</i>	113	DOSE		<i>ethinyl estradiol</i>	
<i>lactulose</i>	99,	LENVIMA 12MG DAILY	35	<i>levonorgestrel/ethinyl</i>	87
	100	DOSE		<i>estradiol</i>	
<i>lamivudine</i>	20,	LENVIMA 14 MG DAILY	35	<i>levora 0.15/30-28</i>	87
	23	DOSE		<i>levo-t</i>	95
<i>lamivudine/zidovudine</i>	22	LENVIMA 18 MG DAILY	35	<i>levothyroxine sodium</i>	95,
<i>lamotrigine</i>	67	DOSE			96
<i>lamotrigine er</i>	67	LENVIMA 20 MG	35	LEVOTHYROXINE	95
<i>lamotrigine odt</i>	67	DAILY DOSE		SODIUM	
<i>lamotrigine starter kit/</i>	67	LENVIMA 24 MG DAILY	35	<i>levoxyl</i>	96
<i>blue</i>		DOSE		<i>l-glutamine</i>	106
<i>lamotrigine starter kit/</i>	67	<i>lessina</i>	86	LIBERVANT	68
<i>green</i>		<i>letrozole</i>	31	<i>lidocaine</i>	10,
<i>lamotrigine starter kit/</i>	67	<i>leucovorin calcium</i>	32		135
<i>orange</i>		LEUKERAN	30	<i>lidocaine hcl</i>	43
<i>lansoprazole</i>	102	<i>leuprolide acetate</i>	31	LIDOCAINE HCL	43
		<i>levalbuterol</i>	127	LIDOCAINE HCL IN	43
				D5W	

Drug name	Page	Drug name	Page	Drug name	Page
<i>lidocaine</i>	135	<i>losartan potassium</i>	43	<i>medroxyprogesterone</i>	87,
<i>hydrochloride</i>		<i>losartan potassium/</i>	42	<i>acetate</i>	95
<i>lidocaine</i>	137	<i>hydrochlorothiazide</i>		<i>mefloquine</i>	19
<i>hydrochloride viscous</i>		LOTEMAX	123	<i>hydrochloride</i>	
<i>lidocaine/prilocaine</i>	135	LOTEMAX SM	123	<i>megestrol acetate</i>	31,
<i>lidocaine viscous</i>	137	<i>loteprednol etabonate</i>	123		95
<i>lidocan</i>	135	<i>lovastatin</i>	44	MEKINIST	36
LILETTA	87	<i>low-ogestrel</i>	87	MEKTOVI	36
INTRAUTERINE		<i>loxapine</i>	62	<i>meleya</i>	87
DEVICE		<i>lo-zumandimine</i>	87	<i>meloxicam</i>	11
<i>linezolid</i>	16	LUMAKRAS	35	<i>memantine hcl titration</i>	53
LINEZOLID	16	LUMIGAN	124	<i>pak</i>	
LINZEES	101	LUPRON DEPOT	31	<i>memantine</i>	54
<i>liothyronine sodium</i>	96	LUPRON DEPOT-PED	94	<i>hydrochloride</i>	
<i>lisdexamphetamine</i>	71,	<i>lurasidone</i>	62	<i>memantine</i>	53
<i>dimesylate</i>	72	<i>hydrochloride</i>		<i>hydrochloride er</i>	
<i>lisinopril</i>	41	<i>lutea</i>	87	MENQUADFI	111
<i>lisinopril/</i>	40	<i>lyleq</i>	87	MENVEO	111
<i>hydrochlorothiazide</i>		<i>lyllana</i>	91	<i>meprobamate</i>	53
<i>lithium</i>	75	LYNPARZA	36	<i>mercaptapurine</i>	30
<i>lithium carbonate</i>	74,	LYSODREN	31	<i>meropenem</i>	16
	75	LYTGOBI	36	<i>mesalamine</i>	99
<i>lithium carbonate er</i>	74	<i>lyza</i>	87	<i>mesalamine dr</i>	99
LIVTENCITY	23	<i>magnesium sulfate</i>	114	<i>mesna</i>	32
<i>loestrin 1.5/30-21</i>	87	MAGNESIUM SULFATE	113	<i>metformin</i>	81
<i>loestrin 1/20-21</i>	87	<i>malathion</i>	136	<i>hydrochloride</i>	
<i>loestrin fe 1.5/30</i>	87	<i>maraviroc</i>	20	<i>metformin</i>	81
<i>loestrin fe 1/20</i>	87	<i>marlissa</i>	87	<i>hydrochloride er</i>	
<i>lojaimiess</i>	87	MARPLAN	56	<i>methadone hcl</i>	12
LOKELMA	83	MATULANE	32	<i>methadone</i>	12
LONSURF	30	<i>matzim la</i>	48	<i>hydrochloride</i>	
<i>loperamide</i>	101	MAVYRET	23	<i>methazolamide</i>	49
<i>hydrochloride</i>		<i>meclizine hcl</i>	97	<i>methenamine</i>	16
<i>lopinavir/ritonavir</i>	22	<i>meclizine</i>	97	<i>hippurate</i>	
<i>lorazepam</i>	53	<i>hydrochloride</i>		<i>methenamine</i>	16
<i>lorazepam intensol</i>	53	<i>meclofenamate</i>	11	<i>mandelate</i>	
LORBRENA	35	<i>sodium</i>		<i>methergine</i>	94
<i>loryna</i>	87			<i>methimazole</i>	96
				<i>methotrexate</i>	30

Drug name	Page	Drug name	Page	Drug name	Page
<i>methotrexate sodium</i>	30, 108	<i>miconazole 3</i>	103	MOUNJARO	81
<i>methoxsalen</i>	132	<i>microgestin 1.5/30</i>	87	MOVANTIK	101
<i>methscopolamine</i>	98	<i>microgestin 1/20</i>	87	<i>moxifloxacin</i>	27,
<i>bromide</i>		<i>microgestin fe 1.5/30</i>	88	<i>hydrochloride</i>	122
<i>methsuximide</i>	68	<i>microgestin fe 1/20</i>	88	<i>moxifloxacin</i>	27
<i>methylergonovine</i>	94	<i>midodrine</i>	51	<i>hydrochloride/sodium</i>	
<i>maleate</i>		<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>methylphenidate</i>	72	MIEBO	124	MRESVIA	111
<i>hydrochloride</i>		<i>mifepristone</i>	94	MULTAQ	43
<i>methylphenidate</i>	72	<i>miglitol</i>	81	<i>multiple electrolytes</i>	114
<i>hydrochloride er</i>		<i>mili</i>	88	<i>injection type 1</i>	
METHYLPHENIDATE	72	<i>mimvey</i>	91	<i>multi vitamin/fluoride</i>	115
HYDROCHLORIDE ER		<i>minocycline hcl</i>	29	<i>multivitamin/fluoride</i>	116
<i>methylprednisolone</i>	92	<i>minocycline</i>	29	<i>multi-vitamin/fluoride/</i>	116
<i>methylprednisolone</i>	92	<i>hydrochloride</i>		<i>iron</i>	
<i>acetate</i>		<i>minoxidil</i>	51	<i>mupirocin</i>	131
<i>methylprednisolone</i>	92	<i>mirtazapine</i>	56	<i>mycamine</i>	19
<i>dose pack</i>		<i>mirtazapine odt</i>	56	<i>mycophenolate mofetil</i>	109, 110
<i>methylprednisolone</i>	92	<i>misoprostol</i>	101	<i>mycophenolic acid dr</i>	110
<i>sodium succinate</i>		M-M-R II	111	<i>nabumetone</i>	11
<i>methyltestosterone</i>	77	M-NATAL PLUS	115	<i>nadolol</i>	46
<i>metoclopramide hcl</i>	97	<i>modafinil</i>	76	<i>nafcillin sodium</i>	28
<i>metoclopramide</i>	97	<i>moexipril</i>	41	<i>naloxone hcl</i>	77
<i>hydrochloride</i>		<i>hydrochloride</i>		<i>naloxone</i>	77
<i>metoclopramide odt</i>	97	<i>molindone</i>	62	<i>hydrochloride</i>	
<i>metolazone</i>	50	<i>hydrochloride</i>		NAMZARIC	54
<i>metoprolol/</i>	46	<i>mometasone furoate</i>	129, 134	<i>naproxen</i>	12
<i>hydrochlorothiazide</i>		<i>mondoxyne nl</i>	29	<i>naproxen dr</i>	11, 12
<i>metoprolol succinate</i>	46	<i>mono-lynyah</i>	88	<i>naproxen sodium</i>	12
<i>er</i>		<i>montelukast sodium</i>	127, 128	NAPROXEN SODIUM	11
<i>metoprolol tartrate</i>	46	<i>morphine</i>	14	CR	
<i>metronidazole</i>	16, 17, 135	<i>morphine sulfate</i>	14	<i>naproxen sodium er</i>	11, 12
<i>metronidazole vaginal</i>	103	MORPHINE SULFATE	14	<i>naratriptan</i>	73
<i>metyrosine</i>	51	<i>morphine sulfate er</i>	12	<i>nateglinide</i>	81
<i>mibelas 24 fe</i>	87	MORPHINE SULFATE/	12	NAYZILAM	68
<i>micafungin</i>	19	SODIUM CHLORIDE		<i>nebivolol</i>	46
				<i>hydrochloride</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>necon 0.5/35-28</i>	88	<i>nilutamide</i>	31	<i>nortriptyline hcl</i>	56
<i>nefazodone</i>	56	<i>nimodipine</i>	48	<i>nortriptyline</i>	56
<i>hydrochloride</i>		NINLARO	36	<i>hydrochloride</i>	
<i>neomycin/bacitracin/</i>	122	<i>nisoldipine er</i>	48	NORVIR	20
<i>polymyxin</i>		<i>nitazoxanide</i>	17	NOVOLIN 70/30	79
<i>neomycin/polymyxin/</i>	121	<i>nitisinone</i>	94	NOVOLIN 70/30	78
<i>bacitracin/</i>		NITRO-BID	51	FLEXPEN	
<i>hydrocortisone</i>		<i>nitrofurantoin</i>	17	NOVOLIN N	79
<i>neomycin/polymyxin/</i>	121	<i>macrocrystals</i>		NOVOLIN N FLEXPEN	79
<i>dexamethasone</i>		<i>nitrofurantoin</i>	17	NOVOLIN R	79
<i>neomycin/polymyxin/</i>	122	<i>monohydrate/</i>		NOVOLIN R FLEXPEN	79
<i>gramicidin</i>		<i>macrocrystals</i>		NOVOLOG	79
<i>neomycin/polymyxin/</i>	125	<i>nitroglycerin</i>	51,	NOVOLOG FLEXPEN	79
<i>hc</i>			136	NOVOLOG FLEXPEN	79
<i>neomycin/polymyxin/</i>	121,	NITROGLYCERIN	51	RELION	
<i>hydrocortisone</i>	125	<i>nitroglycerin</i>	51	NOVOLOG MIX 70/30	79
<i>neomycin sulfate</i>	17	<i>transdermal patch</i>		NOVOLOG MIX 70/30	79
NEONATAL PLUS	116	<i>nitroglycerin</i>	51	FLEXPEN	
<i>neo-polycin</i>	122	<i>translingual</i>		NOVOLOG PENFILL	79
<i>neo-polycin hc</i>	121	NIVA-PLUS	116	NOVOLOG RELION	79
NERLYNX	36	<i>nizatidine</i>	99	NUBEQA	31
<i>neuac</i>	131	NORA-BE	88	NULOJIX	110
NEUDEXTA	75	<i>norelgestromin/ethinyl</i>	88	NUPLAZID	62
<i>nevirapine</i>	20	<i>estradiol</i>		NURTEC	73
<i>nevirapine er</i>	20	<i>norethindrone</i>	88	NUTRILIPID	119
NEXAVAR	36	<i>norethindrone acetate</i>	95	NUZYRA	29
NEXLETOL	45	<i>norethindrone acetate/</i>	88,	<i>nyamyc</i>	132
NEXLIZET	45	<i>ethinyl estradiol</i>	91	<i>nylia 1/35</i>	88
NEXPLANON	88	<i>norethindrone acetate/</i>	88	<i>nylia 7/7/7</i>	88
<i>niacin</i>	45	<i>ethinyl estradiol/</i>		<i>nystatin</i>	19,
<i>niacin er</i>	45	<i>ferrous fumarate</i>			132,
<i>niacro</i>	45	<i>norgestimate/ethinyl</i>	88		137
<i>nicardipine hcl</i>	48	<i>estradiol</i>		<i>nystop</i>	132
NICOTROL NS	77	NORITATE	136	OCELLA	88
<i>nifedipine er</i>	48	<i>norlyroc</i>	88	OCTAGAM	109
<i>nikki</i>	88	NORPACE CR	43	<i>octreotide acetate</i>	94
<i>nilotinib</i>	36	<i>nortrel 0.5/35 (28)</i>	88	ODEFSEY	22
NILOTINIB	36	<i>nortrel 1/35</i>	88	ODMZO	36
		<i>nortrel 7/7/7</i>	88		

Drug name	Page	Drug name	Page	Drug name	Page
OFEV	128	oxazepam	53	PENICILLIN G	28
ofloxacin	122, 125	oxcarbazepine	68	POTASSIUM IN ISO-OSMOTIC DEXTROSE	
OGSIVEO	36	oxybutynin chloride	103	penicillin g sodium	28
OJEMDA	36	oxybutynin chloride er	103	penicillin v potassium	29
OJJAARA	36	oxycodone/acetaminophen	14	PENTACEL	111
olanzapine	62	oxycodone hcl	14	pentamidine isethionate	17
olanzapine odt	62	oxycodone hydrochloride	14	pentoxifylline er	106
olmesartan medoxomil	43	oxymorphone hydrochloride	14	perampanel	68
olmesartan medoxomil/amlodipine/hydrochlorothiazide	42	OZEMPIC	81	perindopril erbumine	41
olmesartan medoxomil/hydrochlorothiazide	42	pacerone	44	periogard	137
olopatadine hcl	127	paliperidone er	63	permethrin	136
omega-3-acid ethyl esters	45	pamidronate disodium	82	perphenazine	63
omeprazole	102	PAMIDRONATE	82	perphenazine/amitriptyline	57
omeprazole dr	102	DISODIUM		phenelzine sulfate	57
ONCASPAR	32	PANRETIN	136	phenobarbital	68
ondansetron hcl	97	pantoprazole sodium	102	phenobarbital sodium	68
ondansetron hydrochloride	97	paricalcitol	96	phenyteck	68
ondansetron odt	97	paroxetine hcl	56	phenytoin	68
ONUREG	30	paroxetine hcl er	56	phenytoin sodium	68
OPIPZA	62, 63	paroxetine hydrochloride	56, 57	phenytoin sodium extended	68
OPSUMIT	52	PAXLOVID	23	philith	89
oralone dental paste	137	pazopanib hydrochloride	36	PHOSPHOLINE IODIDE	124
ORGOVYX	31	PEDIARIX	111	PIFELTRO	20
ORKAMBI	128	PEDVAX HIB	111	pilocarpine hcl	124
ORSERDU	31	peg-3350/electrolytes	100	pilocarpine hydrochloride	124, 137
orsythia	89	peg-3350/nacl/na bicarbonate/kcl	100	pimecrolimus	136
oseltamivir phosphate	23	PEGASYS	24	pimozide	63
oxacillin sodium	28	PEMAZYRE	37	pimtrea	89
oxaprozin	12	PENBRAYA	111	pindolol	46
		penicillamine	83	pioglitazone hcl	81
		penicillin g potassium	28	pioglitazone hcl-glimepiride	81

Drug name	Page	Drug name	Page	Drug name	Page
<i>pioglitazone hcl/</i>	81	POTASSIUM	114	PREZCOBIX	22
<i>metformin hcl</i>		CHLORIDE/SODIUM		PREZISTA	20
<i>pioglitazone</i>	81	CHLORIDE		PRIFTIN	22
<i>hydrochloride</i>		<i>potassium citrate er</i>	102	<i>primaquine phosphate</i>	19
<i>piperacillin sodium/</i>	29	PRADAXA	105	<i>primidone</i>	68
<i>tazobactam sodium</i>		<i>pramipexole</i>	59	PRIORIX	111
PIQRAY 200MG DAILY	37	<i>dihydrochloride</i>		PRIVIGEN	109
DOSE		<i>pramipexole</i>	59	<i>probenecid</i>	10
PIQRAY 250MG DAILY	37	<i>dihydrochloride er</i>		<i>probenecid/colchicine</i>	10
DOSE		<i>prasugrel</i>	106	<i>prochlorperazine</i>	97
PIQRAY 300MG	37	<i>hydrochloride</i>		<i>prochlorperazine</i>	97
<i>pirfenidone</i>	128	<i>pravastatin sodium</i>	44	<i>edisylate</i>	
<i>piroxicam</i>	12	<i>praziquantel</i>	17	<i>prochlorperazine</i>	97
PLENVU	100	<i>prazosin hydrochloride</i>	41	<i>maleate</i>	
PNV PRENATAL PLUS	116	<i>prednisolone</i>	92	PROCRIT	105
MULTIVITAMIN		<i>prednisolone acetate</i>	123	<i>proctocort</i>	136
<i>podofilox</i>	136	<i>prednisolone sodium</i>	92	<i>procto-med hc</i>	136
<i>polycin ointment</i>	122	<i>phosphate</i>		<i>proctosol hc</i>	136
<i>polymyxin b sulfate/</i>	122	PREDNISOLONE	123	<i>proctozone-hc</i>	136
<i>trimethoprim sulfate</i>		SODIUM PHOSPHATE		<i>progesterone</i>	95
POMALYST	31	<i>prednisone</i>	93	PROGRAF	110
<i>portia-28</i>	89	PREDNISON	92	PROLASTIN-C	128
<i>posaconazole</i>	19	INTENSOL		<i>promethazine hcl</i>	97
<i>posaconazole dr</i>	19	<i>prednisone tablet</i>	93	<i>promethazine</i>	97,
<i>potassium chloride</i>	114,	<i>therapy pack</i>		<i>hydrochloride</i>	98
	116	<i>pregabalin</i>	68	<i>promethegan</i>	98
POTASSIUM	114	<i>pregabalin er</i>	75	<i>propafenone hcl</i>	44
CHLORIDE		PREMARIN	91	<i>propafenone</i>	44
POTASSIUM	114	PREMASOL	120	<i>hydrochloride</i>	
CHLORIDE/DEXTROSE		PREMPRO	92	<i>propafenone</i>	44
POTASSIUM	114	PRENATAL	117	<i>hydrochloride er</i>	
CHLORIDE/		PRENATAL PLUS	116	<i>proparacaine hcl</i>	124
DEXTROSE/SODIUM		VITAMIN AND		<i>propranolol hcl</i>	47
CHLORIDE		MINERAL		<i>propranolol</i>	47
<i>potassium chloride er</i>	116	PRETOMANID	22	<i>hydrochloride</i>	
<i>potassium chloride/</i>	114	<i>prevalite</i>	45	<i>propranolol</i>	47
<i>sodium chloride</i>		PREVIDENT 5000	137	<i>hydrochloride er</i>	
		ENAMEL PROTECT		<i>propylthiouracil</i>	96
		PREVYMIS	24		

Drug name	Page	Drug name	Page	Drug name	Page
PROQUAD	111	REPATHAT	45	ropinirole er	59
protriptyline hcl	57	RESTASIS	124	ropinirole hcl	59
PULMOZYME	128	RESTASIS MULTIDOSE	124	ropinirole	59
PURIXAN	30	RETEVMO	37	hydrochloride	
PYCHIVA	107	REVCovi	94	rosuvastatin calcium	44
pyrazinamide	22	REVUFORJ	37	rosyrah	89
pyridostigmine	75	REXULTI	63	ROTARIX	111
bromide		REYATAZ	20	ROTATEQ	111
pyridostigmine	75	REZDIFFRA	94	roweepra	68
bromide er		REZLIDHIA	37	ROZLYTREK	37
pyrimethamine	17	REZUROCK	110	ROZYL TREK	37
PYZCHIVA	107	RHOPRESSA	124	RUBRACA	37
QINLOCK	37	ribavirin	24	rufinamide	68
QUADRACEL	111	rifabutin	23	RUKOBIA	20
quetiapine fumarate	63	rifampin	23	RYBELSUS	81
quetiapine fumarate er	63	riluzole	75	RYDAPT	37
quinapril hydrochloride	41	rimantadine	24	sajazir	106
quinapril/	40	RINGERS INJECTION	114	SANTYL	136
hydrochlorothiazide		RINVOQ	107	sapropterin	94
quinidine sulfate	44	RINVOQ LQ	107	dihydrochloride	
quinine sulfate	19	risedronate sodium	82	SCSEMBLIX	37
QULIPTA	73	risedronate sodium dr	82	scopolamine patch	98
RABAVERT	111	risperidone	63,	SECUADO	64
rabeprazole sodium	102		64	selegiline hcl	59
RALDESY	57	risperidone er	63	selenium sulfide	132
raloxifene	94	risperidone odt	63	SELZENTRY	20
hydrochloride		ritonavir	20	SEREVENT DISKUS	127
ramipril	41	rivaroxaban	105	sertraline hcl	57
ranolazine er	51	rivastigmine tartrate	54	sertraline	57
rasagiline mesylate	59	rivastigmine	54	hydrochloride	
reclipsen	89	transdermal		setlakin	89
RECOMBIVAX HB	111	rizatriptan benzoate	74	sf	137
REGRANEX	136	rizatriptan benzoate	73	sharobel	89
RELENZA DISKHALER	24	odt		SHINGRIX	111
repaglinide	81	ROCKLATAN	124	SIGNIFOR	95
REPATHA	45	roflumilast	128	SIKLOS	106
PUSHTRONEX		romidepsin	37	sildenafil	52
REPATHA SURECLICK	45	ROMVIMZA	37	sildenafil citrate	52

Drug name	Page	Drug name	Page	Drug name	Page
<i>silodosin</i>	102	SOLTAMOX	31	<i>sulfacetamide sodium/</i>	121
<i>silver sulfadiazine</i>	131	SOLU-CORTEF	93	<i>prednisolone sodium</i>	
SIMBRINZA	124	SOMATULINE DEPOT	95	<i>phosphate</i>	
<i>simliya</i>	89	SOMAVERT	95	<i>sulfadiazine</i>	17
<i>simpesse</i>	89	<i>sorafenib tosylate</i>	37	<i>sulfamethoxazole/</i>	17
<i>simvastatin</i>	45	<i>sotalol hcl</i>	44	<i>trimethoprim</i>	
<i>sirolimus</i>	110	<i>sotalol hydrochloride</i>	44	<i>sulfamethoxazole/</i>	17
SIRTURO	23	<i>sotalol hydrochloride</i>	44	<i>trimethoprim ds</i>	
SIVEXTRO	17	(af)		SULFAMYLON	131
SKYRIZI	107	SOTYKTU	107	<i>sulfasalazine</i>	99
SKYRIZI PEN	107	SPIRIVA RESPIMAT	126	<i>sulindac</i>	12
<i>sodium bicarbonate</i>	114	<i>spironolactone</i>	41	<i>sumatriptan</i>	74
SODIUM	114	<i>spironolactone/</i>	50	<i>sumatriptan/naproxen</i>	74
BICARBONATE		<i>hydrochlorothiazide</i>		<i>sodium</i>	
<i>sodium chloride</i>	115	<i>sprintec 28</i>	89	<i>sumatriptan succinate</i>	74
SODIUM CHLORIDE	114	SPRITAM	69	<i>sumatriptan succinate</i>	74
<i>sodium chloride 0.9%</i>	136	<i>sps combination</i>	83	<i>refill</i>	
<i>sodium chloride</i>	114	<i>sps rectal</i>	83	<i>sunitinib</i>	37
<i>0.45%</i>		<i>sronyx</i>	89	SUNLENCA	20,
<i>sodium fluoride</i>	117	SSD	131		21
<i>sodium fluoride 5000</i>	137	STELARA	107,	SUNLENCA TABLET	21
<i>ppm</i>			108	THERAPY PACK	
<i>sodium fluoride 5000</i>	137	<i>sterile water for</i>	136	SUPREP BOWEL PREP	100
<i>ppm dry mouth</i>		<i>irrigation solution</i>		SUTAB	100
SODIUM FLUORIDE	137	STIVARGA	37	<i>syeda</i>	89
5000 PPM SENSITIVE		<i>streptomycin sulfate</i>	17	SYMLINPEN 60	81
SODIUM FLUORIDE/	137	STRIBILD	22	SYMLINPEN 120	81
POTASSIUM NITRATE/		<i>subvenite</i>	69	SYMPAZAN	69
SENSITIVE		<i>subvenite starter kit/</i>	69	SYMTUZA	22
SODIUM OXYBATE	76	<i>blue</i>		SYNAREL	95
<i>sodium phenylbutyrate</i>	95	<i>subvenite starter kit/</i>	69	SYNTHROID	96
<i>sodium polystyrene</i>	83	<i>green</i>		TABLOID	30
<i>sulfonate</i>		<i>subvenite starter kit/</i>	69	TABRECTA	37
SODIUM SULFATE/	100	<i>orange</i>		<i>tacrolimus</i>	110,
POTASSIUM SULFATE/		<i>sucralfate</i>	101		136
MAGNESIUM SULFATE		<i>sulfacetamide sodium</i>	122,	<i>tadalafil</i>	52,
<i>solifenacin succinate</i>	103		131		102
SOLIQUA 100/33	79			TAFINLAR	38

Drug name	Page	Drug name	Page	Drug name	Page
TAGRISSO	38	tetracycline	29	topiramate er	69
TALZENNA	38	hydrochloride		toremifene citrate	31
tamoxifen citrate	31	THALOMID	31	torpenz	38
tamsulosin	102	theophylline	128,	torsemide	50
hydrochloride			129	TOUJEO MAX	79
tarina 24 fe	89	theophylline er	129	SOLOSTAR	
tarina fe 1/20 eq	89	thioridazine	64	TOUJEO SOLOSTART	79
tasimelteon	73	hydrochloride		TPN ELECTROLYTES	115
TAVNEOS	106	thiothixene	64	TRADJENTA	82
tazarotene	132	tiadylt er	48	tramadol	13
tazicef	26	tiagabine	69	tramadol	15
TAZVERIK	38	hydrochloride		hydrochloride	
TECVAYLI	38	TIBSOSVO	38	tramadol	15
TEFLARO	26	ticagrelor	106	hydrochloride/	
telmisartan	43	TICOVAC	112	acetaminophen	
telmisartan/	42	tigecycline	29	tramadol	13
amlodipine		tilia fe	89	hydrochloride er	
telmisartan/	42	timolol maleate	47,	trandolapril	41
hydrochlorothiazide			124	trandolapril/verapamil	40
temazepam	73	tinidazole	17	hcl er	
TENIVAC	112	TIVICAY	21	tranexamic acid	106
tenofir disoprixil	21	TIVICAY PD	21	tranexamic acid/	106
fumarate		tizanidine hcl	76	sodium chloride	
TEPMETKO	38	tizanidine	76	tranylcypromine	57
terazosin	41	hydrochloride		sulfate	
terazosin	41	TOBI PODHALER	17	TRAVASOL	120
hydrochloride		TOBRADEX	121	travoprost	124
terbinafine hcl	19	TOBRADEX ST	121	trazodone	57
terbutaline sulfate	127	tobramycin	17,	hydrochloride	
terconazole	103		122	TRECATOR	23
teriflunomide	75	tobramycin/	121	TRELEGY ELLIPTA	125
teriparatide	83	dexamethasone		TREMFYA	108
testosterone	77	tobramycin sulfate	17	TREMFYA INDUCTION	108
testosterone cypionate	77	tolterodine tartrate	103	PACK FOR CROHNS	
testosterone enanthate	77	tolterodine tartrate er	103	DISEASE	
testosterone pump	77	tolvaptan tablet	95	treprostinil	52
tetrabenazine	75	therapy pack		tretinoin	32,
		topiramate	69		131

Drug name	Page	Drug name	Page	Drug name	Page
<i>triamcinolone</i>	93,	TRIUMEQ PD	22	<i>valsartan/</i>	42
<i>acetonide</i>	134,	<i>tri-vite/fluoride</i>	117	<i>hydrochlorothiazide</i>	
	135	<i>tri-vylibra</i>	90	VALTOCO 5 MG DOSE	70
<i>triamcinolone</i>	137	<i>tri-vylibra lo</i>	90	VALTOCO 10 MG DOSE	69
<i>acetonide dental paste</i>		TROGARZO	21	VALTOCO 15 MG DOSE	70
<i>triamterene/</i>	50	<i>trospium chloride</i>	103	VALTOCO 20 MG	70
<i>hydrochlorothiazide</i>		<i>trospium chloride er</i>	103	DOSE	
<i>triazolam</i>	73	TRULICITY	82	<i>valtya 1/50</i>	90
<i>tridacaine</i>	135	TRUMENBA	112	<i>vancomycin</i>	18
<i>tridacaine ii</i>	135	TRUQAP	38	VANCOMYCIN	18
<i>trientine hydrochloride</i>	83	TRUQAP TABLET	38	<i>vancomycin hcl</i>	18
<i>tri-estarylla</i>	89	THERAPY PACK		VANCOMYCIN HCL	18
<i>trifluoperazine hcl</i>	64	TRUXIMA	38	<i>vancomycin</i>	18
<i>trifluoperazine</i>	64	TUKYSA	38	<i>hydrochloride</i>	
<i>hydrochloride</i>		TURALIO	38	VANCOMYCIN	18
<i>trifluridine</i>	122	<i>turqoz</i>	90	HYDROCHLORIDE	
<i>trihexyphenidyl hcl</i>	59	TWINRIX	112	VANFLYTA	38
<i>trihexyphenidyl</i>	59	TYBOST	21	VAQTA	112
<i>hydrochloride</i>		<i>tydemy</i>	90	<i>varenicline starting</i>	77
TRIJARDY XR	82	TYENNE	108	<i>month</i>	
TRIKAFTA TABLET	129	TYPHIM VI	112	<i>varenicline tartrate</i>	77
THERAPY PACK		UBRELVY	74	VARIVAX	112
TRIKAFTA THERAPY	129	<i>unithroid</i>	96	VASCEPA	45
PACK		UPTRAVI	52	VAXCHORA	112
<i>tri-legest fe</i>	89	UPTRAVI TITRATION	52	<i>velivet</i>	90
<i>tri-lynyah</i>	89	PACK		VELSIPITY	108
<i>tri-lo-estarylla</i>	89	<i>ursodiol</i>	101	VENCLEXTA	38
<i>tri-lo-marzia</i>	89	USTEKINUMAB	108	VENCLEXTA	38
<i>tri-lo-mili</i>	89	<i>valacyclovir</i>	24	STARTING PACK	
<i>tri-lo-sprintec</i>	89	<i>hydrochloride</i>		VENLAFAXINE	57
<i>trimethobenzamide</i>	98	VALCHLOR	136	BESYLATE ER	
<i>hydrochloride</i>		<i>valganciclovir</i>	24	<i>venlafaxine</i>	58
<i>trimethoprim</i>	17	<i>valganciclovir</i>	24	<i>hydrochloride</i>	
<i>tri-mili</i>	89	<i>hydrochloride</i>		<i>venlafaxine</i>	57,
<i>trimipramine maleate</i>	57	<i>valproate sodium</i>	69	<i>hydrochloride er</i>	58
TRINTELLIX	57	<i>valproic acid</i>	69	VEOZAH	95
<i>tri-sprintec</i>	90	<i>valsartan</i>	43	<i>verapamil hcl</i>	49
TRIUMEQ	22				

Drug name	Page	Drug name	Page	Drug name	Page
<i>verapamil hcl er</i>	48, 49	<i>vylibra</i>	90	XPOVIO 80 MG TWICE WEEKLY	39
<i>verapamil hcl sr</i>	49	VYZULTA	124	XPOVIO TABLET THERAPY PACK	39
VERAPAMIL HCL SR	49	<i>warfarin</i>	105	XTANDI	31
<i>verapamil hydrochloride</i>	49	WELIREG	32	<i>xulane</i>	90
<i>verapamil hydrochloride er</i>	49	<i>wera</i>	90	XULTOPHY	79
VERQUVO	51	WESTAB PLUS	117	YESINTEK	108
VERSACLOZ	64	WINREVAIR	52	YF-VAX	112
VERZENIO	38	<i>wixela inhub</i>	130	YONSA	31
<i>vestura</i>	90	<i>wymzya fe</i>	90	<i>yuvaferm</i>	92
<i>vienva</i>	90	WYOST	83	<i>zafemy</i>	90
<i>vigabatrin</i>	70	XALKORI	39	<i>zafirlukast</i>	128
<i>vigadrone</i>	70	<i>xarah fe</i>	90	<i>zaleplon</i>	73
VIGAFYDE	70	XARELTO	105	ZARXIO	105
VIKTRAVI	39	XARELTO STARTER PACK	105	ZEGALOGUE	93
<i>vilazodone hydrochloride</i>	58	XATMEP	108	ZEJULA	39
VIMKUNYA	112	XCOPRI	70	ZELBORAF	39
<i>viorele</i>	90	XCOPRI	70	<i>zenatane</i>	131
VIRACEPT	21	MAINTENANCE THERAPY PACK		<i>zenzedi</i>	72
VIREAD	21	XCOPRI TABLET	70	ZERVIAE	123
VITRAKVI	38	TITRATION THERAPY PACK		<i>zidovudine</i>	21
VIVITROL	77	XCOPRI TITRATION THERAPY PACK	70	<i>ziprasidone hcl</i>	64
VIVOTIF	112	XDEMVI	122	<i>ziprasidone mesylate</i>	64
VIZIMPRO	39	XELJANZ	108	ZIRABEV	39
<i>volnea</i>	90	XELJANZ XR	108	ZIRGAN	122
VONJO	39	<i>xelria fe</i>	90	<i>zoledronic acid</i>	83
VOQUEZNA DUAL PAK	101	XERMELO	101	ZOLEDRONIC ACID	83
VOQUEZNA TRIPLE PAK	101	XHANCE EXHALER	129	ZOLINZA	39
VORANIGO	39	XIFAXAN	101	<i>zolmitriptan</i>	74
<i>voriconazole</i>	19	XIGDUO XR	82	<i>zolmitriptan odt</i>	74
VOSEVI	24	XIIDRA	124	<i>zolpidem tartrate</i>	73
VOWST	101	XOLAIR	129	<i>zomig</i>	74
VRAYLAR	64	XOSPATA	39	ZONISADE	70
<i>vyfemla</i>	90	XPOVIO 60 MG TWICE WEEKLY	39	<i>zonisamide</i>	70
				<i>zovia 1/35</i>	90
				ZTALMY	70

Drug name	Page
<i>zumandimine</i>	90
ZURZUVAE	58
ZYCLARA	136
ZYDELIG	39
ZYKADIA	40
ZYLET	121

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: **711**). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE) : 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ በዚህ ሰነድ ላይ ወዳለዉ ቁጥር ይደውሉ። (Amharic)

(Arabic) للحصول على خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة.

如欲使用免費語言服務，請致電本文件上的電話號碼。(Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。(Japanese)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျီၣ်လၢၣ်စ့ၤ လၢနဂီၢ်အဂီၢ်, ကိးနီၣ်ဂီၢ် လၢအအိၣ်ဖဲလၢၢ်တီလၢၢ်မိအံၤအဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요.
(Korean)

ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ, ໃຫ້ໂທຫາເບີໂທໃນເອກະສານນີ້.
(Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

(Persian) برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید.

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

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NOA-Medicare-1557-1

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-800-307-4830 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)** and choose “Manage your prescription drugs.”

