

2025 Cigna Healthcare Comprehensive Formulary (List of Covered Drugs or “Drug List”)

Please read:

**This document contains information about all
the drugs we cover in this plan.**



HPMS Approved Formulary File Submission 00025271.

This formulary was updated on 09/19/2024. For more recent information or other questions, please contact Cigna Healthcare Customer Service at 1-800-668-3813 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit [CignaMedicare.com](https://www.CignaMedicare.com). The Formulary, pharmacy network and/or provider network may change at any time. For a complete list of Contract/PBP numbers this document applies to, please refer to the back cover of this document.

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

Important Message About What You Pay for Vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Note to existing customers: 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 Cigna Healthcare. When it refers to “plan” or “our plan,” it means your Cigna Healthcare Medicare Advantage Plan.

This document includes a Drug List (formulary) for our plans, which is current as of 09/19/2024. For a complete updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Cigna Healthcare Comprehensive 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 Cigna Healthcare 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. Cigna Healthcare will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna Healthcare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

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: [CignaMedicare.com](https://www.cignamedicare.com).

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

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

formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception for you and continue to cover for you the drug that is being changed. For more information, see the section titled “How do I request an exception to the Cigna Healthcare Drug List?”

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 drug list and later provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers 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 and/or studies. If we remove drugs from our drug list, 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 customers of the change at least 30 days before the change becomes

effective. Alternatively, when a customer 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 Cigna Healthcare Drug List?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 customers taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed drug list is current as of 09/19/2024. To get updated information about the drugs covered by Cigna Healthcare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The drug list begins on page 8. The drugs in this drug list 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, HYPERTENSION /LIPIDS”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drug Index that begins on page 90. The Covered Drug Index provides an alphabetical list of all 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 Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

Cigna Healthcare 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” to tell 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:** Cigna Healthcare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill these prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for a total quantity of 30 per 30 days) or three-month supply (for a total quantity of 90 per 90 days).

- **Step Therapy:** In some cases, Cigna Healthcare 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, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high-cost drugs may be subject to a non- extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page . 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 drug list, appears on the front and back cover pages.

You can ask Cigna Healthcare 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 Cigna Healthcare drug list?” on page 3 for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor (or other prescriber) is important to your health. We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna Healthcare coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Some plans may offer a \$0 copay for Tier 1 and Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Refer to your Evidence of Coverage (EOC) for your plan’s specific cost-sharing amounts.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered in the Cigna Healthcare drug list, talk with your doctor about alternative medications which are covered on the drug list.

What if my drug is not on the Drug List?

If your drug is not included in this drug list, you should first contact Customer Service and ask if your drug is covered.

If you learn that Cigna Healthcare does not cover your drug, you have two options:

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

How do I request an exception to the Cigna Healthcare Drug List?

You can ask Cigna Healthcare 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 drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Cigna Healthcare 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. This applies to the following circumstances:

- If the drug you're taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
- If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
- If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost-sharing level.

Generally, Cigna Healthcare will only approve your request for an exception if the alternative drug is included in our drug list, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction.

When you request an 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 existing customer in our plan you may be taking drugs that are not in our drug list. Or you may be taking a drug that is on our drug list 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 drug list 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 up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list 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 without a drug list exception, even if you have been a customer 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 drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna Healthcare will allow a one-time 31-day supply (unless the prescription is written for fewer days).



For more information

For more detailed information about your Cigna Healthcare prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your most recent EOC, go to

CignaMedicare.com/resources.

If you have questions about Cigna Healthcare, please contact us. Our contact information, along with the date we last updated the drug list, 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>.

Cigna Healthcare's Drug List

The drug list that begins on page 8, provides coverage information about all of the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 90.

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

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

We or your prescriber provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 8. (For example: atorvastatin 40mg QL (30/30); this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

Some Cigna Healthcare plans offer 100-day extended supplies for certain medications at tier 1 and tier 2. Please refer to your Evidence of Coverage (EOC) for more information about this coverage. To access a copy of your most recent EOC, go to CignaMedicare.com/resources.

What is a preferred network pharmacy?

If your plan has preferred network pharmacies, you will typically save money by using these pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. If you need help finding a network pharmacy, please call Customer Service at 1-800-668-3813 (TTY 711), or you can visit CignaMedicare.com for the most current Pharmacy Directory.

Drug Tier and Cost-Sharing

Cigna Healthcare covers both brand name drugs and generic drugs. The amount you pay for a prescription drug depends on which tier your drug is in. In general, the higher the tier number, the higher your cost for the drug.

For insulins that are covered by our plans, you will pay only \$35 for each 30-day script and \$0 for each covered adult vaccine.

For long-term care (LTC) you can get up to a 31-day supply.

At an out-of-network pharmacy you will pay the in-network pharmacy copay or percentage of the cost plus the amount that the out of network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges. If you receive Extra Help, these costs do not apply. You typically pay only a low copay.

Tier 1 - Preferred Generic Drugs: This tier includes commonly prescribed generic drugs. Drugs in Tier 1 will typically be your most affordable option.

Tier 2 - Generic Drugs: This tier includes generic drugs, but generally cost a little more than preferred generic drugs. Drugs in Tier 2 typically have low copayments.

Tier 3 - Preferred Brand Drugs: This tier includes preferred brand-name drugs as well as some generic drugs. Keep in mind that the tier name "Preferred Brand Drugs" is just a description of the majority of the drugs in the tier. It does not mean that there are only brand-name drugs in this tier.

Tier 4 - Non-Preferred Drugs: This tier includes higher-priced brand name drugs and generic drugs not in a preferred tier. There may be lower-cost alternatives for you. Ask your doctor about switching to a covered drug on a lower tier.

Tier 5 - Specialty Tier drugs: This tier includes high-cost drugs. For most plans, you will pay a percentage of total drug costs in this tier, called coinsurance. Drugs in Tier 5 are the most expensive drugs on the drug list.

Cost-sharing amounts for each tier vary by Cigna Healthcare plan. Refer to your Evidence of Coverage (EOC) for your plan's specific cost-sharing amounts. To access a copy of your most recent EOC, visit CignaMedicare.com/resources.

Cigna Healthcare is not always able to keep all generic medications in the Preferred Generic and Generic drug tiers. Some generic medications may be in Tier 3, Tier 4 or Tier 5.

For customers receiving Extra Help: Your Low-Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

Drug List Table of Contents:

The drugs on the drug list are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list below. Then look under the category name within the drug list for your drug.

	Page
ANTI – INFECTIVES.....	8
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	18
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	29
CARDIOVASCULAR, HYPERTENSION / LIPIDS	47
DERMATOLOGICALS/TOPICAL THERAPY	53
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	58
EAR, NOSE / THROAT MEDICATIONS	60
ENDOCRINE/DIABETES.....	61
GASTROENTEROLOGY.....	67
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY.....	70
MISCELLANEOUS SUPPLIES.....	73
MUSCULOSKELETAL / RHEUMATOLOGY.....	75
OBSTETRICS / GYNECOLOGY.....	77
OPHTHALMOLOGY.....	81
RESPIRATORY AND ALLERGY.....	83
UROLOGICALS	86
VITAMINS, HEMATINICS / ELECTROLYTES.....	87

Drug List Key:

B/D – This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

EX – Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-800-668-3813 (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays, or visit [CignaMedicare.com/resources](https://www.CignaMedicare.com/resources).

NDS – Non-extended day supply medication. This drug is only available for a one-month supply.

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

V – This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Generally all medications on the drug list are available through mail-order, except when special circumstances or situations prohibit mailing a particular medication to your home.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>casprofungin</i>	4	PA
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	5	NDS
<i>fluconazole</i>	2	
<i>fluconazole in nacl (iso-osm)</i>	4	PA
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>itraconazole oral solution</i>	5	NDS
<i>ketoconazole oral</i>	2	
<i>micafungin</i>	4	
MICAFUNGIN IN 0.9 % SODIUM CHL	5	
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>voriconazole intravenous</i>	5	PA; NDS
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
ANTIVIRALS		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir</i>	4	
<i>amantadine hcl</i>	3	
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	3	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60/30)
BARACLUDGE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	5	QL (30/30); NDS
<i>darunavir oral tablet 600 mg</i>	5	QL (60/30); NDS
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	5	QL (30/30); NDS
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabin-tenofovir</i>	5	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	5	NDS
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	4	QL (680/28)
<i>entecavir</i>	4	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
<i>etravirine</i>	5	QL (60/30); NDS
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	3	QL (60/30)
<i>fosamprenavir</i>	5	QL (120/30); NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	4	QL (60/30)
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	QL (180/30)
JULUCA	5	NDS
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
LIVTENCITY	5	PA; LA; QL (120/30); NDS
<i>lopinavir-ritonavir oral solution</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
MAVYRET ORAL PELLETS IN PACKET	5	PA; QL (168/28); NDS
MAVYRET ORAL TABLET	5	PA; QL (84/28); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir</i>	3	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (20/90)

Drug Name	Drug Tier	Requirements /Limits
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30/90)
PIFELTRO	5	NDS
PREVYMIS ORAL	5	QL (30/30); NDS
PREZCOBIX	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 75 MG	3	QL (480/30)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	2	
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NDS

CAPITALIZED = BRAND NAME DRUG

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 10 MG	4	QL (60/30)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	4	QL (300/30)
TROGARZO	5	NDS
TYBOST	3	
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	5	QL (270/30); NDS
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	3	QL (1680/28)
<i>zidovudine oral tablet</i>	3	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3	
<i>cefaclor oral tablet extended release 12 hr</i>	3	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefepime oral capsule</i>	2	
<i>cefepime oral suspension for reconstitution</i>	3	
CEFEPIME IN DEXTROSE 5 %	4	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
CEFEPIME INTRAVENOUS	4	PA
<i>cefepime</i>	4	
<i>cefepime</i>	4	PA
<i>cefepime in dextrose, iso-osm</i>	4	PA

Drug Name	Drug Tier	Requirements /Limits
<i>cefepime</i>	2	
<i>cefepime</i>	2	
<i>cefepime</i>	4	PA
<i>cefepime in dextrose, iso-os</i>	4	
<i>cefepime injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	
<i>cefepime intravenous</i>	4	
<i>cefepime axetil oral tablet</i>	2	
<i>cefepime sodium injection recon soln 750 mg</i>	4	PA
<i>cefepime sodium intravenous</i>	4	PA
<i>cefepime oral capsule 250 mg, 500 mg</i>	1	
<i>cefepime oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	3	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin lactobionate</i>	4	PA
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	2	
<i>aztreonam injection recon soln 1 gram</i>	3	PA
<i>aztreonam injection recon soln 2 gram</i>	5	PA; NDS
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	PA
CLINDAMYCIN IN 5 % DEXTROSE	4	PA
<i>clindamycin palmitate hcl</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	5	PA; NDS
<i>cycloserine</i>	5	NDS
<i>dapsone oral</i>	3	
DAPTOMYCIN IN 0.9 % SOD CHLOR	5	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	3	
FIRVANQ	4	QL (450/10)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin injection solution 40 mg/ml</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>hydroxychloroquine</i>	2	
<i>imipenem-cilastatin</i>	4	
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	PA
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	4	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	3	
MEROPENEM-0.9% SODIUM CHLORIDE	4	
<i>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet</i>	2	
<i>neomycin</i>	2	
<i>nitazoxanide</i>	5	QL (20/10); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
ORBACTIV	5	PA; QL (3/30); NDS
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	3	
<i>polymyxin b sulfate</i>	4	PA
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	3	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/30)
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	
SIRTURO ORAL TABLET 100 MG	5	PA; LA; NDS
SIRTURO ORAL TABLET 20 MG	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
STREPTOMYCIN	5	PA; NDS
<i>tigecycline</i>	5	PA; NDS
<i>tinidazole</i>	4	
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
TRECTOR	3	

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4	
<i>vancomycin oral capsule 125 mg</i>	3	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	3	PA; QL (80/10)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS

PENICILLINS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	5	NDS
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
EXTENCILLINE	4	PA

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection</i>	4	PA
<i>oxacillin</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	2	
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
ZOSYN IN DEXTROSE (ISO-OSM)	4	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	PA
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TETRACYCLINES		
<i>demeclocycline</i>	4	
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	4	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	2	
NUZYRA INTRAVENOUS	5	PA; NDS
NUZYRA ORAL	5	NDS
<i>tetracycline oral capsule</i>	2	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin monohyd/m-cryst</i>	3	

<i>trimethoprim</i>	2	
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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium injection</i>	4	
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<i>leucovorin calcium oral</i>	3	
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<i>mesna</i>	4	B/D PA
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MESNEX ORAL	5	NDS
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XGEVA	5	PA; QL (1.7/28); NDS
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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
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<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
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ABRAXANE	5	PA; NDS
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ADCETRIS	5	PA; NDS
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ADSTILADRIN	5	PA; QL (4/90); NDS
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AKEEGA	5	PA; LA; QL (60/30); NDS
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ALECENSA	5	PA; QL (240/30); NDS
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ALIQOPA	5	PA; NDS
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ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
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Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS

ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (180/30); NDS
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<i>anastrozole</i>	1	
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ANKTIVA	5	PA; NDS
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<i>arsenic trioxide</i>	5	B/D PA; NDS
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AUGTYRO	5	PA; QL (240/30); NDS
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AYVAKIT	5	PA; LA; QL (30/30); NDS
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<i>azacitidine</i>	4	B/D PA
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<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA
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<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
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<i>azathioprine sodium</i>	4	B/D PA
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BALVERSA	5	PA; LA; NDS
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BAVENCIO	5	PA; NDS
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BELEODAQ	5	B/D PA; NDS
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<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS
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BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS
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BENDEKA	5	B/D PA; NDS
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BESPONSA	5	PA; NDS
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<i>bexarotene</i>	5	PA; NDS
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<i>bicalutamide</i>	2	
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<i>bleomycin</i>	4	B/D PA
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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180/30); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330/30); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS
BRUKINSA	5	PA; LA; NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS
CALQUENCE	5	PA; LA; QL (60/30); NDS
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COLUMVI	5	PA; QL (30/21); NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; NDS
<i>cyclophosphamide oral capsule</i>	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	5	PA; NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>daunorubicin</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
<i>doxorubicin intravenous solution</i>	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; NDS
DROXIA	3	
ELIGARD	4	PA
ELIGARD (3 MONTH)	4	PA
ELIGARD (4 MONTH)	4	PA
ELIGARD (6 MONTH)	4	PA
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMPLICITI	5	PA; NDS
ENHERTU	5	PA; NDS
ENVARBUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; NDS
<i>eribulin</i>	5	PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus</i> (antineoplastic) oral tablet	5	PA; QL (30/30); NDS
<i>everolimus</i> (antineoplastic) oral tablet for suspension 2 mg	5	PA; QL (330/30); NDS
<i>everolimus</i> (antineoplastic) oral tablet for suspension 3 mg	5	PA; QL (240/30); NDS
<i>everolimus</i> (antineoplastic) oral tablet for suspension 5 mg	5	PA; QL (180/30); NDS
<i>everolimus</i> (immunosuppressive) oral tablet 0.25 mg	3	B/D PA
<i>everolimus</i> (immunosuppressive) oral tablet 0.5 mg	4	B/D PA
<i>everolimus</i> (immunosuppressive) oral tablet 0.75 mg, 1 mg	5	B/D PA; NDS
EVOMELA	5	PA; NDS
<i>exemestane</i>	2	
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	5	PA; LA; NDS
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gefitinib</i>	5	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
GLEOSTINE	4	
HALAVEN	5	PA; NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
ICLUSIG	5	PA; QL (30/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180/30); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
IMDELLTRA	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
IMFINZI	5	PA; NDS
IMJUDO	5	PA; LA; NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
<i>irinotecan</i>	4	B/D PA
IWILFIN	5	PA; LA; QL (240/30); NDS
IXEMPRA	5	B/D PA; NDS
JAKAFI	5	PA; QL (60/30); NDS
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	5	B/D PA; NDS
JYLAMVO	5	PA; NDS
KADCYLA	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	5	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; QL (49/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
KLISYRI	4	ST; QL (5/30)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
KRAZATI	5	PA; QL (180/30); NDS
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
<i>lenalidomide</i>	5	PA; QL (28/28); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
LEUPROLIDE (3 MONTH)	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS
LOQTORZI	5	PA; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUNSUMIO	5	PA; LA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA
LYNPARZA	5	PA; QL (120/30); NDS
LYSODREN	5	NDS

Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (90/30); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (120/30); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (150/30); NDS
MARGENZA	5	PA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	3	PA
<i>megestrol oral tablet</i>	3	PA
MEKINIST ORAL RECON SOLN	5	PA; QL (1200/30); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90/30); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30/30); NDS
MEKTOVI	5	PA; LA; QL (180/30); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine</i>	2	
<i>methotrexate sodium (pf)</i>	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	1	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
<i>mitoxantrone</i>	4	B/D PA
MONJUVI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	2	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	5	B/D PA; NDS
NERLYNX	5	PA; LA; NDS
<i>nilutamide</i>	5	NDS
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements /Limits
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180/30); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56/28); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96/28); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16/28); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24/28); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS
OPDIVO	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
PACLITAXEL PROTEIN-BOUND	5	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
PADCEV	5	PA; NDS
<i>pazopanib</i>	5	PA; QL (120/30); NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	PA; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
PORTRAZZA	4	B/D PA
POTELIGEO	5	PA; NDS
PRALATREXATE	5	B/D PA; NDS
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN	4	
QINLOCK	5	PA; LA; QL (90/30); NDS

Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (120/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180/30); NDS
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120/30); NDS
REVLIMID	5	PA; LA; QL (28/28); NDS
REZLIDHIA	5	PA; QL (60/30); NDS
REZUROCK	5	PA; LA; QL (30/30); NDS
<i>romidepsin intravenous recon soln</i>	5	PA; NDS
ROMIDEPSIN INTRAVENOUS SOLUTION	5	PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS
RUXIENCE	5	PA; NDS
RYBREVAANT	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
RYDAPT	5	PA; QL (224/28); NDS
RYLAZE	5	B/D PA; NDS
SARCLISA	5	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30/30); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral capsule</i>	2	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS
TAGRISSO	5	PA; LA; QL (30/30); NDS
TALVEY	5	PA; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
<i>tamoxifen</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112/28); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120/30); NDS
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TECVAYLI	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; NDS
<i>temsirolimus</i>	5	B/D PA; NDS
TEPMETKO	5	PA; LA; QL (60/30); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (28/28); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	5	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	5	NDS
TRAZIMERA	5	PA; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
<i>tretinoin (antineoplastic)</i>	5	NDS
TRIPTODUR	4	PA; QL (1/168)
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
VECTIBIX	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VONJO	5	PA; QL (120/30); NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	5	PA; QL (60/30); NDS
XALKORI ORAL PELLETT 150 MG	5	PA; QL (180/30); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; QL (120/30); NDS
XATMEP	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
XERMELO	5	PA; LA; QL (84/28); NDS
XOSPATA	5	PA; LA; NDS
XPOVIO	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS
YERVOY	5	PA; NDS
YONDELIS	5	PA; NDS
ZALTRAP	4	B/D PA
ZANOSAR	4	B/D PA
ZEJULA ORAL TABLET 100 MG	5	PA; LA; QL (90/30); NDS
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; LA; QL (30/30); NDS
ZELBORAF	5	PA; QL (240/30); NDS
ZEPZELCA	5	PA; NDS
ZIRABEV	5	PA; NDS
ZOLADEX	4	B/D PA
ZOLINZA	5	PA; QL (120/30); NDS
ZYDELIG	5	PA; QL (60/30); NDS
ZYKADIA	5	PA; QL (90/30); NDS
ZYNLONTA	5	PA; NDS
ZYNYZ	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	QL (180/30); NDS
APTIOM ORAL TABLET 400 MG	5	QL (90/30); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60/30); NDS
BRIVIACT INTRAVENOUS	5	NDS
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)

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Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	2	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300/30)
DIACOMIT	5	LA; NDS
<i>diazepam rectal</i>	4	
DILANTIN	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	3	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX	5	PA; LA; NDS
<i>epitol</i>	2	
EPRONTIA	4	PA
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	5	QL (720/30); NDS

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	4	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60/30); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lacosamide intravenous</i>	5	QL (1200/30); NDS
<i>lacosamide oral solution</i>	3	QL (1200/30)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>lamotrigine oral tablets, dose pack</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral</i>	2	
LIBERVANT	5	PA; QL (10/30); NDS
<i>methsuximide</i>	3	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	ST; QL (120/30)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	5	ST; QL (60/30); NDS
NAYZILAM	3	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
<i>phenobarbital oral elixir</i>	3	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	3	PA; QL (120/30)

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	2	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roovepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension</i>	5	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
SPRITAM	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	PA
<i>topiramate oral capsule, extended release 24hr</i>	4	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIGAFYDE	5	PA; QL (900/30); NDS
<i>vigpoder</i>	5	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 25 MG	5	PA; QL (480/30); NDS
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA; QL (56/365)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	5	PA; LA; QL (1080/30); NDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	PA
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline</i>	3	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
<i>tolcapone</i>	5	NDS
<i>trihexyphenidyl</i>	2	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR	3	PA; QL (1.5/30)
AJOVY SYRINGE	3	PA; QL (1.5/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>migergot</i>	5	NDS
<i>naratriptan</i>	2	QL (18/28)
NURTEC ODT	5	PA; QL (16/30); NDS
<i>rizatriptan oral tablet</i>	2	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	3	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (56/365); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; QL (84/365); NDS
BRIUMVI	5	PA; QL (24/168); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; QL (14/30); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120/365); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	1	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	1	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
<i>edaravone intravenous solution 30 mg/100 ml</i>	5	PA; NDS
<i>fingolimod</i>	5	PA; QL (30/30); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	4	QL (60/30)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
KESIMPTA PEN	5	PA; QL (1.6/28); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA
<i>memantine oral solution</i>	3	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	2	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	2	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	2	PA; QL (98/365)
NAMZARIC	3	PA
NUEDEXTA	5	PA; NDS
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240/30); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
TYSABRI	5	PA; NDS
VUMERITY	5	PA; QL (120/30); NDS

Drug Name	Drug Tier	Requirements /Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BACLOFEN ORAL TABLET 15 MG	3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA
<i>pyridostigmine bromide oral syrup</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release</i>	4	
<i>tizanidine oral capsule</i>	4	
<i>tizanidine oral tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180/30); NDS
<i>buprenorphine</i>	4	QL (4/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine hcl injection</i>	5	NDS
<i>buprenorphine hcl sublingual</i>	3	PA
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl</i>	4	QL (10/30); NDS
<i>fentanyl citrate (pf) injection solution</i>	4	NDS
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	4	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 800 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg, 600 mcg</i>	4	PA; QL (120/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	3	QL (390/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen</i>	3	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral tablet</i>	3	QL (180/30); NDS
INFUMORPH P/F	5	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	3	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS
<i>morphine oral solution</i>	3	QL (900/30); NDS
<i>morphine oral tablet</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral concentrate</i>	4	QL (180/30); NDS
<i>oxycodone oral solution</i>	4	QL (1200/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	4	QL (90/30); NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	QL (60/30)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	QL (360/30)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	QL (90/30)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360/30)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90/30)
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	2	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	PA; QL (300/28)
<i>diclofenac sodium topical gel 1 %</i>	3	QL (1000/28)
<i>diclofenac sodium topical solution in metered-dose pump</i>	5	PA; QL (224/28); NDS
<i>diflunisal</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	2	
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
<i>salsalate</i>	2	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	2	QL (240/30); NDS
VIVITROL	5	NDS
ZIMHI	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (30/30)

Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60/30)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2/56); NDS
ABILIFY MAINTENA	5	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90/30)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	3	QL (150/30)
<i>amitriptyline</i>	3	
<i>amoxapine</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30/30)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	5	QL (60/30); NDS
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	4	QL (60/30)
ARISTADA INITIO	5	QL (4.8/365); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9/56); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6/28); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4/28); NDS

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2/28); NDS
<i>armodafinil</i>	3	PA; QL (30/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
AUVELITY	5	ST; QL (60/30); NDS
BELSOMRA	4	QL (30/30)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	2	QL (120/30)

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Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	2	QL (60/30)
<i>bupirone</i>	2	
CAPLYTA	5	QL (30/30); NDS
<i>chlorpromazine injection</i>	4	
<i>chlorpromazine oral</i>	2	
<i>citalopram oral solution</i>	3	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	QL (360/30)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 200 mg, 25 mg</i>	4	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	
<i>desipramine</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	4	QL (120/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	4	QL (60/30)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	4	QL (90/30)
<i>dexmethylphenidate oral tablet</i>	3	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	4	
<i>dextroamphetamine sulfate oral solution</i>	5	QL (1800/30); NDS
<i>dextroamphetamine sulfate oral tablet</i>	4	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	3	QL (180/30)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	3	QL (60/30)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	3	QL (120/30)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	3	QL (90/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	2	QL (360/30)
<i>diazepam oral concentrate</i>	2	QL (360/30)
<i>diazepam oral solution</i>	2	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	3	
<i>doxepin oral concentrate</i>	3	
<i>doxepin oral tablet</i>	3	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (120/30)

Drug Name	Drug Tier	Requirements /Limits
EMSAM	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	3	QL (600/30)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT ORAL TABLETS, DOSE PACK	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine (pmd)</i>	3	QL (120/30)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90/30)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	3	QL (4/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	3	QL (120/30)
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	1	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	2	
<i>imipramine hcl</i>	3	

Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5/180)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5/180)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88/90)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32/90)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS
<i>lisdexamfetamine oral tablet, chewable</i>	4	QL (30/30)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam injection solution</i>	4	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)
<i>lorazepam oral syringe</i>	3	QL (150/30)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30/30)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60/30)
MARPLAN	4	QL (180/30)

Drug Name	Drug Tier	Requirements /Limits
<i>metadate er</i>	3	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	3	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60/30)
<i>molindone oral tablet 10 mg</i>	2	
<i>molindone oral tablet 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	5	NDS
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (30/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	3	QL (30/30)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
<i>olanzapine-fluoxetine</i>	4	
<i>oxazepam</i>	2	QL (120/30)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60/30)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	QL (60/30)
<i>perphenazine</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>perphenazine-amitriptyline</i>	4	
PERSERIS	5	QL (1/28); NDS
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	2	QL (90/30)
<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30/30)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60/30)
<i>ramelteon</i>	3	QL (30/30)
REXULTI ORAL TABLET	5	QL (30/30); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (2/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2/28); NDS
<i>risperidone oral solution</i>	2	
<i>risperidone oral syringe</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet,disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet,disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet,disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	5	PA; QL (16/28); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	5	PA; QL (18/28); NDS
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (60/365)
<i>thioridazine</i>	3	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	1	
<i>trifluoperazine</i>	3	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	QL (0.28/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	QL (0.35/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	QL (0.42/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	QL (0.56/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	QL (0.7/56); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	QL (0.14/28); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	QL (0.21/28); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	5	NDS
<i>vilazodone</i>	4	QL (30/30)
VRAYLAR ORAL CAPSULE	5	QL (30/30); NDS
<i>zaleplon oral capsule 10 mg</i>	3	QL (60/30)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30/30)
<i>ziprasidone hcl oral capsule 20 mg</i>	3	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	3	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	3	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZURZUVAE	5	PA; NDS
ZYPREXA RELPREVV INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 210 MG	4	PA; QL (2/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	PA; QL (2/28); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	PA; QL (1/28); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>dofetilide</i>	3	
<i>flecainide</i>	3	
<i>lidocaine (pf) intravenous</i>	4	
<i>mexiletine</i>	2	
MULTAQ	3	QL (60/30)
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiamid</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	2	
<i>bisoprolol fumarate</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	1	QL (30/30)
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>cartia xt</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine</i>	4	QL (4/28)
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30/30)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60/30)
EDARBI	3	
EDARBYCLOR	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynate sodium</i>	5	NDS
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</i>	4	
<i>furosemide oral solution</i>	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>hydralazine oral</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
<i>isradipine</i>	3	
KERENDIA	3	PA; QL (30/30)
<i>labetalol oral</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>nadolol</i>	3	
<i>nebivolol</i>	3	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine</i>	4	
<i>nisoldipine</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>perindopril</i> <i>erbumine</i>	1	
<i>phenoxybenzamine</i>	5	NDS
<i>pindolol</i>	1	
<i>prazosin</i>	3	
<i>propranolol oral</i> <i>capsule, extended</i> <i>release 24 hr</i>	2	
<i>propranolol oral</i> <i>solution</i>	2	
<i>propranolol oral</i> <i>tablet</i>	1	
<i>quinapril</i>	1	
<i>quinapril-</i> <i>hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral</i> <i>tablet</i>	1	
<i>spironolacton-</i> <i>hydrochlorothiaz</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan-</i> <i>amlodipine</i>	1	
<i>telmisartan-</i> <i>hydrochlorothiazid</i>	1	
<i>terazosin oral</i> <i>capsule 1 mg, 2 mg,</i> <i>5 mg</i>	1	QL (30/30)
<i>terazosin oral</i> <i>capsule 10 mg</i>	1	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
<i>tiadylt er</i>	2	
<i>timolol maleate oral</i>	4	
<i>torse mide oral</i>	2	
<i>trandolapril</i>	1	
<i>triamterene-</i> <i>hydrochlorothiazid</i>	1	
<i>valsartan oral tablet</i> <i>160 mg, 40 mg, 80</i> <i>mg</i>	1	QL (60/30)
<i>valsartan oral tablet</i> <i>320 mg</i>	1	QL (30/30)
<i>valsartan-</i> <i>hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil</i> <i>intravenous solution</i>	4	
<i>verapamil oral</i> <i>capsule, 24 hr er</i> <i>pellet ct</i>	3	
<i>verapamil oral</i> <i>capsule, ext rel.</i> <i>pellets 24 hr 120 mg,</i> <i>180 mg, 240 mg</i>	2	
<i>verapamil oral</i> <i>capsule, ext rel.</i> <i>pellets 24 hr 360 mg</i>	3	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet</i> <i>extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid</i> <i>oral solution</i>	5	NDS
<i>aminocaproic acid</i> <i>oral tablet 1,000 mg</i>	5	NDS
<i>aminocaproic acid</i> <i>oral tablet 500 mg</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	QL (60/30)
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	4	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30/30)
<i>dabigatran etexilate</i>	4	
<i>dipyridamole oral</i>	3	
DOPTELET (10 TAB PACK)	5	PA; LA; NDS
DOPTELET (15 TAB PACK)	5	PA; LA; NDS
DOPTELET (30 TAB PACK)	5	PA; LA; NDS
ELIQUIS	3	
ELIQUIS DVT-PE TREAT 30D START	3	
<i>enoxaparin</i>	3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) in 5 % dex</i>	4	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	4	

Drug Name	Drug Tier	Requirements /Limits
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>prasugrel</i>	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; LA; QL (360/30); NDS
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; LA; QL (180/30); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (30/30); NDS
PROMACTA ORAL TABLET 75 MG	5	PA; LA; QL (60/30); NDS
<i>warfarin</i>	1	
XARELTO	3	
XARELTO DVT-PE TREAT 30D START	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	
<i>colesevelam</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	1	QL (30/30)
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate nanocrystallized</i>	3	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	4	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
NEXLIZET	3	PA; QL (30/30)
<i>niacin oral tablet 500 mg</i>	2	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	2	
<i>omega-3 acid ethyl esters</i>	3	
<i>pitavastatin calcium</i>	1	QL (30/30)
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
REPATHA PUSHTRONEX	3	PA; QL (7/28)
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	4	PA; QL (60/30)
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO	3	QL (60/30)
<i>ivabradine</i>	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	3	QL (60/30)
VERQUVO	4	PA; QL (30/30)
VYNDAMAX	5	PA; NDS
VYNDAQEL	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	
DERMATOLOGICALS/ TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
<i>calcitriol topical</i>	4	
COSENTYX (2 SYRINGES)	5	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	5	PA; NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
COSENTYX PEN	5	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	5	PA; QL (10/28); NDS
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2/28); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	3	

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
FLUOROURACIL TOPICAL CREAM 0.5 %	5	NDS
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	2	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in metered-dose pump</i>	4	
<i>imiquimod topical cream in packet 3.75 %</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod topical cream in packet 5 %</i>	3	
<i>lidocaine (pf) injection solution</i>	4	
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; QL (90/30)
<i>lidocaine topical ointment</i>	4	QL (50/30)
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	5	NDS
PANRETIN	5	NDS
<i>pimecrolimus</i>	4	PA; QL (100/30)
<i>podofilox topical solution</i>	2	
REGRANEX	5	PA; NDS
SANTYL	4	QL (180/30)
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus topical</i>	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
<i>adapalene topical gel 0.3 %</i>	4	QL (45/30)
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindacin etz topical swab</i>	2	QL (69/30)
<i>clindacin p</i>	2	QL (69/30)
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	4	QL (120/30)
<i>clindamycin phosphate topical solution</i>	3	QL (120/30)
<i>clindamycin phosphate topical swab</i>	2	QL (60/30)
<i>ery pads</i>	3	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream 0.1 %</i>	3	PA
<i>tazarotene topical gel</i>	4	PA
<i>tretinoin microspheres</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %</i>	3	PA
<i>tretinoin topical gel 0.025 %, 0.05 %</i>	4	PA
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	3	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	3	
<i>ciclopirox topical cream</i>	3	QL (90/28)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical shampoo</i>	3	QL (120/28)
<i>ciclopirox topical solution</i>	3	QL (6.6/28)
<i>ciclopirox topical suspension</i>	3	QL (60/28)
<i>clotrimazole topical cream</i>	3	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole-betamethasone topical cream</i>	2	QL (45/28)
<i>clotrimazole-betamethasone topical lotion</i>	2	QL (60/28)
<i>econazole</i>	3	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)
<i>klayesta</i>	3	QL (180/30)
<i>naftifine topical cream</i>	3	QL (60/28)
<i>naftifine topical gel 2 %</i>	3	QL (60/30)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>nystop</i>	3	QL (180/30)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	QL (30/30)
<i>peniclovir</i>	4	QL (5/30)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone</i>	2	
<i>betamethasone dipropionate</i>	3	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	3	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	3	
<i>clobetasol scalp</i>	2	QL (100/28)
<i>clobetasol topical cream</i>	2	QL (120/28)
<i>clobetasol topical foam</i>	4	QL (100/28)
<i>clobetasol topical gel</i>	2	QL (120/28)
<i>clobetasol topical ointment</i>	2	QL (120/28)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical shampoo</i>	4	QL (236/28)
<i>clobetasol-emollient topical cream</i>	2	QL (120/28)
<i>clobetasol-emollient topical foam</i>	4	QL (100/28)
CLOCORTOLONE PIVALATE	4	
<i>clodan</i>	4	QL (236/28)
<i>desonide topical cream</i>	3	
<i>desonide topical lotion</i>	3	
<i>desonide topical ointment</i>	3	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	3	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	3	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120/30)
<i>fluocinonide topical cream 0.1 %</i>	4	QL (120/30)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical gel</i>	2	QL (120/30)
<i>fluocinonide topical ointment</i>	3	QL (120/30)
<i>fluocinonide topical solution</i>	3	QL (120/30)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	3	
<i>halobetasol propionate topical ointment</i>	3	
<i>hydrocortisone butyrate topical cream</i>	4	QL (120/30)
<i>hydrocortisone butyrate topical ointment</i>	3	QL (120/30)
<i>hydrocortisone butyrate topical solution</i>	3	QL (120/30)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>mometasone topical</i>	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment</i>	2	
<i>triderm topical cream 0.1 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
<i>tis-u-sol pentalyte</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	2	
<i>carglumic acid</i>	5	PA; NDS
<i>cevimeline</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
CHEMET	5	PA; NDS
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; LA; QL (300/30); NDS
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>deferasirox oral granules in packet</i>	5	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferiprone</i>	5	PA; NDS
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5 %- lactated ringers</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram</i>	2	
<i>droxidopa oral capsule 100 mg</i>	5	PA; QL (90/30); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
FERRIPROX (2 TIMES A DAY)	5	PA; NDS
FERRIPROX ORAL SOLUTION	5	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NDS
<i>glutamine (sickle cell)</i>	5	PA; QL (180/30); NDS
INCRELEX	4	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	3	
<i>midodrine</i>	3	
<i>nitisinone</i>	5	NDS
<i>pilocarpine hcl oral</i>	4	
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NDS
REZDIFFRA	5	PA; QL (30/30); NDS
<i>riluzole</i>	3	
<i>risedronate oral tablet 30 mg</i>	2	QL (30/30)
<i>sodium chloride 0.9 % intravenous</i>	4	
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol) oral</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	5	PA; LA; QL (14/999); NDS
VELTASSA	3	

Drug Name	Drug Tier	Requirements /Limits
<i>water for irrigation, sterile</i>	4	
XIAFLEX	5	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	QL (60/30)
NICOTROL	4	
NICOTROL NS	4	
VARENICLINE ORAL TABLET 0.5 MG, 1 MG	4	
<i>varenicline oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline oral tablets,dose pack</i>	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>fluoride (sodium) dental</i>	2	
<i>ipratropium bromide nasal</i>	2	QL (30/30)
<i>kourzeq</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>oralone</i>	3	
<i>periogard</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	
<i>triamcinolone acetonide dental</i>	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin otic (ear)</i>	2	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	
DEPO-MEDROL	4	
<i>dexamethasone intensol</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution</i>	4	
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylpred dp</i>	2	
<i>methylprednisolone acetate</i>	4	
<i>methylprednisolone oral tablet</i>	2	B/D PA
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	
<i>methylprednisolone sodium succ intravenous</i>	4	
<i>prednisolone oral solution</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisone intensol</i>	4	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>prednisone oral tablet 50 mg</i>	2	
<i>prednisone oral tablets, dose pack</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF)	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
<i>alcohol pads</i>	2	PA

Drug Name	Drug Tier	Requirements /Limits
ALCOHOL PREP PADS	2	PA
ALCOHOL SWABS	2	PA
ALCOHOL WIPES	2	PA
BAQSIMI	3	
BD ALCOHOL SWABS	2	PA
BYDUREON BCISE	3	PA; QL (4/28)
CARETOUCH ALCOHOL PREP PAD	2	PA
CURITY ALCOHOL SWABS	2	PA
CYCLOSET	4	QL (180/30)
<i>diazoxide</i>	5	NDS
DROPSAFE ALCOHOL PREP PADS	2	PA
EASY COMFORT ALCOHOL PAD	2	PA
EASY TOUCH ALCOHOL PREP PADS	2	PA
FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GLYXAMBI	3	QL (30/30)
GVOKE	3	QL (0.8/30)
GVOKE HYPOPEN 1-PACK	3	QL (0.8/30)
GVOKE HYPOPEN 2-PACK	3	QL (0.8/30)

Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
HUMALOG JUNIOR KWIKPEN U-100	3	
HUMALOG KWIKPEN INSULIN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25(U-100)INSULIN	3	
HUMALOG U-100 INSULIN	3	
HUMULIN 70/30 U-100 INSULIN	3	
HUMULIN 70/30 U-100 KWIKPEN	3	
HUMULIN N NPH INSULIN KWIKPEN	3	
HUMULIN N NPH U-100 INSULIN	3	
HUMULIN R REGULAR U-100 INSULIN	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R U-500 (CONC) INSULIN	5	NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN LISPRO	3	
INSULIN LISPRO PROTAMIN-LISPRO	3	
IV PREP WIPES	2	PA
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	

Drug Name	Drug Tier	Requirements /Limits
LYUMJEV KWIKPEN U-100 INSULIN	3	
LYUMJEV KWIKPEN U-200 INSULIN	3	
LYUMJEV U-100 INSULIN	3	
<i>metformin oral solution</i>	3	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60/30)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150/30)
<i>miglitol oral tablet 100 mg</i>	4	QL (90/30)
<i>miglitol oral tablet 25 mg</i>	4	QL (360/30)
<i>miglitol oral tablet 50 mg</i>	4	QL (180/30)
MOUNJARO	3	PA; QL (2/28)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
<i>pioglitazone-metformin</i>	1	QL (90/30)
PRO COMFORT ALCOHOL PADS	2	PA
PURE COMFORT ALCOHOL PADS	2	PA
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	PA; QL (30/30)
SOLIQUA 100/33	3	QL (15/24)
SYMLINPEN 120	5	PA; QL (10.8/30); NDS
SYMLINPEN 60	5	PA; QL (6/30); NDS
SYNJARDY	3	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	QL (60/30)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	QL (30/30)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	QL (30/30)
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
TRESIBA U-100 INSULIN	3	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30/30)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60/30)
TRUE COMFORT ALCOHOL PADS	2	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
TRUE COMFORT PRO ALCOHOL PADS	2	PA
TRULICITY	3	PA; QL (2/28)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60/30)
XULTOPHY 100/3.6	3	QL (15/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	
<i>calcitonin (salmon) injection</i>	5	NDS
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule</i>	3	
<i>calcitriol oral solution</i>	4	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
LUMIZYME	5	PA; NDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS
NAGLAZYME	5	PA; NDS
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	4	
RAYALDEE	5	NDS
<i>sapropterin</i>	5	PA; NDS
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	5	NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	3	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	B/D PA
ZOLEDRONIC AC-MANNITOL-0.9NACL	4	B/D PA
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine oral</i>	2	
SYNTHROID	3	
<i>unithroid</i>	3	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	4	
<i>atropine injection syringe 0.1 mg/ml</i>	4	
ATROPINE INTRAVENOUS SOLUTION 0.4 MG/ML	4	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	4	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	3	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	3	
<i>glycopyrrolate (pf)</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate injection</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	4	PA
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; NDS
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	B/D PA
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	
<i>budesonide oral tablet, delayed and extended release</i>	5	NDS
CLENPIQ	4	
<i>compro</i>	2	
<i>constulose</i>	2	
CORTIFOAM	5	NDS

Drug Name	Drug Tier	Requirements /Limits
CREON	3	
<i>cromolyn oral</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (60/30)
<i>enulose</i>	2	
GATTEX 30-VIAL	5	PA; NDS
GATTEX ONE-VIAL	5	PA; NDS
<i>gavilyte-c</i>	2	
<i>generlac</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA
<i>hydrocortisone rectal</i>	3	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
INFLECTRA	5	PA; QL (20/30); NDS
<i>lactulose oral solution</i>	2	
LINZESS	3	QL (30/30)
<i>lubiprostone</i>	3	QL (60/30)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	3	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe</i>	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
MOVANTI ^K	4	QL (30/30)
<i>nitroglycerin rectal</i>	4	
OICALIVA	5	PA; LA; QL (30/30); NDS
<i>ondansetron hcl (pf)</i>	4	
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>peg 3350-electrolytes</i>	2	
<i>peg-electrolyte soln</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	4	

Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; QL (18/30); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (18/30); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (12/30); NDS
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI INTRAVENOUS	5	PA; QL (30/180); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
<i>sodium,potassium,m ag sulfates</i>	2	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine</i>	2	
SUTAB	4	
TRULANCE	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VOWST	5	PA; LA; NDS
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec)</i>	3	QL (60/30)
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	2	QL (60/30)
<i>misoprostol</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec)</i>	1	QL (60/30)
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL (60/30)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/180)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
AVONEX	5	PA; QL (1/28); NDS
BESREMI	5	PA; LA; QL (2/28); NDS
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
<i>plerixafor</i>	5	B/D PA; NDS
PROCRIT	4	PA
RETACRIT	4	PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
ZARXIO	5	PA; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	3	PA; V; QL (1/365)
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	V
AREXVY (PF)	3	PA; V; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	3	V
BEXSERO	3	V
BOOSTRIX TDAP	3	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; V
<i>fomepizole</i>	5	NDS
GAMMAGARD LIQUID	5	B/D PA; NDS
GAMMAKED	5	B/D PA; NDS
GAMMAPLEX (WITH SORBITOL)	5	B/D PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	B/D PA; NDS
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	4	B/D PA
GARDASIL 9 (PF)	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	3	B/D PA; V
HIBERIX (PF)	3	
IMOVAX RABIES VACCINE (PF)	3	V
INFANRIX (DTAP) (PF)	3	
IPOL	3	V
IXCHIQ (PF)	3	V
IXIARO (PF)	3	V
JYNNEOS (PF)	3	V
KINRIX (PF)	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	V
MENQUADFI (PF)	3	V
MENVEO A-C-Y-W-135-DIP (PF)	3	V
M-M-R II (PF)	3	V
MRESVIA (PF)	3	PA; V; QL (1/365)
OCTAGAM	5	B/D PA; NDS
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA; V
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	V
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	V; QL (2/999)
STAMARIL (PF)	3	V
TDVAX	3	V
TENIVAC (PF)	3	V

Drug Name	Drug Tier	Requirements /Limits
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TICE BCG	4	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI	3	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF)	3	V
VAXCHORA VACCINE	3	V
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; QL (200/30)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	PA; QL (200/30)
BD ULTRA-FINE NANO PEN NEEDLE	2	PA; QL (200/30)
BD ULTRA-FINE SHORT PEN NEEDLE	2	PA; QL (200/30)
CEQR SIMPLICITY	3	QL (10/30)
CEQR SIMPLICITY INSERTER	3	QL (1/365)
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	2	PA

Drug Name	Drug Tier	Requirements /Limits
DROPLET MICRON PEN NEEDLE	2	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	PA; QL (200/30)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	2	PA; QL (200/30)
NOVOFINE 32	2	PA; QL (200/30)
NOVOFINE PLUS	2	PA; QL (200/30)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1/365)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (20/30)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (20/30)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
OMNIPOD GO PODS	3	QL (10/30)
OMNIPOD GO PODS 10 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 15 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 20 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 25 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 30 UNITS/DAY	3	QL (10/30)
OMNIPOD GO PODS 40 UNITS/DAY	3	QL (10/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; QL (200/30)
PENTIPS	2	PA; QL (200/30)

Drug Name	Drug Tier	Requirements /Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	PA; QL (200/30)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	2	PA; QL (200/30)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	PA; QL (200/30)
TRUEPLUS INSULIN	2	PA; QL (200/30)
TRUEPLUS PEN NEEDLE	2	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	2	PA; QL (200/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	PA; QL (200/30)
UNIFINE PENTIPS PLUS	2	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	2	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	2	PA; QL (200/30)
V-GO 20	3	QL (30/30)
V-GO 30	3	QL (30/30)
V-GO 40	3	QL (30/30)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	3	ST
MITIGARE	3	QL (120/30)
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
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Drug Name	Drug Tier	Requirements /Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4/28)
FORTEO	5	PA; QL (2.4/28); NDS
<i>ibandronate oral</i>	2	QL (1/28)
PROLIA	4	QL (1/180)
<i>raloxifene</i>	2	QL (30/30)
<i>risedronate oral tablet 150 mg</i>	2	QL (1/28)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4/28)
<i>risedronate oral tablet 5 mg</i>	2	QL (30/30)
TYMLOS	5	PA; QL (1.56/30); NDS

OTHER RHEUMATOLOGICALS

BENLYSTA	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (8/365); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (6/365); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (2/28); NDS

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (2/28); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	5	PA; QL (4/28); NDS
<i>leflunomide</i>	2	QL (30/30)
ORENCIA CLICKJECT	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6/28); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8/28); NDS
OTEZLA	5	PA; QL (60/30); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>penicillamine</i>	5	NDS
RIDAURA	5	NDS
RINVOQ LQ	5	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168/365); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	5	PA; QL (6/28); NDS
YUFLYMA(CF) AUTOINJECTOR	5	PA; QL (6/28); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2/28); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6/28); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
<i>dotti</i>	2	QL (8/28)
DUAVEE	4	PA

Drug Name	Drug Tier	Requirements /Limits
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	QL (8/28)
<i>estradiol transdermal patch weekly</i>	2	QL (4/28)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
ESTRING	4	
<i>fyavolv</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone intramuscular</i>	3	
<i>medroxyprogesterone oral</i>	2	
<i>nora-be</i>	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone acetate</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	
PREMARIN INJECTION	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPRO	3	
<i>progesterone micronized</i>	3	
<i>sharobel</i>	3	
<i>yuvafem</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	
NEXPLANON	3	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	3	
<i>tranexamic acid oral</i>	3	
<i>vandazole</i>	3	
<i>zafemy</i>	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	2	
<i>altavera (28)</i>	2	
<i>alyacen 1/35 (28)</i>	2	
<i>alyacen 7/7/7 (28)</i>	2	
<i>amethia</i>	2	
<i>amethyst (28)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>apri</i>	2	
<i>aranelle (28)</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30 (21)</i>	2	
<i>aurovela 1/20 (21)</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30 (28)</i>	2	
<i>aurovela fe 1-20 (28)</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette (28)</i>	2	
<i>balziva (28)</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30 (28)</i>	2	
<i>blisovi fe 1/20 (28)</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq (28)</i>	2	
<i>cryselle (28)</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35 (28)</i>	2	
<i>dasetta 7/7/7 (28)</i>	2	
<i>daysee</i>	2	
<i>desog-e.estradiol/e.estradiol</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-e.estradiol-lm.fa</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	
<i>finzala</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30 (28)</i>	2	
<i>hailey fe 1/20 (28)</i>	2	
<i>iclevia</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel (28)</i>	2	
<i>jolessa</i>	2	
<i>joyeaux</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30 (21)</i>	2	
<i>junel 1/20 (21)</i>	2	
<i>junel fe 1.5/30 (28)</i>	2	
<i>junel fe 1/20 (28)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	
<i>kelnor 1/50 (28)</i>	2	
<i>kurvelo (28)</i>	2	
<i>l norgest/e.estradiol-e.estradiol</i>	2	
<i>larin 1.5/30 (21)</i>	2	
<i>larin 1/20 (21)</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30 (28)</i>	2	
<i>larin fe 1/20 (28)</i>	2	
<i>layolis fe</i>	2	
<i>lessina</i>	2	
<i>levonest (28)</i>	2	
<i>levonorgest-eth.estradiol-iron</i>	2	
<i>levonorgestrel-ethinyl estradiol</i>	2	
<i>levonorg-eth estradiol triphasic</i>	2	
<i>levora-28</i>	2	
<i>lojaimiess</i>	2	
<i>loryna (28)</i>	2	
<i>low-ogestrel (28)</i>	2	
<i>lo-zumandimine (28)</i>	2	
<i>lutra (28)</i>	2	
<i>marlissa (28)</i>	2	
<i>merzee</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1.5/30 (21)</i>	2	
<i>microgestin 1/20 (21)</i>	2	
<i>microgestin fe 1.5/30 (28)</i>	2	
<i>microgestin fe 1/20 (28)</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35 (28)</i>	2	
<i>nikki (28)</i>	2	
<i>noreth-ethinyl estradiol-iron</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7 (28)</i>	2	
<i>nylia 1/35 (28)</i>	2	
<i>nylia 7/7/7 (28)</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea (28)</i>	2	
<i>portia 28</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>reclipsen (28)</i>	2	
<i>rivelsa</i>	2	
<i>setlakin</i>	2	
<i>simliya (28)</i>	2	
<i>simpesse</i>	2	
<i>sprintec (28)</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec (28)</i>	2	
<i>trivora (28)</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz (28)</i>	2	
<i>tydemy</i>	2	
<i>velivet triphasic regimen (28)</i>	2	
<i>vestura (28)</i>	2	
<i>vienna</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>viorele (28)</i>	2	
<i>volnea (28)</i>	2	
<i>vyfemla (28)</i>	2	
<i>vylibra</i>	2	
<i>wera (28)</i>	2	
<i>wymzya fe</i>	2	
<i>zovia 1-35 (28)</i>	2	
<i>zumandimine (28)</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin ophthalmic (eye)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
ANTIVIRALS		
<i>trifluridine</i>	3	
ZIRGAN	4	
BETA-BLOCKERS		
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
<i>azelastine ophthalmic (eye)</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	3	
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
EYLEA	5	PA; QL (0.1/28); NDS
MIEBO (PF)	3	QL (3/30)
OXERVATE	5	PA; QL (112/56); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
XDEMVIY	5	PA; QL (10/42); NDS
XIIDRA	3	QL (60/30)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	3	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>brinzolamide</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	4	
<i>travoprost</i>	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	
<i>tobramycin-dexamethasone</i>	3	
ZYLET	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
<i>difluprednate</i>	3	
EYSUVIS	3	QL (16.6/30)
<i>fluorometholone</i>	3	
INVELTYS	3	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	QL (2/30)

Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	2	QL (2/30)
<i>epinephrine injection solution 1 mg/ml</i>	4	
<i>hydroxyzine hcl oral tablet</i>	3	PA
<i>hydroxyzine pamoate</i>	3	PA
<i>levocetirizine oral solution</i>	4	
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral</i>	2	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethazine rectal suppository 25 mg, 50 mg</i>	4	
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR HFA	3	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
<i>arformoterol</i>	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
<i>bosentan</i>	5	PA; LA; NDS
BREO ELLIPTA	3	QL (60/30)
<i>breynd</i>	3	QL (10.3/30)
BROVANA	4	B/D PA
<i>budesonide inhalation</i>	3	B/D PA; QL (120/30)
COMBIVENT RESPIMAT	3	QL (8/30)
<i>cromolyn inhalation</i>	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
FASENRA PEN	5	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1/28); NDS
<i>flunisolide</i>	3	QL (50/30)
FLUTICASONE PROPIONATE NASAL	2	QL (16/30)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	QL (60/30)
<i>formoterol fumarate</i>	4	B/D PA; QL (120/30)
HAEGARDA	5	PA; LA; NDS
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA
KALYDECO ORAL TABLET	5	PA; QL (56/28); NDS
<i>levalbuterol hcl</i>	3	B/D PA
LEVALBUTEROL TARTRATE	4	QL (30/30)
MOMETASONE NASAL	2	QL (34/30)

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>montelukast oral granules in packet</i>	3	QL (30/30)
<i>montelukast oral tablet</i>	1	QL (30/30)
<i>montelukast oral tablet, chewable</i>	1	QL (30/30)
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; QL (3/28); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4/28); NDS
OFEV	5	PA; QL (60/30); NDS
OHTUVAYRE	5	B/D PA; QL (150/30); NDS
OPSUMIT	5	PA; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
PERFOROMIST	5	B/D PA; QL (120/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS

Drug Name	Drug Tier	Requirements /Limits
PULMICORT	4	B/D PA; QL (120/30)
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	4	PA; QL (30/30)
RYALTRIS	4	ST
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SYMDEKO	5	PA; QL (56/28); NDS
<i>tadalafil (pulm.hypertension)</i>	5	PA; QL (60/30); NDS
<i>terbutaline</i>	4	
THEO-24	4	
<i>theophylline oral tablet extended release 12 hr</i>	3	
<i>theophylline oral tablet extended release 24 hr</i>	3	
<i>tiotropium bromide</i>	4	QL (30/30)
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
TYVASO	5	B/D PA; NDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA; NDS
TYVASO REFILL KIT	5	B/D PA; NDS
TYVASO STARTER KIT	5	B/D PA; NDS
VENTAVIS	5	PA; NDS
VENTOLIN HFA	3	QL (36/30)
<i>wixela inhub</i>	2	QL (60/30)
XHANCE	4	ST; QL (32/30)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
YUPELRI	5	B/D PA; QL (90/30); NDS
<i>zafirlukast</i>	4	QL (60/30)

Drug Name	Drug Tier	Requirements /Limits
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin</i>	4	
<i>fesoterodine</i>	3	QL (30/30)
GEMTESA	4	QL (30/30)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	QL (60/30)
<i>solifenacin</i>	2	
<i>tolterodine</i>	3	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	4	
<i>finasteride oral tablet 5 mg</i>	1	QL (30/30)
<i>tamsulosin</i>	2	QL (60/30)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	2	
CYSTAGON	4	LA
ELMIRON	4	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
K-PHOS ORIGINAL	4	
<i>potassium citrate oral tablet extended release</i>	4	
RENACIDIN	4	
<i>sildenafil</i>	1	EX; QL (6/30)
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (60/30)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30/30)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	4	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet, er particles/crystals</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	4	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	4	
TPN ELECTROLYTES	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	5	B/D PA; NDS
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA

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Covered Drugs By Category

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>bal-care dha</i>	3	
<i>c-nate dha</i>	3	
<i>complete natal dha</i>	3	
<i>elite-ob</i>	3	
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob</i>	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus</i>	3	
<i>pnv-dha</i>	3	
<i>pnv-omega</i>	3	
<i>pnv-select</i>	3	
<i>pr natal 400</i>	3	
<i>pr natal 400 ec</i>	3	
<i>pr natal 430</i>	3	
<i>pr natal 430 ec</i>	3	
<i>prenatal plus (calcium carb)</i>	3	
<i>prenatal vitamin plus low iron</i>	3	
<i>se-natal 19 chewable</i>	3	
<i>se-natal-19</i>	3	
<i>taron-c dha</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>trinatal rx 1</i>	3	
<i>wescap-pn dha</i>	3	
<i>wesnate dha</i>	3	
<i>westab plus</i>	3	
<i>westgel dha</i>	2	

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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Index

A		
<i>abacavir</i>	8	
<i>abacavir-lamivudine</i>	8	
ABELCET.....	8	
ABILIFY ASIMTUFII.....	38	
ABILIFY MAINTENA.....	38	
<i>abiraterone</i>	18	
ABRAXANE.....	18	
ABRYSVO (PF).....	71	
<i>acamprosate</i>	58	
<i>acarbose</i>	62	
<i>acebutolol</i>	47	
<i>acetaminophen-codeine</i>	35	
<i>acetazolamide</i>	82	
<i>acetazolamide sodium</i>	82	
<i>acetic acid</i>	61	
<i>acetylcysteine</i>	83	
<i>acitretin</i>	53	
ACTHIB (PF).....	71	
ACTIMMUNE.....	70	
<i>acyclovir</i>	8, 57	
<i>acyclovir sodium</i>	8	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	71	
<i>adapalene</i>	55	
ADCETRIS.....	18	
<i>adefovir</i>	8	
ADEMPAS.....	83	
ADSTILADRIN.....	18	
ADVAIR HFA.....	83	
ADVOCATE PEN NEEDLE.....	73	
<i>afirmelle</i>	78	
AJOVY AUTOINJECTOR.....	33	
AJOVY SYRINGE.....	33	
AKEEGA.....	18	
<i>ala-cort</i>	57	
<i>albendazole</i>	13	
<i>albuterol sulfate</i>	84	
ALBUTEROL SULFATE.....	83, 84	
<i>alclometasone</i>	57	
<i>alcohol pads</i>	62	
ALCOHOL PREP PADS.....	62	
ALCOHOL SWABS.....	62	
ALCOHOL WIPES.....	62	
ALDURAZYME.....	66	
ALECENSA.....	18	
<i>alendronate</i>	75	
<i>alfuzosin</i>	86	
ALIQOPA.....	18	
<i>aliskiren</i>	47	
<i>allopurinol</i>	75	
<i>alosetron</i>	68	
<i>alprazolam</i>	38	
<i>altavera (28)</i>	78	
ALUNBRIG.....	18	
<i>alyacen 1/35 (28)</i>	78	
<i>alyacen 7/7/7 (28)</i>	78	
<i>amantadine hcl</i>	8	
<i>ambrisentan</i>	84	
<i>amethia</i>	78	
<i>amethyst (28)</i>	78	
<i>amikacin</i>	13	
<i>amiloride</i>	47	
<i>amiloride-hydrochlorothiazide</i> ...	47	
<i>aminocaproic acid</i>	50	
<i>amiodarone</i>	47	
<i>amitriptyline</i>	38	
<i>amlodipine</i>	47	
<i>amlodipine-atorvastatin</i>	52	
<i>amlodipine-benazepril</i>	47	
<i>amlodipine-olmesartan</i>	47	
<i>amlodipine-valsartan</i>	47	
<i>amlodipine-valsartan-hcthiamid</i> ..	47	
<i>ammonium lactate</i>	54	
<i>amnestem</i>	55	
<i>amoxapine</i>	38	
<i>amoxicillin</i>	16	
<i>amoxicillin-pot clavulanate</i>	16	
<i>amphotericin b</i>	8	
<i>amphotericin b liposome</i>	8	
<i>ampicillin</i>	16	
<i>ampicillin sodium</i>	16	
<i>ampicillin-sulbactam</i>	16	
<i>anagrelide</i>	58	
<i>anastrozole</i>	18	
ANKTIVA.....	18	
ANORO ELLIPTA.....	84	
<i>apraclonidine</i>	83	
<i>aprepitant</i>	68	
<i>apri</i>	78	
APTIOM.....	29	
APTIVUS.....	8	
<i>aranelle (28)</i>	78	
ARCALYST.....	70	
AREXVY (PF).....	71	
<i>arformoterol</i>	84	
ARIKAYCE.....	13	
<i>aripiprazole</i>	39	
ARISTADA.....	39	
ARISTADA INITIO.....	39	
<i>armodafinil</i>	39	
ARNUITY ELLIPTA.....	84	
<i>arsenic trioxide</i>	18	
<i>asenapine maleate</i>	39	
<i>ashlyna</i>	78	
<i>aspirin-dipyridamole</i>	51	
ASSURE ID INSULIN SAFETY.....	73	
<i>atazanavir</i>	8	
<i>atenolol</i>	47	
<i>atenolol-chlorthalidone</i>	47	
ATGAM.....	71	
<i>atomoxetine</i>	39	
<i>atorvastatin</i>	52	
<i>atovaquone</i>	13	
<i>atovaquone-proguanil</i>	13	
<i>atropine</i>	67, 81	
ATROPINE.....	67	
ATROVENT HFA.....	84	
<i>abra eq</i>	78	
AUGMENTIN.....	16	
AUGTYRO.....	18	
<i>aurovela 1.5/30 (21)</i>	78	
<i>aurovela 1/20 (21)</i>	78	
<i>aurovela 24 fe</i>	78	
<i>aurovela fe 1.5/30 (28)</i>	78	
<i>aurovela fe 1-20 (28)</i>	78	
AUSTEDO.....	33	
AUSTEDO XR.....	34	
AUSTEDO XR TITRATION KT(WK1-4).....	34	
AUVELITY.....	39	
<i>aviane</i>	78	
AVONEX.....	70	
<i>ayuna</i>	78	
AYVAKIT.....	18	
<i>azacitidine</i>	18	
AZASITE.....	81	
<i>azathioprine</i>	18	
<i>azathioprine sodium</i>	18	
<i>azelaic acid</i>	55	
<i>azelastine</i>	60, 81	
<i>azithromycin</i>	12, 13	
<i>aztreonam</i>	13	
<i>azurette (28)</i>	78	

B		
<i>bacitracin</i>	81	
<i>bacitracin-polymyxin b</i>	81	
<i>baclofen</i>	35	
BACLOFEN	35	
<i>bal-care dha</i>	89	
<i>balsalazide</i>	68	
BALVERSA	18	
<i>balziva (28)</i>	78	
BAQSIMI	62	
BARACLUDE	8	
BAVENCIO	18	
BCG VACCINE, LIVE (PF)	71	
BD ALCOHOL SWABS	62	
BD INSULIN SYRINGE		
ULTRA-FINE	73	
BD SAFETYGLIDE INSULIN		
SYRINGE	73	
BD ULTRA-FINE NANO PEN		
NEEDLE	73	
BD ULTRA-FINE SHORT		
PEN NEEDLE	73	
BELEODAQ	18	
BELSOMRA	39	
<i>benazepril</i>	47	
<i>benazepril-</i>		
<i>hydrochlorothiazide</i>	47	
<i>bendamustine</i>	18	
BENDAMUSTINE	18	
BENDEKA	18	
BENLYSTA	75	
<i>benztropine</i>	32	
BESIVANCE	81	
BESPONSA	18	
BESREMI	70	
<i>betaine</i>	68	
<i>betamethasone dipropionate</i>	57	
<i>betamethasone valerate</i>	57	
<i>betamethasone, augmented</i>	57	
BETASERON	70	
<i>betaxolol</i>	47	
<i>bethanechol chloride</i>	86	
<i>bexarotene</i>	18	
BEXSERO	71	
<i>bicalutamide</i>	18	
BICILLIN L-A	16	
BIKTARVY	8	
<i>bimatoprost</i>	82	
<i>bisoprolol fumarate</i>	47	
<i>bisoprolol-hydrochlorothiazide</i>	48	
<i>bleomycin</i>	18	
BLINCYTO	19	
<i>blisovi 24 fe</i>	78	
<i>blisovi fe 1.5/30 (28)</i>	78	
<i>blisovi fe 1/20 (28)</i>	78	
BOOSTRIX TDAP	71	
<i>bortezomib</i>	19	
BORTEZOMIB	19	
<i>bosentan</i>	84	
BOSULIF	19	
BRAFTOVI	19	
BREO ELLIPTA	84	
<i>breyna</i>	84	
<i>briellyn</i>	78	
BRILINTA	51	
<i>brimonidine</i>	83	
<i>brimonidine-timolol</i>	82	
<i>brinzolamide</i>	82	
BRIUMVI	34	
BRIVIACT	29	
<i>bromfenac</i>	82	
<i>bromocriptine</i>	32	
BROVANA	84	
BRUKINSA	19	
<i>budesonide</i>	68, 84	
<i>bumetanide</i>	48	
<i>buprenorphine</i>	35	
<i>buprenorphine hcl</i>	36	
<i>buprenorphine-naloxone</i>	37	
<i>bupropion hcl</i>	39, 40	
<i>bupropion hcl</i>		
<i>(smoking deter)</i>	60	
<i>buspirone</i>	40	
<i>busulfan</i>	19	
<i>butorphanol</i>	37	
BYDUREON BCISE	62	
C		
CABENUVA	8	
<i>cabergoline</i>	66	
CABOMETYX	19	
<i>calcipotriene</i>	53	
<i>calcitonin (salmon)</i>	66	
<i>calcitriol</i>	53, 66	
CALQUENCE	19	
CALQUENCE		
(ACALABRUTINIB MAL)	19	
<i>camila</i>	77	
<i>camrese</i>	78	
<i>camrese lo</i>	78	
<i>candesartan</i>	48	
<i>candesartan-</i>		
<i>hydrochlorothiazid</i>	48	
CAPLYTA	40	
CAPRELSA	19	
<i>captopril</i>	48	
<i>carbamazepine</i>	29	
<i>carbidopa</i>	32	
<i>carbidopa-levodopa</i>	32, 33	
<i>carbidopa-levodopa-</i>		
<i>entacapone</i>	33	
<i>carboplatin</i>	19	
CARETOUCH ALCOHOL		
PREP PAD	62	
<i>carglumic acid</i>	58	
<i>carmustine</i>	19	
<i>carteolol</i>	81	
<i>cartia xt</i>	48	
<i>carvedilol</i>	48	
<i>carvedilol phosphate</i>	48	
<i>caspofungin</i>	8	
CAYSTON	13	
<i>cefaclor</i>	11	
<i>cefadroxil</i>	11	
<i>cefazolin</i>	12	
CEFAZOLIN	12	
<i>cefazolin in dextrose (iso-os)</i>	11	
CEFAZOLIN IN		
DEXTROSE (ISO-OS)	12	
<i>cefdinir</i>	12	
<i>cefepime</i>	12	
CEFEPIME	12	
CEFEPIME IN		
DEXTROSE 5 %	12	
<i>cefepime in dextrose, iso-osm</i>	12	
<i>cefixime</i>	12	
<i>cefoxitin</i>	12	
<i>cefoxitin in dextrose, iso-osm</i>	12	
<i>cefpodoxime</i>	12	
<i>cefprozil</i>	12	
<i>ceftazidime</i>	12	
<i>ceftriaxone</i>	12	
CEFTRIAZONE	12	
<i>ceftriaxone in dextrose, iso-os</i>	12	
<i>cefuroxime axetil</i>	12	
<i>cefuroxime sodium</i>	12	
<i>celecoxib</i>	37	
<i>cephalexin</i>	12	
CEQR SIMPLICITY	73	
CEQR SIMPLICITY		
INSERTER	73	
CEREZYME	66	
<i>cetirizine</i>	83	
<i>cevimeline</i>	58	
<i>charlotte 24 fe</i>	78	
<i>chateal eq (28)</i>	78	
CHEMET	59	
<i>chloramphenicol sod succinate</i>	13	
<i>chlorhexidine gluconate</i>	60	
<i>chloroquine phosphate</i>	13	

<i>chlorothiazide sodium</i>	48	CLOCORTOLONE PIVALATE ..	57	<i>cyred eq</i>	78
<i>chlorpromazine</i>	40	<i>clodan</i>	57	CYSTAGON	86
<i>chlorthalidone</i>	48	<i>clofarabine</i>	19	CYSTARAN	81
<i>cholestyramine (with sugar)</i>	52	<i>clomipramine</i>	40	<i>cytarabine</i>	20
<i>cholestyramine light</i>	52	<i>clonazepam</i>	30	<i>cytarabine (pf)</i>	20
<i>cholestyramine-aspartame</i>	52	<i>clonidine</i>	48	D	
CHORIONIC		<i>clonidine hcl</i>	48	<i>d10 %-0.45 % sodium</i>	
GONADOTROPIN, HUMAN ..	66	<i>clopidogrel</i>	51	<i>chloride</i>	59
<i>ciclodan</i>	56	<i>clorazepate dipotassium</i>	40	<i>d2.5 %-0.45 % sodium</i>	
<i>ciclopirox</i>	56	<i>clotrimazole</i>	8, 56	<i>chloride</i>	59
<i>cilostazol</i>	51	<i>clotrimazole-betamethasone</i>	56	<i>d5 % and 0.9 % sodium</i>	
CIMDUO	8	<i>clozapine</i>	40	<i>chloride</i>	59
<i>cinacalcet</i>	66	CLOZAPINE	40	<i>d5 %-0.45 % sodium chloride</i>	59
<i>ciprofloxacin</i>	17	<i>c-nate dha</i>	89	<i>dabigatran etexilate</i>	51
<i>ciprofloxacin hcl</i>	16, 81	COARTEM	14	<i>dacarbazine</i>	20
<i>ciprofloxacin in</i>		<i>colchicine</i>	75	<i>dactinomycin</i>	20
5 % dextrose.....	16	<i>colesevelam</i>	52	<i>dalfampridine</i>	34
<i>ciprofloxacin-</i>		<i>colestipol</i>	52	<i>danazol</i>	66
<i>dexamethasone</i>	61	<i>colistin (colistimethate na)</i>	14	<i>dantrolene</i>	35
<i>cisplatin</i>	19	COLUMVI.....	19	DANYELZA.....	20
<i>citalopram</i>	40	COMBIVENT RESPIMAT	84	<i>dapsone</i>	14
<i>cladribine</i>	19	COMETRIQ.....	19	DAPTACEL (DTAP	
<i>claravis</i>	55	COMPLERA	9	PEDIATRIC) (PF)	71
<i>clarithromycin</i>	13	<i>complete natal dha</i>	89	<i>daptomycin</i>	14
CLENPIQ	68	<i>compro</i>	68	DAPTOMYCIN.....	14
<i>clindacin etz</i>	55	<i>constulose</i>	68	DAPTOMYCIN IN	
<i>clindacin p</i>	55	COPIKTRA.....	19	0.9 % SOD CHLOR	14
<i>clindamycin hcl</i>	13	CORLANOR.....	53	<i>darifenacin</i>	86
CLINDAMYCIN IN		CORTIFOAM.....	68	<i>darunavir</i>	9
0.9 % SOD CHLOR	13	<i>cortisone</i>	61	DARZALEX.....	20
CLINDAMYCIN IN 5 %		CORTISPORIN-TC	61	DARZALEX FASPRO	20
DEXTROSE	13	COSENTYX	53, 54	<i>dasetta 1/35 (28)</i>	78
<i>clindamycin palmitate hcl</i>	13	COSENTYX (2 SYRINGES)	53	<i>dasetta 7/7/7 (28)</i>	78
<i>clindamycin pediatric</i>	14	COSENTYX PEN	54	<i>daunorubicin</i>	20
<i>clindamycin phosphate</i> ..	14, 55, 78	COSENTYX PEN (2 PENS).....	54	DAURISMO	20
CLINIMIX 5%/D15W		COSENTYX UNOREADY		<i>daysee</i>	78
SULFITE FREE	88	PEN.....	54	<i>deblitane</i>	77
CLINIMIX 4.25%/D10W		COTELLIC.....	19	<i>decitabine</i>	20
SULF FREE	88	CREON	68	<i>deferasirox</i>	59
CLINIMIX 4.25%/D5W		CRESEMBA	8	<i>deferiprone</i>	59
SULFIT FREE.....	59	<i>cromolyn</i>	68, 81, 84	DELSTRIGO	9
CLINIMIX 5%-D20W		<i>cryselle (28)</i>	78	<i>demeclocycline</i>	17
(SULFITE-FREE).....	88	CURITY ALCOHOL SWABS.....	62	DENGVAXIA (PF).....	71
CLINIMIX 6%-D5W		CURITY GAUZE	73	DEPO-ESTRADIOL.....	77
(SULFITE-FREE).....	88	CUVRIOR.....	59	DEPO-MEDROL.....	61
CLINIMIX 8%-D10W		<i>cyclobenzaprine</i>	35	DEPO-SUBQ PROVERA 104....	77
(SULFITE-FREE).....	88	<i>cyclophosphamide</i>	19	DESCOVY	9
CLINIMIX 8%-D14W		CYCLOPHOSPHAMIDE	19	<i>desipramine</i>	40
(SULFITE-FREE).....	88	<i>cycloserine</i>	14	<i>desloratadine</i>	83
CLINISOL SF 15 %.....	88	CYCLOSET	62	<i>desmopressin</i>	66
<i>clobazam</i>	29	<i>cyclosporine</i>	20, 81	<i>desog-e.estradiol/e.estradiol</i>	78
<i>clobetasol</i>	57	<i>cyclosporine modified</i>	20	<i>desogestrel-ethinyl estradiol</i>	79
<i>clobetasol-emollient</i>	57	CYRAMZA.....	20	<i>desonide</i>	57

<i>desoximetasone</i>	57	<i>dofetilide</i>	47	<i>electrolyte-48 in d5w</i>	88
<i>desvenlafaxine succinate</i>	40	<i>dolishale</i>	79	ELIGARD.....	20
<i>dexamethasone</i>	61	<i>donepezil</i>	34	ELIGARD (3 MONTH).....	20
<i>dexamethasone intensol</i>	61	DOPTELET (10 TAB PACK).....	51	ELIGARD (4 MONTH).....	20
<i>dexamethasone sodium</i>		DOPTELET (15 TAB PACK).....	51	ELIGARD (6 MONTH).....	20
<i>phos (pf)</i>	61	DOPTELET (30 TAB PACK).....	51	<i>elinest</i>	79
<i>dexamethasone sodium</i>		<i>dorzolamide</i>	82	ELIQUIS.....	51
<i>phosphate</i>	61, 82	<i>dorzolamide-timolol</i>	82	ELIQUIS DVT-PE TREAT	
<i>dexmethylphenidate</i>	40	<i>dotti</i>	77	30D START.....	51
<i>dextroamphetamine sulfate</i>	40	DOVATO.....	9	<i>elite-ob</i>	89
<i>dextroamphetamine-</i>		<i>doxazosin</i>	48	ELMIRON.....	86
<i>amphetamine</i>	40, 41	<i>doxepin</i>	41	ELREXFIO.....	20
<i>dextrose 10 % and</i>		<i>doxercalciferol</i>	66	ELZONRIS.....	20
<i>0.2 % nacl</i>	59	<i>doxorubicin</i>	20	EMPLICITI.....	20
<i>dextrose 10 % in</i>		<i>doxorubicin, peg-liposomal</i>	20	EMSAM.....	41
<i>water (d10w)</i>	59	<i>doxy-100</i>	17	<i>emtricitabine</i>	9
<i>dextrose 25 % in</i>		<i>doxycycline hyclate</i>	17	<i>emtricitabine-tenofovir (tdf)</i>	9
<i>water (d25w)</i>	59	<i>doxycycline monohydrate</i>	17	EMTRIVA.....	9
<i>dextrose 5 % in water (d5w)</i>	59	DRIZALMA SPRINKLE.....	41	EMVERM.....	14
DEXTROSE 5 % IN		<i>dronabinol</i>	68	<i>emzahn</i>	77
WATER (D5W).....	59	DROPLET MICRON PEN		<i>enalapril maleate</i>	48
<i>dextrose 5 %-lactated ringers</i>	59	NEEDLE.....	73	<i>enalapril-hydrochlorothiazide</i>	48
<i>dextrose 5%-0.2 % sod</i>		DROPLET PEN NEEDLE.....	73	ENBREL.....	75
<i>chloride</i>	59	DROPSAFE ALCOHOL		ENBREL MINI.....	75
<i>dextrose 5%-0.3 % sod.</i>		PREP PADS.....	62	ENBREL SURECLICK.....	75
<i>chloride</i>	59	DROPSAFE PEN NEEDLE.....	73	<i>endocet</i>	36
<i>dextrose 50 % in water (d50w)</i>	59	<i>drospirenone-e.estradiol-lm.fa</i> ..	79	ENERGIX-B (PF).....	71
DEXTROSE 50 % IN WATER		<i>drospirenone-ethinyl estradiol</i> ...	79	ENERGIX-B PEDIATRIC (PF)...	71
(D50W).....	59	DROXIA.....	20	ENHERTU.....	20
<i>dextrose 70 % in water (d70w)</i>	59	<i>droxidopa</i>	59	<i>enoxaparin</i>	51
DIACOMIT.....	30	DUAVEE.....	77	<i>enpresse</i>	79
<i>diazepam</i>	30, 41	<i>duloxetine</i>	41	<i>enskyce</i>	79
<i>diazepam intensol</i>	41	DUPIXENT PEN.....	54	<i>entacapone</i>	33
<i>diazoxide</i>	62	DUPIXENT SYRINGE.....	54	<i>entecavir</i>	9
<i>diclofenac potassium</i>	37	<i>dutasteride</i>	86	ENTRESTO.....	53
<i>diclofenac sodium</i>	37, 82	<i>dutasteride-tamsulosin</i>	86	<i>enulose</i>	68
<i>dicloxacillin</i>	16	E		ENVARBUS XR.....	20
<i>dicyclomine</i>	67	EASY COMFORT ALCOHOL		EPIDIOLEX.....	30
DIFICID.....	13	PAD.....	62	<i>epinastine</i>	81
<i>diflunisal</i>	37	EASY COMFORT SAFETY		<i>epinephrine</i>	83
<i>difluprednate</i>	82	PEN NEEDLE.....	73	EPINEPHRINE.....	83
<i>digoxin</i>	53	EASY TOUCH ALCOHOL		<i>epirubicin</i>	20
<i>dihydroergotamine</i>	33	PREP PADS.....	62	<i>epitol</i>	30
DILANTIN.....	30	<i>ec-naproxen</i>	37	EPKINLY.....	20
<i>diltiazem hcl</i>	48	<i>econazole</i>	56	<i>eplerenone</i>	48
<i>dilt-xr</i>	48	<i>edaravone</i>	34	EPRONTIA.....	30
<i>dimethyl fumarate</i>	34	EDARBI.....	48	ERBITUX.....	20
<i>diphenhydramine hcl</i>	83	EDARBYCLOR.....	48	<i>ergotamine-caffeine</i>	33
<i>diphenoxylate-atropine</i>	67	EDURANT.....	9	<i>eribulin</i>	20
<i>dipyridamole</i>	51	<i>efavirenz</i>	9	ERIVEDGE.....	20
<i>disulfiram</i>	59	<i>efavirenz-emtricitabin-tenofov</i>	9	ERLEADA.....	20
<i>divalproex</i>	30	<i>efavirenz-lamivu-tenofov disop</i> ...	9	<i>erlotinib</i>	20
<i>docetaxel</i>	20	ELAPRASE.....	66	<i>errin</i>	77

<i>ertapenem</i>	14	<i>fenofibric acid (choline)</i>	52	<i>fosinopril</i>	48
<i>ery pads</i>	55	<i>fentanyl</i>	36	<i>fosinopril-hydrochlorothiazide</i>	48
<i>ery-tab</i>	13	<i>fentanyl citrate</i>	36	<i>fosphenytoin</i>	30
ERYTHROCIN	13	<i>fentanyl citrate (pf)</i>	36	FOTIVDA.....	21
<i>erythrocin (as stearate)</i>	13	FERRIPROX	59	FRUZAQLA	21
<i>erythromycin</i>	13, 81	FERRIPROX (2 TIMES		<i>fulvestrant</i>	21
<i>erythromycin ethylsuccinate</i>	13	A DAY)	59	<i>furosemide</i>	48
<i>erythromycin lactobionate</i>	13	<i>fesoterodine</i>	86	FUZEON.....	9
<i>erythromycin with ethanol</i>	55	FETZIMA.....	41	FYARRO.....	21
<i>erythromycin-benzoyl peroxide</i> ..	56	<i>finasteride</i>	86	<i>fyavolv</i>	77
<i>escitalopram oxalate</i>	41	<i>finolimid</i>	34	FYCOMPA.....	30
<i>esomeprazole magnesium</i>	70	FINTEPLA.....	30	G	
<i>estarylla</i>	79	<i>finzala</i>	79	<i>gabapentin</i>	30
<i>estradiol</i>	77	FIRMAGON KIT W		<i>galantamine</i>	34
<i>estradiol valerate</i>	77	DILUENT SYRINGE.....	21	GAMMAGARD LIQUID.....	71
ESTRING.....	77	FIRVANQ	14	GAMMAKED.....	71
<i>ethacrynate sodium</i>	48	<i>flac otic oil</i>	61	GAMMAPLEX.....	71
<i>ethambutol</i>	14	<i>flecainide</i>	47	GAMMAPLEX (WITH	
<i>ethosuximide</i>	30	<i>floxuridine</i>	21	SORBITOL).....	71
<i>ethynodiol diac-eth estradiol</i>	79	<i>fluconazole</i>	8	GAMUNEX-C.....	71
<i>etodolac</i>	37	<i>fluconazole in nacl (iso-osm)</i>	8	GARDASIL 9 (PF)	71
<i>etonogestrel-ethinyl estradiol</i>	78	<i>flucytosine</i>	8	GATTEX 30-VIAL	68
ETOPOPHOS.....	20	<i>fludarabine</i>	21	GATTEX ONE-VIAL	68
<i>etoposide</i>	20	<i>fludrocortisone</i>	61	GAUZE PAD	73
<i>etravirine</i>	9	<i>flunisolide</i>	84	<i>gavilyte-c</i>	68
<i>euthyrox</i>	67	<i>fluocinolone</i>	57	GAVRETO	21
<i>everolimus (antineoplastic)</i>	21	<i>fluocinolone acetamide oil</i>	61	GAZYVA	21
<i>everolimus</i>		<i>fluocinolone and shower cap</i>	57	<i>gefitinib</i>	21
(immunosuppressive)	21	<i>fluocinonide</i>	57, 58	<i>gemcitabine</i>	21
EVOMELA	21	<i>fluoride (sodium)</i>	60, 89	GEMCITABINE.....	22
EVOTAZ	9	<i>fluorometholone</i>	82	<i>gemfibrozil</i>	52
<i>exemestane</i>	21	<i>fluorouracil</i>	21, 54	<i>gemmily</i>	79
EXTENCILLINE	16	FLUOROURACIL	54	GEMTESA.....	86
EYLEA	82	<i>fluoxetine</i>	41, 42	<i>generlac</i>	68
EYSUVIS	82	<i>fluoxetine (pmd)</i>	41	<i>gengraf</i>	22
<i>ezetimibe</i>	52	<i>fluphenazine decanoate</i>	42	GENOTROPIN	70
<i>ezetimibe-simvastatin</i>	52	<i>fluphenazine hcl</i>	42	GENOTROPIN MINIQUICK.....	70
F		<i>flurbiprofen</i>	37	<i>gentamicin</i>	14, 56, 81
FABRAZYME.....	66	<i>flurbiprofen sodium</i>	82	<i>gentamicin in nacl (iso-osm)</i>	14
<i>falmina (28)</i>	79	<i>fluticasone propionate</i>	58	GENTAMICIN IN NAACL	
<i>famciclovir</i>	9	FLUTICASONE		(ISO-OSM).....	14
<i>famotidine</i>	70	PROPIONATE.....	84	<i>gentamicin sulfate (ped) (pf)</i>	14
FANAPT.....	41	<i>fluticasone propion-salmeterol</i> ..	84	GENVOYA.....	9
FARXIGA.....	62	<i>fluvastatin</i>	52	GILOTRIF	22
FARYDAK.....	21	<i>fluvoxamine</i>	42	<i>glatiramer</i>	34, 35
FASENRA.....	84	<i>folivane-ob</i>	89	<i>glatopa</i>	35
FASENRA PEN	84	FOLOTYN	21	GLEOSTINE	22
<i>febuxostat</i>	75	<i>fomepizole</i>	71	<i>glimepiride</i>	62
<i>felbamate</i>	30	<i>fondaparinux</i>	51	<i>glipizide</i>	63
<i>felodipine</i>	48	<i>formoterol fumarate</i>	84	GLIPIZIDE	63
<i>fenofibrate</i>	52	FORTEO	75	<i>glipizide-metformin</i>	63
<i>fenofibrate micronized</i>	52	<i>fosamprenavir</i>	9	GLUCAGON (HCL)	
<i>fenofibrate nanocrystallized</i>	52	<i>fosfomycin tromethamine</i>	17	EMERGENCY KIT	63

GLUCAGON EMERGENCY KIT (HUMAN).....	63	KWIKPEN	63	<i>ibu</i>	37
<i>glutamine (sickle cell)</i>	59	HUMALOG MIX 75-25 (U-100)INSULIN	63	<i>ibuprofen</i>	37
<i>glycopyrrolate</i>	68	HUMALOG U-100 INSULIN	63	<i>icatibant</i>	84
<i>glycopyrrolate (pf)</i>	67	HUMIRA	76	<i>iclevia</i>	79
<i>glycopyrrolate (pf) in water</i>	68	HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074).....	75	ICLUSIG	22
GLYCOPYRROLATE (PF) IN WATER.....	68	HUMIRA(CF).....	76	<i>icosapent ethyl</i>	52
<i>glydo</i>	54	HUMIRA(CF) PEN	76	<i>idarubicin</i>	22
GLYXAMBI	63	HUMIRA(CF) PEN	76	IDHIFA.....	22
<i>granisetron hcl</i>	68	HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074).....	76	<i>ifosfamide</i>	22
<i>griseofulvin microsize</i>	8	HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074).....	76	ILEVRO	82
<i>griseofulvin ultramicrosize</i>	8	HUMIRA(CF) PEN PSOR- UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074).....	76	<i>imatinib</i>	22
<i>guanfacine</i>	42	HUMULIN 70/30 U-100 INSULIN	63	IMBRUVICA.....	22
GVOKE	63	HUMULIN 70/30 U-100 KWIKPEN	63	IMDELLTRA	22
GVOKE HYOPEN 1-PACK	63	HUMULIN N NPH INSULIN KWIKPEN	63	IMFINZI.....	22
GVOKE HYOPEN 2-PACK	63	HUMULIN N NPH U-100 INSULIN	63	<i>imipenem-cilastatin</i>	14
GVOKE PFS 1-PACK SYRINGE.....	63	HUMULIN R REGULAR U-100 INSULIN	63	<i>imipramine hcl</i>	42
GVOKE PFS 2-PACK SYRINGE.....	63	HUMULIN R U-500 (CONC) INSULIN	64	<i>imiquimod</i>	54, 55
H		HUMULIN R U-500 (CONC) KWIKPEN	64	IMJUDO.....	22
HAEGARDA.....	84	<i>hydralazine</i>	48, 49	IMOVAX RABIES VACCINE (PF).....	71
<i>hailey</i>	79	<i>hydrochlorothiazide</i>	49	INBRIJA.....	33
<i>hailey 24 fe</i>	79	<i>hydrocodone-acetaminophen</i>	36	<i>incassia</i>	77
<i>hailey fe 1.5/30 (28)</i>	79	HYDROCODONE- ACETAMINOPHEN	36	INCONTROL PEN NEEDLE	73
<i>hailey fe 1/20 (28)</i>	79	<i>hydrocodone-ibuprofen</i>	36	INCRELEX.....	59
HALAVEN	22	<i>hydrocortisone</i>	58, 61, 68	INCRUSE ELLIPTA	84
<i>halobetasol propionate</i>	58	<i>hydrocortisone butyrate</i>	58	<i>indapamide</i>	49
<i>haloperidol</i>	42	<i>hydrocortisone valerate</i>	58	INFANRIX (DTAP) (PF)	71
<i>haloperidol decanoate</i>	42	<i>hydrocortisone-acetic acid</i>	61	INFLECTRA.....	68
<i>haloperidol lactate</i>	42	<i>hydromorphone</i>	36	INFUMORPH P/F	36
HAVRIX (PF)	71	<i>hydroxychloroquine</i>	14	INLYTA.....	22
<i>heather</i>	77	<i>hydroxyurea</i>	22	INQOVI.....	22
<i>heparin (porcine)</i>	51	<i>hydroxyzine hcl</i>	83	INREBIC	22
<i>heparin (porcine) in 5 % dex</i>	51	<i>hydroxyzine pamoate</i>	83	INSULIN LISPRO	64
<i>heparin (porcine) in nacl (pf)</i>	51	I		INSULIN LISPRO PROTAMIN-LISPRO	64
HEPARIN (PORCINE) IN NACL (PF).....	51	<i>ibandronate</i>	75	INSULIN SYRINGE-NEEDLE U-100.....	73
<i>heparin, porcine (pf)</i>	51	IBRANCE	22	INTELENCE	9
HEPARIN, PORCINE (PF)	51			<i>intralipid</i>	88
<i>heparin(porcine) in 0.45% nacl</i>	51			INTRALIPID	88
HEPLISAV-B (PF).....	71			INVEGA HAFYERA	42
HIBERIX (PF)	71			INVEGA SUSTENNA	42
HUMALOG JUNIOR KWIKPEN U-100	63			INVEGA TRINZA	42, 43
HUMALOG KWIKPEN INSULIN.....	63			INVELTYS	82
HUMALOG MIX 50-50 KWIKPEN	63			IPOL	71
HUMALOG MIX 75-25				<i>ipratropium bromide</i>	60, 84

<i>isibloom</i>	79	<i>ketorolac</i>	82	LEUPROLIDE (3 MONTH)	23
<i>isoniazid</i>	14	KEYTRUDA.....	22	<i>levalbuterol hcl</i>	84
<i>isosorbide dinitrate</i>	53	KIMMTRAK	22	LEVALBUTEROL TARTRATE... 84	
<i>isosorbide mononitrate</i>	53	KINRIX (PF)	71	levetiracetam	31
<i>isosorbide-hydralazine</i>	49	<i>kionex (with sorbitol)</i>	60	levetiracetam in nacl (iso-os)....	31
<i>isotretinoin</i>	56	KISQALI	23	levobunolol	81
<i>isradipine</i>	49	KISQALI FEMARA		<i>levocarnitine</i>	60
<i>itraconazole</i>	8	CO-PACK.....	22, 23	<i>levocarnitine (with sugar)</i>	60
IV PREP WIPES	64	<i>klayesta</i>	56	<i>levocetirizine</i>	83
<i>ivabradine</i>	53	KLISYRI	23	<i>levofloxacin</i>	17
<i>ivermectin</i>	14	<i>klor-con</i>	87	<i>levofloxacin in d5w</i>	17
IWILFIN.....	22	<i>klor-con 10</i>	87	<i>levonest (28)</i>	79
IXCHIQ (PF)	71	<i>klor-con 8</i>	87	<i>levonorgest-eth.estradiol-iron</i> ...	79
IXEMPRA.....	22	<i>klor-con m10</i>	87	<i>levonorgestrel-ethinyl estrad</i>	79
IXIARO (PF).....	71	<i>klor-con m15</i>	87	<i>levonorg-eth estrad triphasic</i>	79
J		<i>klor-con m20</i>	87	<i>levora-28</i>	79
<i>jaimiess</i>	79	KLOXXADO	37	<i>levo-t</i>	67
JAKAFI.....	22	KOSELUGO	23	<i>levothyroxine</i>	67
<i>jantoven</i>	51	<i>kourzeq</i>	60	<i>levoxyl</i>	67
JANUMET	64	K-PHOS ORIGINAL	87	LIBERVANT.....	31
JANUMET XR.....	64	KRAZATI	23	LIBTAYO	23
JANUVIA.....	64	<i>kurvelo (28)</i>	79	<i>lidocaine</i>	55
JARDIANCE	64	KYPROLIS	23	<i>lidocaine (pf)</i>	47, 55
<i>jasmiel (28)</i>	79	L		<i>lidocaine hcl</i>	55
JAYPIRCA	22	<i>l norgest/e.estradiol-e.estrad</i>	79	<i>lidocaine viscous</i>	55
JEMPERLI	22	<i>labetalol</i>	49	<i>lidocaine-prilocaine</i>	55
<i>jencycla</i>	77	<i>lacosamide</i>	30	LILETTA	78
JENTADUETO.....	64	<i>lactated ringers</i>	58, 87	<i>lincomycin</i>	14
JENTADUETO XR.....	64	<i>lactulose</i>	68	<i>linezolid</i>	14
JEVTANA.....	22	<i>lamivudine</i>	9	<i>linezolid in dextrose 5%</i>	14
<i>jolessa</i>	79	<i>lamivudine-zidovudine</i>	9	LINEZOLID-0.9% SODIUM	
<i>joyeaux</i>	79	<i>lamotrigine</i>	30, 31	CHLORIDE	14
<i>juleber</i>	79	LANOXIN PEDIATRIC	53	LINZESS.....	68
JULUCA.....	9	<i>lansoprazole</i>	70	<i>liothyronine</i>	67
<i>junel 1.5/30 (21)</i>	79	LANTUS SOLOSTAR		<i>lisdexamfetamine</i>	43
<i>junel 1/20 (21)</i>	79	U-100 INSULIN	64	<i>lisinopril</i>	49
<i>junel fe 1.5/30 (28)</i>	79	LANTUS U-100 INSULIN	64	<i>lisinopril-hydrochlorothiazide</i>	49
<i>junel fe 1/20 (28)</i>	79	<i>lapatinib</i>	23	<i>lithium carbonate</i>	43
<i>junel fe 24</i>	79	<i>larin 1.5/30 (21)</i>	79	<i>lithium citrate</i>	43
JYLAMVO	22	<i>larin 1/20 (21)</i>	79	LIVTENCITY	10
JYNNEOS (PF).....	71	<i>larin 24 fe</i>	79	<i>lojaimiess</i>	79
K		<i>larin fe 1.5/30 (28)</i>	79	LONSURF	23
KABIVEN	88	<i>larin fe 1/20 (28)</i>	79	<i>loperamide</i>	68
KADCYLA	22	<i>latanoprost</i>	82	<i>lopinavir-ritonavir</i>	10
<i>kaitlib fe</i>	79	<i>layolis fe</i>	79	LOQTORZI	23
<i>kalliga</i>	79	<i>leflunomide</i>	76	<i>lorazepam</i>	43
KALYDECO	84	<i>lenalidomide</i>	23	<i>lorazepam intensol</i>	43
<i>kariva (28)</i>	79	LENVIMA	23	LORBRENA	23
<i>kelnor 1/35 (28)</i>	79	<i>lessina</i>	79	<i>loryna (28)</i>	79
<i>kelnor 1/50 (28)</i>	79	<i>letrozole</i>	23	<i>losartan</i>	49
KERENDIA	49	<i>leucovorin calcium</i>	18	<i>losartan-</i>	
KESIMPTA PEN	35	LEUKERAN.....	23	<i>hydrochlorothiazide</i>	49
<i>ketoconazole</i>	8, 56	<i>leuprolide</i>	23	LOTEMAX	83

LOTEMAX SM	83	<i>melphalan hcl</i>	24	MIEBO (PF).....	82
<i>loteprednol etabonate</i>	83	<i>memantine</i>	35	<i>mifepristone</i>	66
<i>lovastatin</i>	52	MEMANTINE.....	35	<i>migergot</i>	33
<i>low-ogestrel (28)</i>	79	MENACTRA (PF)	72	<i>miglitol</i>	64
<i>loxapine succinate</i>	43	MENQUADFI (PF).....	72	<i>mili</i>	80
<i>lo-zumandimine (28)</i>	79	MENVEO A-C-Y-W-		<i>minocycline</i>	17
<i>lubiprostone</i>	68	135-DIP (PF).....	72	<i>minoxidil</i>	49
<i>ludent fluoride</i>	89	<i>mercaptapurine</i>	24	<i>mirtazapine</i>	43
LUMAKRAS.....	23, 24	<i>meropenem</i>	14	<i>misoprostol</i>	70
LUMIGAN	82	MEROPENEM-0.9% SODIUM		MITIGARE.....	75
LUMIZYME	66	CHLORIDE.....	14	<i>mitomycin</i>	25
LUNSUMIO.....	24	<i>merzee</i>	79	<i>mitoxantrone</i>	25
LUPRON DEPOT	24	<i>mesalamine</i>	68	M-M-R II (PF).....	72
LUPRON DEPOT (3 MONTH) ...	24	<i>mesalamine with</i>		<i>m-natal plus</i>	89
LUPRON DEPOT (4 MONTH) ...	24	<i>cleansing wipe</i>	68	<i>modafinil</i>	43
LUPRON DEPOT (6 MONTH) ...	24	<i>mesna</i>	18	<i>moexipril</i>	49
LUPRON DEPOT-PED	24	MESNEX.....	18	<i>molindone</i>	43
LUPRON DEPOT-PED		<i>metadate er</i>	43	<i>mometasone</i>	58
(3 MONTH)	24	<i>metformin</i>	64	MOMETASONE.....	84
<i>lurasidone</i>	43	<i>methadone</i>	36	<i>mondoxyne nl</i>	17
<i>lutra (28)</i>	79	<i>methazolamide</i>	82	MONJUVI	25
LYNPARZA.....	24	<i>methenamine hippurate</i>	17	<i>mono-lynyah</i>	80
LYSODREN.....	24	<i>methimazole</i>	62	<i>montelukast</i>	85
LYTGOBI.....	24	<i>methocarbamol</i>	35	<i>morphine</i>	36, 37
LYUMJEV KWIKPEN U-100		<i>methotrexate sodium</i>	25	MORPHINE	36, 37
INSULIN.....	64	<i>methotrexate sodium (pf)</i>	24	<i>morphine (pf)</i>	36
LYUMJEV KWIKPEN U-200		<i>methoxsalen</i>	55	<i>morphine concentrate</i>	36
INSULIN.....	64	<i>methsuximide</i>	31	MOTPOLY XR.....	31
LYUMJEV U-100 INSULIN	64	<i>methylphenidate hcl</i>	43	MOUNJARO	64
<i>lyza</i>	77	<i>methylpred dp</i>	61	MOVANTIK.....	69
M		<i>methylprednisolone</i>	61	<i>moxifloxacin</i>	17, 81
<i>magnesium sulfate</i>	87	<i>methylprednisolone acetate</i>	61	MOXIFLOXACIN-SOD.	
MAGNESIUM SULFATE		<i>methylprednisolone</i>		ACE,SUL-WATER.....	17
IN D5W	87	<i>sodium succ</i>	61	<i>moxifloxacin-sod.chloride(iso)</i> ...	17
<i>magnesium sulfate in water</i>	87	<i>metoclopramide hcl</i>	69	MRESVIA (PF)	72
<i>malathion</i>	58	<i>metolazone</i>	49	MULTAQ.....	47
<i>maraviroc</i>	10	<i>metoprolol succinate</i>	49	<i>mupirocin</i>	56
MARGENZA	24	<i>metoprolol ta-hydrochlorothiaz</i> ..	49	<i>mupirocin calcium</i>	56
<i>marlissa (28)</i>	79	<i>metoprolol tartrate</i>	49	<i>mycophenolate mofetil</i>	25
MARPLAN	43	<i>metro i.v.</i>	14	<i>mycophenolate mofetil (hcl)</i>	25
MATULANE	24	<i>metronidazole</i>	14, 56, 78	<i>mycophenolate sodium</i>	25
<i>matzim la</i>	49	<i>metronidazole in nacl</i>		MYLOTARG	25
MAVYRET	10	(<i>iso-os</i>).....	14	MYRBETRIQ	86
MAXICOMFORT SAFETY		<i>metyrosine</i>	49	N	
PEN NEEDLE	73	<i>mexiletine</i>	47	<i>nabumetone</i>	38
<i>meclizine</i>	68	<i>micafungin</i>	8	<i>nadolol</i>	49
MEDROL	61	MICAFUNGIN IN		<i>nafcillin</i>	16
<i>medroxyprogesterone</i>	77	0.9 % SODIUM CHL	8	<i>nafcillin in dextrose iso-osm</i>	16
<i>mefloquine</i>	14	<i>microgestin 1.5/30 (21)</i>	80	<i>naftifine</i>	56
<i>megestrol</i>	24	<i>microgestin 1/20 (21)</i>	80	NAGLAZYME	66
MEKINIST.....	24	<i>microgestin fe 1.5/30 (28)</i>	80	<i>naloxone</i>	38
MEKTOVI.....	24	<i>microgestin fe 1/20 (28)</i>	80	<i>naltrexone</i>	38
<i>meloxicam</i>	37, 38	<i>midodrine</i>	60	NAMZARIC.....	35

<i>naproxen</i>	38	<i>ethinyl estradiol</i>	80	(GEN 4).....	74
<i>naproxen sodium</i>	38	<i>nortrel 0.5/35 (28)</i>	80	OMNIPOD DASH PODS	
<i>naratriptan</i>	33	<i>nortrel 1/35 (21)</i>	80	(GEN 4).....	74
NATACYN.....	81	<i>nortrel 1/35 (28)</i>	80	OMNIPOD GO PODS.....	74
<i>nateglinide</i>	65	<i>nortrel 7/7/7 (28)</i>	80	OMNIPOD GO PODS 10	
NAYZILAM.....	31	<i>nortriptyline</i>	43	UNITS/DAY.....	74
<i>nebivolol</i>	49	NORVIR.....	10	OMNIPOD GO PODS 15	
<i>necon 0.5/35 (28)</i>	80	NOVOFINE 32.....	73	UNITS/DAY.....	74
<i>nefazodone</i>	43	NOVOFINE PLUS.....	73	OMNIPOD GO PODS 20	
<i>nelarabine</i>	25	NUBEQA.....	25	UNITS/DAY.....	74
<i>neomycin</i>	14	NUCALA.....	85	OMNIPOD GO PODS 25	
<i>neomycin-bacitracin-poly-hc</i>	82	NUDEXTA.....	35	UNITS/DAY.....	74
<i>neomycin-bacitracin-</i>		NULOJIX.....	25	OMNIPOD GO PODS 30	
<i>polymyxin</i>	81	NUPLAZID.....	43	UNITS/DAY.....	74
<i>neomycin-polymyxin b gu</i>	58	NURTEC ODT.....	33	OMNIPOD GO PODS 40	
<i>neomycin-polymyxin</i>		NUZYRA.....	17	UNITS/DAY.....	74
<i>b-dexameth</i>	82	<i>nyamyc</i>	56	ONCASPAR.....	25
<i>neomycin-polymyxin-</i>		<i>nylia 1/35 (28)</i>	80	<i>ondansetron</i>	69
<i>gramicidin</i>	81	<i>nylia 7/7/7 (28)</i>	80	<i>ondansetron hcl</i>	69
<i>neomycin-polymyxin-hc</i>	61, 82	<i>nymyo</i>	80	<i>ondansetron hcl (pf)</i>	69
NERLYNX.....	25	<i>nystatin</i>	8, 56	ONGENTYS.....	33
<i>nevirapine</i>	10	<i>nystatin-triamcinolone</i>	56	ONIVYDE.....	25
NEXLETOL.....	52	<i>nystop</i>	57	ONUREG.....	25
NEXLIZET.....	52	NYVEPRIA.....	70	OPDIVO.....	25
NEXPLANON.....	78	O		OPDUALAG.....	25
<i>niacin</i>	52	OCALIVA.....	69	OPSUMIT.....	85
NIACOR.....	52	<i>ocella</i>	80	<i>oralone</i>	61
<i>nicardipine</i>	49	OCTAGAM.....	72	ORBACTIV.....	15
NICOTROL.....	60	<i>octreotide acetate</i>	25	ORENCIA.....	76
NICOTROL NS.....	60	ODEFSEY.....	10	ORENCIA CLICKJECT.....	76
<i>nifedipine</i>	49	ODOMZO.....	25	ORENITRAM.....	49, 50
<i>nikki (28)</i>	80	OFEV.....	85	ORENITRAM MONTH 1	
<i>nilutamide</i>	25	<i>ofloxacin</i>	61, 81	TITRATION KT.....	49
<i>nimodipine</i>	49	OGSIVEO.....	25	ORENITRAM MONTH 2	
NINLARO.....	25	OHTUVAYRE.....	85	TITRATION KT.....	49
NIPENT.....	25	OJEMDA.....	25	ORENITRAM MONTH 3	
<i>nisoldipine</i>	49	OJJAARA.....	25	TITRATION KT.....	49
<i>nitazoxanide</i>	14	<i>olanzapine</i>	44	ORGOVYX.....	25
<i>nitisinone</i>	60	<i>olanzapine-fluoxetine</i>	44	ORKAMBI.....	85
<i>nitrofurantoin macrocrystal</i>	17	<i>olmesartan</i>	49	ORSERDU.....	25
<i>nitrofurantoin monohyd</i>		<i>olmesartan-amlodipin-</i>		<i>oseltamivir</i>	10
<i>/m-cryst</i>	18	<i>hcthiazid</i>	49	OTEZLA.....	76
<i>nitroglycerin</i>	53, 69	<i>olmesartan-</i>		OTEZLA STARTER.....	76
NIVESTYM.....	70	<i>hydrochlorothiazide</i>	49	<i>oxacillin</i>	16
<i>nora-be</i>	77	<i>omega-3 acid ethyl esters</i>	52	<i>oxaliplatin</i>	25
<i>noreth-ethinyl estradiol-iron</i>	80	<i>omeprazole</i>	70	<i>oxaprozin</i>	38
<i>norethindrone (contraceptive)</i>	77	OMNIPOD 5 G6 INTRO		<i>oxazepam</i>	44
<i>norethindrone acetate</i>	77	KIT (GEN 5).....	73	<i>oxcarbazepine</i>	31
<i>norethindrone ac-eth</i>		OMNIPOD 5 G6 PODS		OXERVATE.....	82
<i>estradiol</i>	77, 80	(GEN 5).....	74	<i>oxybutynin chloride</i>	86
<i>norethindrone-</i>		OMNIPOD CLASSIC		<i>oxycodone</i>	37
<i>e.estradiol-iron</i>	80	PODS (GEN 3).....	74	<i>oxycodone-acetaminophen</i>	37
<i>norgestimate-</i>		OMNIPOD DASH INTRO KIT		<i>oxymorphone</i>	37

OZEMPIC	65	PIFELTRO.....	10	<i>pravastatin</i>	52
P		<i>pilocarpine hcl</i>	60, 82	<i>praziquantel</i>	15
<i>pacerone</i>	47	<i>pimecrolimus</i>	55	<i>prazosin</i>	50
<i>paclitaxel</i>	25	<i>pimozide</i>	44	<i>prednisolone</i>	61
PACLITAXEL		<i>pimtree (28)</i>	80	<i>prednisolone acetate</i>	83
PROTEIN-BOUND.....	25	<i>pinidolol</i>	50	<i>prednisolone sodium</i>	
PADCEV.....	26	<i>pioglitazone</i>	65	<i>phosphate</i>	62, 83
<i>paliperidone</i>	44	<i>pioglitazone-metformin</i>	65	<i>prednisone</i>	62
<i>palonosetron</i>	69	<i>piperacillin-tazobactam</i>	16	<i>prednisone intensol</i>	62
<i>pamidronate</i>	66	PIPERACILLIN-		<i>pregabalin</i>	31
PANRETIN.....	55	TAZOBACTAM.....	16	PREHEVBRIO (PF).....	72
<i>pantoprazole</i>	70	PIQRAY.....	26	PREMARIN.....	77, 78
<i>paricalcitol</i>	66	<i>pirfenidone</i>	85	<i>premasol 10 %</i>	88
<i>paroxetine hcl</i>	44	PIRFENIDONE.....	85	PREMPRO.....	78
PAXLOVID.....	10	<i>pitavastatin calcium</i>	52	<i>prenatal plus (calcium carb)</i>	89
<i>pazopanib</i>	26	PLENAMINE.....	88	<i>prenatal vitamin plus low iron</i>	89
PEDIARIX (PF).....	72	<i>plerixafor</i>	70	<i>prevalite</i>	52
PEDVAX HIB (PF).....	72	<i>pnv-dha</i>	89	PREVYMIS.....	10
<i>peg 3350-electrolytes</i>	69	<i>pnv-omega</i>	89	PREZCOBIX.....	10
PEGASYS.....	70	<i>pnv-select</i>	89	PREZISTA.....	10
<i>peg-electrolyte soln</i>	69	<i>podofilox</i>	55	PRIFTIN.....	15
PEMAZYRE.....	26	POLIVY.....	26	PRIMAQUINE.....	15
<i>pemetrexed disodium</i>	26	<i>polycin</i>	81	<i>primidone</i>	31
PEMETREXED DISODIUM.....	26	<i>polymyxin b sulfate</i>	15	PRIMIDONE.....	31
PEN NEEDLE, DIABETIC.....	74	<i>polymyxin b sulf-trimethoprim</i> ...	81	PRIORIX (PF).....	72
PENBRAYA (PF).....	72	POMALYST.....	26	PRO COMFORT ALCOHOL	
<i>penciclovir</i>	57	<i>portia 28</i>	80	PADS.....	65
<i>penicillamine</i>	77	PORTRAZZA.....	26	<i>probenecid</i>	75
<i>penicillin g potassium</i>	16	<i>posaconazole</i>	8	<i>probenecid-colchicine</i>	75
<i>penicillin v potassium</i>	16	<i>potassium chlorid-d5-</i>		<i>prochlorperazine</i>	69
PENTACEL (PF).....	72	0.45%nacl.....	87	<i>prochlorperazine edisylate</i>	69
<i>pentamidine</i>	15	<i>potassium chloride</i>	87, 88	<i>prochlorperazine maleate</i>	69
PENTIPS.....	74	POTASSIUM CHLORIDE.....	87	PROCRIT.....	70
<i>pentoxifylline</i>	51	<i>potassium chloride in</i>		<i>procto-med hc</i>	69
PERFOROMIST.....	85	0.9%nacl.....	87	<i>proctosol hc</i>	69
PERIKABIVEN.....	88	<i>potassium chloride in 5 % dex</i> ..	87	<i>proctozone-hc</i>	69
<i>perindopril erbumine</i>	50	<i>potassium chloride in lr-d5</i>	87	<i>progesterone micronized</i>	78
<i>periogard</i>	61	<i>potassium chloride in water</i>	87	PROGRAF.....	26
PERJETA.....	26	<i>potassium chloride-</i>		PROLASTIN-C.....	60
<i>permethrin</i>	58	0.45 % nacl.....	88	PROLIA.....	75
<i>perphenazine</i>	44	<i>potassium chloride-</i>		PROMACTA.....	51, 52
<i>perphenazine-amitriptyline</i>	44	d5-0.2%nacl.....	88	<i>promethazine</i>	83
PERSERIS.....	44	<i>potassium chloride-</i>		<i>promethegan</i>	83
<i>pfizerpen-g</i>	16	d5-0.9%nacl.....	88	<i>propafenone</i>	47
<i>phenelzine</i>	44	<i>potassium citrate</i>	87	<i>propranolol</i>	50
<i>phenobarbital</i>	31	POTELIGEO.....	26	<i>propylthiouracil</i>	62
<i>phenobarbital sodium</i>	31	<i>pr natal 400</i>	89	PROQUAD (PF).....	72
<i>phenoxybenzamine</i>	50	<i>pr natal 400 ec</i>	89	PROSOL 20 %.....	88
<i>phenytoin</i>	31	<i>pr natal 430</i>	89	<i>protriptyline</i>	44
<i>phenytoin sodium</i>	31	<i>pr natal 430 ec</i>	89	PULMICORT.....	85
<i>phenytoin sodium extended</i>	31	PRALATREXATE.....	26	<i>PULMOZYME</i>	85
PHESGO.....	26	<i>pramipexole</i>	33	PURE COMFORT ALCOHOL	
<i>phillith</i>	80	<i>prasugrel</i>	51	PADS.....	65

PURIXAN.....	26	<i>risperidone</i>	45	SIMULECT	27
<i>pyrazinamide</i>	15	<i>ritonavir</i>	10	<i>simvastatin</i>	53
<i>pyridostigmine bromide</i>	35	<i>rivastigmine</i>	35	<i>sirolimus</i>	27
<i>pyrimethamine</i>	15	<i>rivastigmine tartrate</i>	35	SIRTURO	15
Q		<i>rivelsa</i>	80	SIVEXTRO	15
QINLOCK.....	26	<i>rizatriptan</i>	33	SKYRIZI.....	54, 69
QUADRACEL (PF)	72	ROCKLATAN	82	<i>sodium bicarbonate</i>	88
<i>quetiapine</i>	44	<i>roflumilast</i>	85	<i>sodium chloride</i>	60, 88
QUETIAPINE	44	<i>romidepsin</i>	26	SODIUM CHLORIDE.....	88
<i>quinapril</i>	50	ROMIDEPSIN	26	<i>sodium chloride 0.45 %</i>	88
<i>quinapril-hydrochlorothiazide</i>	50	<i>ropinirole</i>	33	<i>sodium chloride 0.9 %</i>	60
<i>quinidine sulfate</i>	47	<i>rosuvastatin</i>	53	<i>sodium chloride</i>	
<i>quinine sulfate</i>	15	ROTARIX	72	3 % hypertonic.....	88
R		ROTATEQ VACCINE.....	72	<i>sodium chloride</i>	
RABAVERT (PF)	72	<i>roweepira</i>	31	5 % hypertonic.....	88
<i>raloxifene</i>	75	ROZLYTREK.....	26	<i>sodium fluoride 5000</i>	
<i>ramelteon</i>	44	RUBRACA.....	26	<i>dry mouth</i>	61
<i>ramipril</i>	50	<i>rufinamide</i>	31	<i>sodium fluoride 5000 plus</i>	61
<i>ranolazine</i>	53	RUKOBIA	10	<i>sodium fluoride-pot nitrate</i>	61
<i>rasagiline</i>	33	RUXIENCE.....	26	SODIUM OXYBATE	45
RAYALDEE.....	66	RYALTRIS.....	85	<i>sodium phenylbutyrate</i>	60
<i>reclipsen (28)</i>	80	RYBELSUS	65	<i>sodium polystyrene sulfonate</i> ...	60
RECOMBIVAX HB (PF)	72	RYBREVANT	26	<i>sodium, potassium,</i>	
RECTIV.....	69	RYDAPT	27	<i>mag sulfates</i>	69
REGRANEX.....	55	RYLAZE	27	<i>solifenacin</i>	86
RELISTOR.....	69	RYTARY	33	SOLQUA 100/33.....	65
REMICADE.....	69	S		SOLTAMOX.....	27
RENACIDIN	87	<i>sajazir</i>	85	SOLU-CORTEF	
<i>repaglinide</i>	65	<i>salsalate</i>	38	ACT-O-VIAL (PF)	62
REPATHA PUSHTRONEX	53	SANCUSO	69	SOMATULINE DEPOT	27
REPATHA SURECLICK	53	SANTYL	55	SOMAVERT	66
REPATHA SYRINGE.....	53	<i>sapropterin</i>	66	<i>sorafenib</i>	27
RETACRIT	70	SARCLISA	27	<i>sotalol</i>	47
RETEVMO	26	SCEMBLIX	27	<i>sotalol af</i>	47
RETROVIR	10	<i>scopolamine base</i>	69	SOTYLIZE	47
REVLIMID	26	SECUADO	45	<i>spironolactone</i>	50
REXULTI.....	44	<i>selegiline hcl</i>	33	<i>spironolacton-</i>	
REYATAZ	10	<i>selenium sulfide</i>	54	<i>hydrochlorothiaz</i>	50
REZDIFFRA.....	60	SELZENTRY	10	SPRAVATO	45
REZLIDHIA	26	<i>se-natal 19 chewable</i>	89	<i>sprintec (28)</i>	80
REZUROCK.....	26	<i>se-natal-19</i>	89	SPRITAM.....	31
RHOPRESSA	82	SEREVENT DISKUS	85	SPRYCEL.....	27
<i>ribavirin</i>	10	<i>sertraline</i>	45	<i>sps (with sorbitol)</i>	60
RIDAURA.....	77	<i>setlakin</i>	80	<i>sronyx</i>	80
<i>rifabutin</i>	15	<i>sharobel</i>	78	<i>ssd</i>	55
<i>rifampin</i>	15	SHINGRIX (PF).....	72	STAMARIL (PF).....	72
<i>riluzole</i>	60	SIGNIFOR.....	27	STELARA	54
<i>rimantadine</i>	10	<i>sildenafil</i>	87	STIVARGA	27
<i>ringer's</i>	58, 88	<i>sildenafil (pulm.hypertension)</i> ...	85	STREPTOMYCIN	15
RINVOQ.....	77	<i>silver sulfadiazine</i>	55	STRIBILD	11
RINVOQ LQ.....	77	SIMBRINZA.....	82	<i>subvenite</i>	32
<i>risedronate</i>	60, 75	<i>simliya (28)</i>	80	<i>subvenite starter (blue) kit</i>	32
RISPERDAL CONSTA	44, 45	<i>simpesse</i>	80	<i>subvenite starter (green) kit</i>	32

<i>subvenite starter (orange) kit</i>	32	TECHLITE PEN NEEDLE	74	<i>topiramate</i>	32
SUCRAID.....	69	TECVAYLI.....	27	<i>topotecan</i>	28
<i>sucralfate</i>	70	TEFLARO.....	12	<i>toremifene</i>	28
SUFLAVE.....	69	<i>telmisartan</i>	50	<i>toremide</i>	50
<i>sulfacetamide sodium</i>	82	<i>telmisartan-amlodipine</i>	50	TOUJEO MAX U-300	
<i>sulfacetamide sodium (acne)</i>	56	<i>telmisartan-hydrochlorothiazid</i> ..	50	SOLOSTAR.....	65
<i>sulfacetamide-prednisolone</i>	82	<i>temazepam</i>	45	TOUJEO SOLOSTAR U-300	
<i>sulfadiazine</i>	17	TEMODAR.....	27	INSULIN.....	65
<i>sulfamethoxazole-trimethoprim</i> ..	17	<i>temsirolimus</i>	27	TPN ELECTROLYTES.....	88
<i>sulfasalazine</i>	69	TENIVAC (PF).....	72	TRADJENTA.....	65
<i>sulindac</i>	38	<i>tenofovir disoproxil fumarate</i>	11	<i>tramadol</i>	38
<i>sumatriptan</i>	33	TEPMETKO.....	27	<i>tramadol-acetaminophen</i>	38
<i>sumatriptan succinate</i>	33	<i>terazosin</i>	50	<i>trandolapril</i>	50
<i>sunitinib malate</i>	27	<i>terbinafine hcl</i>	8	<i>tranexamic acid</i>	78
SUNLENCA.....	11	<i>terbutaline</i>	85	<i>tranylcypromine</i>	45
SUTAB.....	69	<i>terconazole</i>	78	<i>travasol 10 %</i>	88
<i>syeda</i>	80	<i>testosterone</i>	67	<i>travoprost</i>	82
SYMDEKO.....	85	TESTOSTERONE.....	67	TRAZIMERA.....	28
SYMLINPEN 120.....	65	<i>testosterone cypionate</i>	67	<i>trazodone</i>	45
SYMLINPEN 60.....	65	<i>testosterone enanthate</i>	67	TRECTOR.....	15
SYMPAZAN.....	32	TETANUS,DIPHThERIA		TRELEGY ELLIPTA.....	85
SYMTUZA.....	11	TOX PED(PF).....	72	TRELSTAR.....	28
SYNAREL.....	66	<i>tetrabenazine</i>	35	TRESIBA FLEXTOUCH U-100..	65
SYNJARDY.....	65	<i>tetracycline</i>	17	TRESIBA FLEXTOUCH U-200..	65
SYNJARDY XR.....	65	THALOMID.....	27	TRESIBA U-100 INSULIN.....	65
SYNTHROID.....	67	THEO-24.....	85	<i>tretinoin</i>	56
T		<i>theophylline</i>	85	<i>tretinoin (antineoplastic)</i>	28
TABLOID.....	27	<i>thioridazine</i>	45	<i>tretinoin microspheres</i>	56
TABRECTA.....	27	<i>thiotepa</i>	27	<i>triamcinolone</i>	
<i>tacrolimus</i>	27, 55	<i>thiothixene</i>	45	<i>acetonide</i>	58, 61, 62
<i>tadalafil</i>	87	<i>tiadylt er</i>	50	<i>triamterene-</i>	
<i>tadalafil (pulm. hypertension)</i>	85	<i>tiagabine</i>	32	<i>hydrochlorothiazid</i>	50
TAFINLAR.....	27	TIBSOVO.....	27	<i>triderm</i>	58
TAGRISSE.....	27	TICE BCG.....	72	<i>trientine</i>	60
TALICIA.....	70	TICOVAC.....	72	<i>tri-estarylla</i>	80
TALVEY.....	27	<i>tigecycline</i>	15	<i>trifluoperazine</i>	45
TALZENNA.....	27	<i>tilia fe</i>	80	<i>trifluridine</i>	81
<i>tamoxifen</i>	27	<i>timolol maleate</i>	50, 81	<i>trihexyphenidyl</i>	33
<i>tamsulosin</i>	86	<i>tinidazole</i>	15	TRIJARDY XR.....	65
<i>tarina 24 fe</i>	80	<i>tiotropium bromide</i>	85	TRIKAFTA.....	85
<i>tarina fe 1-20 eq (28)</i>	80	<i>tis-u-sol pentalyte</i>	58	<i>tri-legest fe</i>	80
<i>taron-c dha</i>	89	TIVDAK.....	27	<i>tri-linyah</i>	80
TASIGNA.....	27	TIVICAY.....	11	<i>tri-lo-estarylla</i>	80
<i>tasimelteon</i>	45	TIVICAY PD.....	11	<i>tri-lo-marzia</i>	80
<i>tazarotene</i>	56	<i>tizanidine</i>	35	<i>tri-lo-mili</i>	80
<i>tazicef</i>	12	<i>tobramycin</i>	81	<i>tri-lo-sprintec</i>	80
TAZVERIK.....	27	<i>tobramycin in 0.225 % nacl</i>	15	<i>trimethoprim</i>	18
TDVAX.....	72	<i>tobramycin sulfate</i>	15	<i>tri-mili</i>	80
TECENTRIQ.....	27	<i>tobramycin-dexamethasone</i>	82	<i>trimipramine</i>	45
TECHLITE INSULIN		TOBREX.....	81	<i>trinatal rx 1</i>	89
SYRINGE.....	74	<i>tolcapone</i>	33	TRINTELLIX.....	45
TECHLITE INSULN		<i>tolterodine</i>	86	<i>tri-nymyo</i>	80
SYR(HALF UNIT).....	74	<i>tolvaptan</i>	67	TRIPTODUR.....	28

<i>tri-sprintec (28)</i>	80	<i>valsartan</i>	50	VIZIMPRO	28
TRIUMEQ	11	<i>valsartan-hydrochlorothiazide</i> ...	50	<i>volnea (28)</i>	81
TRIUMEQ PD	11	VALTOCO	32	VONJO	28
<i>trivora (28)</i>	80	<i>vancomycin</i>	15	<i>voriconazole</i>	8
<i>tri-vylibra</i>	80	VANCOMYCIN	15	VOSEVI	11
<i>tri-vylibra lo</i>	80	VANCOMYCIN IN		VOWST	70
TRODELVY	28	0.9 % SODIUM CHL	15	VRAYLAR	46
TROGARZO	11	VANCOMYCIN IN		VUMERITY	35
TROPHAMINE 10 %	89	DEXTROSE 5 %	15	<i>vyfemla (28)</i>	81
TRUE COMFORT ALCOHOL		VANCOMYCIN-DILUENT		<i>vylibra</i>	81
PADS	65	COMBO NO.1	15	VYNDAMAX	53
TRUE COMFORT PRO		<i>vandazole</i>	78	VYNDALLET	53
ALCOHOL PADS	66	VANFLYTA	28	VYXEOS	28
TRUEPLUS INSULIN	74	VAQTA (PF)	72	W	
TRUEPLUS PEN NEEDLE	74	<i>varenicline</i>	60	<i>warfarin</i>	52
TRULANCE	69	VARENICLINE	60	<i>water for irrigation, sterile</i>	60
TRULICITY	66	VARIVAX (PF).....	72	WELIREG	28
TRUMENBA.....	72	VAXCHORA VACCINE	72	<i>wera (28)</i>	81
TRUQAP	28	VECTIBIX.....	28	<i>wescap-pn dha</i>	89
TUKYSA	28	VEKLURY	11	<i>wesnate dha</i>	89
TURALIO	28	<i>velivet triphasic regimen (28)</i> ...	80	<i>westab plus</i>	89
<i>turqoz (28)</i>	80	VELTASSA.....	60	<i>westgel dha</i>	89
TWINRIX (PF).....	72	VEMLIDY	11	<i>wixela inhub</i>	86
TYBOST	11	VENCLEXTA	28	<i>wymzya fe</i>	81
<i>tydemy</i>	80	VENCLEXTA STARTING		X	
TYMLOS	75	PACK	28	XALKORI	28
TYPHIM VI.....	72	<i>venlafaxine</i>	46	XARELTO	52
TYSABRI	35	VENTAVIS	86	XARELTO DVT-PE TREAT	
TYVASO	86	VENTOLIN HFA	86	30D START	52
TYVASO INSTITUTIONAL		<i>verapamil</i>	50	XATMEP	28
START KIT	86	VERIFINE PLUS PEN		XCOPRI	32
TYVASO REFILL KIT	86	NEEDLE-SHARP	75	XCOPRI MAINTENANCE	
TYVASO STARTER KIT	86	VERQUOVO	53	PACK.....	32
TZIELD	60	VERSACLOZ	46	XCOPRI TITRATION PACK	32
U		VERZENIO	28	XDEMZY	82
UNIFINE PENTIPS	75	<i>vestura (28)</i>	80	XEMBIFY	72
UNIFINE PENTIPS		V-GO 20	75	XERMELO	29
MAXFLOW.....	74	V-GO 30	75	XGEVA	18
UNIFINE PENTIPS PLUS	75	V-GO 40	75	XHANCE.....	86
UNIFINE PENTIPS PLUS		<i>vienna</i>	80	XIAFLEX.....	60
MAXFLOW.....	75	<i>vigabatrin</i>	32	XIFAXAN	15
<i>unithroid</i>	67	<i>vigadrone</i>	32	XIGDUO XR	66
UNITUXIN	28	VIGAFYDE	32	XIIDRA.....	82
<i>ursodiol</i>	70	<i>vigpoder</i>	32	XOFLUZA	11
UZEDY	45, 46	<i>vilazodone</i>	46	XOLAIR	86
V		<i>vinblastine</i>	28	XOSPATA.....	29
<i>valacyclovir</i>	11	<i>vincristine</i>	28	XPOVIO	29
VALCHLOR	55	<i>vinorelbine</i>	28	XTANDI	29
<i>valganciclovir</i>	11	<i>viorele (28)</i>	81	XULTOPHY 100/3.6	66
<i>valproate sodium</i>	32	VIRACEPT	11	Y	
<i>valproic acid</i>	32	VIREAD	11	YERVOY	29
<i>valproic acid (as sodium salt)</i>	32	VITRAKVI	28	YF-VAX (PF).....	72
<i>valrubicin</i>	28	VIVITROL.....	38		

YONDELIS.....	29	<i>zenatane</i>	56	<i>zonisamide</i>	32
YUFLYMA(CF).....	77	ZEPZELCA.....	29	ZOSYN IN DEXTROSE	
YUFLYMA(CF) AI		<i>zidovudine</i>	11	(ISO-OSM).....	16
CROHN'S-UC-HS.....	77	ZIMHI	38	<i>zovia 1-35 (28)</i>	81
YUFLYMA(CF)		<i>ziprasidone hcl</i>	46	ZTALMY	32
AUTOINJECTOR.....	77	<i>ziprasidone mesylate</i>	46	ZTLIDO.....	55
YUPELRI	86	ZIRABEV	29	ZUBSOLV.....	38
<i>yuvafem</i>	78	ZIRGAN	81	<i>zumandimine (28)</i>	81
Z		ZOLADEX	29	ZURZUVAE	46
<i>zafemy</i>	78	<i>zoledronic acid</i>	67	ZYDELIG	29
<i>zafirlukast</i>	86	<i>zoledronic acid-</i>		ZYKADIA	29
<i>zaleplon</i>	46	<i>mannitol-water</i>	60, 67	ZYLET	82
ZALTRAP.....	29	ZOLEDRONIC AC-		ZYNLONTA	29
ZANOSAR	29	MANNITOL-0.9NACL	67	ZYNYZ.....	29
ZARXIO	71	ZOLINZA.....	29	ZYPREXA RELPREVV.....	46, 47
ZEJULA	29	<i>zolpidem</i>	46		
ZELBORAF	29	ZONISADE.....	32		

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-281-7867. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة على أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-888-281-7867، وسيقوم شخص يتحدث العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारी स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया सेवाएँ प्राप्त करने के लिए हमें 1-888-281-7867 पर फ़ोन करें। हिन्दी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-281-7867. Un nostro incaricato che parla italiano Le l'assistenza necessaria. Il servizio è gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que possa ter acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-281-7867. Irá encontrar alguém que fale português para o(a) ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-281-7867. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-281-7867. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、1-888-281-7867 にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

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1-800-668-3813 (TTY 711)

October 1 – March 31,

8 a.m. – 8 p.m. local time, 7 days a week.

April 1 – September 30,

Monday – Friday 8 a.m. – 8 p.m. local time.

CignaMedicare.com

Contract/PBP Numbers

H0439-003-001	H3949-030-000	H4513-061-001	H5410-027-000	H7849-006-000	H7849-087-000	H7849-124-002
H0439-003-002	H3949-031-000	H4513-061-002	H5410-028-000	H7849-015-000	H7849-088-000	H7849-125-000
H0439-006-000	H3949-032-000	H4513-061-003	H5410-029-000	H7849-020-000	H7849-102-001	H7849-127-000
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H0439-011-000	H3949-047-000	H4513-068-001	H5410-040-000	H7849-029-000	H7849-104-000	H7849-131-000
H0439-013-000	H3949-048-000	H4513-068-002	H5410-041-000	H7849-031-000	H7849-105-000	H7849-133-001
H0439-015-001	H3949-049-000	H4513-068-003	H5410-043-000	H7849-033-000	H7849-106-000	H7849-133-002
H0439-015-002	H3949-050-000	H4513-073-000	H5410-044-000	H7849-034-000	H7849-107-000	H7849-133-003
H0672-001-000	H3949-052-000	H4513-074-000	H5410-048-000	H7849-038-000	H7849-108-000	H7849-133-004
H0672-003-000	H3949-053-000	H4513-083-001	H5410-050-000	H7849-039-000	H7849-109-000	H7849-134-001
H0672-004-000	H4407-027-000	H4513-083-002	H5410-051-000	H7849-041-000	H7849-110-000	H7849-134-002
H0672-005-000	H4407-028-000	H4513-083-003	H5410-052-000	H7849-042-000	H7849-112-001	H7849-135-000
H0672-006-000	H4407-030-001	H4513-083-004	H5410-053-000	H7849-051-000	H7849-112-002	H7849-136-001
H0672-008-000	H4407-030-002	H4513-083-005	H5410-054-000	H7849-052-000	H7849-112-003	H7849-136-002
H0672-011-000	H4407-030-003	H4513-083-006	H7020-010-001	H7849-055-000	H7849-112-004	H7849-136-003
H0672-013-000	H4513-026-000	H4513-083-007	H7020-010-002	H7849-059-000	H7849-113-001	H7849-137-001
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H0672-017-000	H4513-037-000	H4513-086-000	H7020-011-002	H7849-064-004	H7849-113-004	H7849-137-004
H0672-019-000	H4513-038-000	H4513-088-000	H7020-011-003	H7849-067-000	H7849-114-000	H7849-140-001
H0672-020-000	H4513-049-001	H4513-089-000	H7389-001-000	H7849-068-000	H7849-117-001	H7849-140-002
H0672-021-000	H4513-049-002	H4513-090-000	H7389-002-000	H7849-070-000	H7849-117-002	H9460-001-000
H0672-022-000	H4513-049-003	H4513-091-000	H7389-003-000	H7849-077-000	H7849-118-000	H9725-008-000
H2108-022-000	H4513-049-004	H4513-092-000	H7389-008-000	H7849-080-000	H7849-119-000	H9725-010-000
H2108-036-000	H4513-049-005	H4513-093-000	H7389-011-000	H7849-082-000	H7849-120-000	H9725-016-000
H2108-040-000	H4513-050-000	H5410-018-000	H7787-001-000	H7849-083-000	H7849-121-000	
H2108-042-001	H4513-052-000	H5410-024-000	H7849-001-000	H7849-084-000	H7849-123-000	
H2108-042-002	H4513-059-000	H5410-026-000	H7849-002-000	H7849-085-000	H7849-124-001	

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