



Aetna Medicare (HMO),
Aetna Medicare (PPO)

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

3T Classic Plus

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

Formulary ID Number: 26014 Version Number 15

This formulary was updated on 06/01/2026. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-800-307-4830 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)** and choose “Manage your prescription drugs.”

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drugs List (formulary) for our plan which is current as of 06/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

Table of contents

What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?	3
Can the formulary change?	3
How do I use the formulary?	4
What are generic drugs?	5
What are original biological products and how are they related to biosimilars?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the formulary?	6
How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s formulary?	6
What can I do if my drug is not on the formulary or has a restriction?	7
For more information	7
Mail-order pharmacy	7
Aetna® Medicare formulary	8
Drug tier copay levels	9
Formulary key	10
Drug list	10
Index of Drugs	139

What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

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

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

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

This formulary is current as of 06/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 139. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s formulary?

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

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

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

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

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

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

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

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

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

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Mail-order pharmacy

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

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

Aetna® Medicare formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 139.

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

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

QL **Quantity limits**

For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription of *atorvastatin*.

PA **Prior authorization**

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

ST **Step therapy**

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

LD **Limited distribution**

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

MO **Mail order**

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

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

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

ACS Available at CVS Specialty Pharmacy

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

HRM High Risk Medication

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

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

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

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

Drug tier copay levels

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

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

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

Key*

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

Drug name	Drug tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	1	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	1	MO
<i>probenecid tablet 500mg</i>	1	MO

MISCELLANEOUS

<i>lidocaine hcl injection 0.5%, 1.5%, 4%</i>	1	
<i>lidocaine hydrochloride injection 1% pf, 100mg/5ml, 2%</i>	1	
<i>lidocaine hydrochloride injection 1%</i>	1	MO

NSAIDS

<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	1	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	1	QL (60 EA per 30 days) MO

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	1	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	QL (2700 ML per 30 days) MO
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i>	1	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml, 2mg/ml</i>	1	MO
<i>butorphanol tartrate nasal solution 10mg/ml</i>	1	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	3	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	1	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (150 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydromorphone hcl liquid 1mg/ml</i>	1	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	1	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	3	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	3	B/D
<i>morphine sulfate injection 0.5mg/ml, 2mg/ml iv prefilled syringe, 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv vial</i>	1	B/D
<i>morphine sulfate injection 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral solution 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM

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

<i>albendazole tablet 200mg</i>	1	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	2	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	1	MO
<i>aztreonam injection 1gm, 2gm</i>	1	MO
BLUJEPa TABLET 750MG	2	QL (20 EA per 5 days)
CAYSTON SOLUTION RECONSTITUTED 75MG	3	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	1	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	3	
<i>colistimethate sodium injection 150mg</i>	1	PA MO
<i>dapsone tablet 100mg, 25mg</i>	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>neomycin sulfate tablet 500mg</i>	1	MO
<i>nitazoxanide tablet 500mg</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg</i>	1	MO
<i>nitrofurantoin monohydrate/ macrocrystals capsule 100mg</i>	1	MO
<i>pentamidine isethionate injection 300mg</i>	1	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	1	B/D MO
<i>praziquantel tablet 600mg</i>	1	MO
<i>pyrimethamine tablet 25mg</i>	1	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	3	
SIVEXTRO TABLET 200MG	3	MO
<i>streptomycin sulfate injection 1gm</i>	1	MO
<i>sulfadiazine tablet 500mg</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	1	MO
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	1	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	MO
<i>tinidazole tablet 250mg, 500mg</i>	1	MO
TOBI PODHALER CAPSULE 28MG	3	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) PA; ACS LD
<i>trimethoprim tablet 100mg</i>	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	1	MO
<i>flucytosine capsule 250mg, 500mg</i>	1	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	1	MO
<i>griseofulvin microsize tablet 500mg</i>	1	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	MO
<i>itraconazole capsule 100mg</i>	1	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin injection 100mg, 50mg</i>	1	
MYCAMINE INJECTION 50MG	3	MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole dr tablet delayed release 100mg</i>	1	QL (93 EA per 30 days) PA MO
<i>posaconazole suspension 40mg/ml</i>	1	QL (630 ML per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO
<i>voriconazole injection 200mg</i>	1	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	1	PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	1	MO
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	1	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	1	MO
COARTEM TABLET 20MG; 120MG	3	MO
<i>mefloquine hydrochloride tablet 250mg</i>	1	MO
<i>primaquine phosphate tablet 26.3mg</i>	1	
<i>quinine sulfate capsule 324mg</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	1	MO
<i>abacavir tablet 300mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
APTIVUS CAPSULE 250MG	3	MO
<i>atazanavir sulfate capsule 300mg</i>	1	MO
<i>atazanavir capsule 150mg, 200mg</i>	1	MO
<i>darunavir tablet 800mg</i>	1	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	1	QL (60 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	3	MO
EDURANT TABLET 25MG	3	MO
<i>efavirenz tablet 600mg</i>	1	MO
<i>emtricitabine capsule 200mg</i>	1	MO
EMTRIVA SOLUTION 10MG/ML	3	MO
<i>etravirine tablet 100mg, 200mg</i>	1	MO
<i>fosamprenavir calcium tablet 700mg</i>	1	MO
FUZEON INJECTION 90MG	3	MO; LD
INTELENCE TABLET 25MG	3	
ISENTRESS HD TABLET 600MG	3	MO
ISENTRESS PACKET 100MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG, 25MG	3	MO
ISENTRESS TABLET 400MG	3	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
<i>maraviroc tablet 150mg, 300mg</i>	1	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	MO
<i>nevirapine suspension 50mg/5ml</i>	1	MO
<i>nevirapine tablet 200mg</i>	1	MO
NORVIR PACKET 100MG	3	MO
PIFELTRO TABLET 100MG	3	MO
PREZISTA SUSPENSION 100MG/ML	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	3	MO
<i>rilpivirine hydrochloride tablet 25mg</i>	1	MO
<i>ritonavir tablet 100mg</i>	1	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	3	MO

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

Drug name	Drug tier	Requirements/Limits
SELZENTRY SOLUTION 20MG/ML	3	MO
SUNLENCA INJECTION 463.5MG/1.5ML	3	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	3	MO; LD
SUNLENCA TABLET 300MG	3	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	1	MO
TIVICAY PD TABLET SOLUBLE 5MG	3	MO
TIVICAY TABLET 50MG	3	MO
TROGARZO INJECTION 200MG/1.33ML	3	MO; LD
TYBOST TABLET 150MG	2	MO
VIRACEPT TABLET 250MG, 625MG	3	MO
VIREAD POWDER 40MG/GM	3	MO
VIREAD TABLET 150MG, 200MG, 250MG	3	MO
<i>zidovudine capsule 100mg</i>	1	MO
<i>zidovudine syrup 50mg/5ml</i>	1	MO
<i>zidovudine tablet 300mg</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	1	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	3	MO
CIMDUO TABLET 300MG; 300MG	3	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	3	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	3	MO
DOVATO TABLET 50MG; 300MG	3	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	1	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	3	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	3	MO
JULUCA TABLET 50MG; 25MG	3	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	1	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	1	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	3	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	3	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	3	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	3	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	3	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	1	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	1	MO
<i>isoniazid injection 100mg/ml</i>	1	
<i>isoniazid syrup 50mg/5ml</i>	1	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
PRETOMANID TABLET 200MG	3	QL (30 EA per 30 days) PA MO
PRIFTIN TABLET 150MG	3	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	1	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	3	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	3	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	3	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	2	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	1	ACS LD
<i>ribavirin tablet 200mg</i>	1	ACS LD
<i>rimantadine hydrochloride tablet 100mg</i>	1	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	1	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	1	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VOSEVI TABLET 400MG; 100MG; 100MG	2	QL (28 EA per 28 days) PA; ACS LD
CEPHALOSPORINS		
CEFACLO ER TABLET EXTENDED RELEASE 12 HOUR 500MG	3	MO
<i>cefaclor capsule 250mg, 500mg</i>	1	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	1	
<i>cefadroxil capsule 500mg</i>	1	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	1	MO
<i>cefadroxil tablet 1gm</i>	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium iv injection 1gm</i>	1	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	2	

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

Drug name	Drug tier	Requirements/Limits
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN IV INJECTION 2GM, 3GM	3	
<i>cefazolin injection 3gm</i>	1	
<i>cefazolin injection 2gm</i>	1	MO
<i>cefdinir capsule 300mg</i>	1	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime capsule 400mg</i>	1	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	1	MO
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	1	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	1	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>cefprozil tablet 250mg, 500mg</i>	1	MO
<i>ceftaroline fosamil injection 400mg, 600mg</i>	1	
<i>ceftazidime injection 2gm, 6gm</i>	1	
<i>ceftazidime injection 1gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm im or iv, 500mg</i>	1	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ ML	3	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	1	MO
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	3	
LENTOCILIN INJECTION 1200000UNIT	3	
<i>nafcillin sodium injection 10gm, 1gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	3	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	1	MO
<i>penicillin g sodium injection 5000000unit</i>	1	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	1	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	1	MO
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	

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

Drug name	Drug tier	Requirements/Limits
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	1	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	MO
<i>doxycycline hyclate injection 100mg</i>	1	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	1	MO
<i>doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg</i>	1	MO
<i>doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
<i>minocycline hcl capsule 75mg</i>	1	MO
<i>minocycline hcl tablet 75mg</i>	1	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	MO
<i>minocycline hydrochloride tablet 50mg</i>	1	ST MO
<i>mondoxyne nl capsule 100mg</i>	1	
NUZYRA INJECTION 100MG	2	ACS LD
NUZYRA TABLET 150MG	2	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	1	MO
<i>tigecycline injection 50mg</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide capsule 25mg, 50mg</i>	1	PA MO
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	2	PA
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	ACS LD
LEUKERAN TABLET 2MG	3	MO
<i>lomustine capsule 100mg, 10mg, 40mg</i>	1	ACS LD
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	3	QL (5 EA per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	3	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	1	ACS LD
<i>mercaptopurine tablet 50mg</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
<i>methotrexate injection 50mg/2ml</i>	1	MO
ONUREG TABLET 200MG, 300MG	3	QL (14 EA per 28 days) PA; ACS LD
PURIXAN SUSPENSION 2000MG/100ML	3	ACS LD
TABLOID TABLET 40MG	3	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	1	PA; ACS LD
<i>abirtega tablet 250mg</i>	1	PA; ACS LD
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	3	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	1	MO
<i>bicalutamide tablet 50mg</i>	1	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	3	PA; ACS LD
ERLEADA TABLET 240MG, 60MG	2	PA; ACS LD
EULEXIN CAPSULE 125MG	3	
<i>exemestane tablet 25mg</i>	1	MO
FIRMAGON INJECTION 120MG/ VIAL	2	PA; ACS LD
FIRMAGON INJECTION 80MG	3	PA; ACS LD
INLURIYO TABLET 200MG	3	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	1	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS LD
LIFYORLI CAPSULE THERAPY PACK 125MG	3	QL (18 EA per 28 days) PA; LD
LIFYORLI CAPSULE THERAPY PACK 150MG	3	QL (27 EA per 28 days) PA; LD

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

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

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

Drug name	Drug tier	Requirements/Limits
IWILFIN TABLET 192MG	3	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	MO
MATULANE CAPSULE 50MG	3	LD
<i>mesna tablet 400mg</i>	1	MO
MODEYSO CAPSULE 125MG	3	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	3	PA; LD
<i>tretinoin capsule 10mg</i>	1	MO
WELIREG TABLET 40MG	3	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	3	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	3	PA; LD
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	2	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	2	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	3	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	3	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	3	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	3	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS LD
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
BRUKINSA CAPSULE 80MG	3	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	3	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	2	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	2	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	3	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	3	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	3	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	3	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	3	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	2	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>dasatinib tablet 20mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA; ACS LD
ENSACOVE CAPSULE 25MG	3	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	3	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	3	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>erlotinib hydrochloride tablet 25mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
<i>everolimus tablet soluble 2mg</i>	1	QL (150 EA per 30 days) PA; ACS LD
<i>everolimus tablet soluble 5mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
<i>everolimus tablet soluble 3mg</i>	1	QL (90 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
FOTIVDA CAPSULE 0.89MG, 1.34MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	3	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	3	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
GILOTRIF TABLET 20MG, 30MG, 40MG	3	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	3	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	3	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	3	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	3	QL (120 EA per 30 days) PA; LD
HYRNUO TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	3	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	3	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	3	PA; LD
ICLUSIG TABLET 15MG, 45MG	3	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 100mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
IMBRUVICA CAPSULE 70MG	3	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	3	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	3	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	3	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	3	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	3	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	3	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	3	QL (56 EA per 28 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	3	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA; LD
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	3	PA; ACS LD
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	3	PA; ACS LD
KISQALI TABLET THERAPY PACK 200MG	2	PA; ACS LD
KOMZIFTI CAPSULE 200MG	3	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	3	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	3	PA; LD
KRAZATI TABLET 200MG	3	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	1	QL (180 EA per 30 days) PA; ACS LD
LAZCLUZE TABLET 240MG	3	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	3	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	2	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	2	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	2	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	2	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	2	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	2	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	2	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	2	PA; ACS LD
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	2	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	2	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	2	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	3	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	3	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	3	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	3	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR TABLET 200MG	3	QL (120 EA per 30 days) PA; ACS LD
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; LD
NILOTINIB D-TARTRATE CAPSULE 50MG	3	QL (120 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	1	QL (112 EA per 28 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 50mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
NINLARO CAPSULE 2.3MG, 3MG, 4MG	3	PA; ACS LD
ODOMZO CAPSULE 200MG	3	PA; ACS LD
OGSIVEO TABLET 50MG	3	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	3	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	3	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	3	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	3	QL (30 EA per 30 days) PA; LD
PAZOPANIB HYDROCHLORIDE TABLET 400MG	3	QL (60 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	3	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	3	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	3	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	3	QL (56 EA per 28 days) PA; LD
QINLOCK TABLET 50MG	3	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	3	QL (240 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	3	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	3	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	3	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	3	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	3	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	3	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	1	ACS LD

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

Drug name	Drug tier	Requirements/Limits
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	3	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	3	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	3	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	3	PA; ACS LD
RYDAPT CAPSULE 25MG	3	QL (224 EA per 28 days) PA; ACS LD
SCEMBLIX TABLET 100MG	3	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	3	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
STIVARGA TABLET 40MG	2	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
TABRECTA TABLET 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS LD
TAFINLAR CAPSULE 50MG, 75MG	3	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	3	QL (840 EA per 28 days) PA; ACS LD
TAGRISSE TABLET 40MG, 80MG	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	3	PA; LD
TEPMETKO TABLET 225MG	3	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	3	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
TRUQAP TABLET THERAPY PACK 160MG, 200MG	3	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	3	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	3	PA; ACS LD
TUKYSA TABLET 150MG	3	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	3	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	3	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	3	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	3	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	3	PA; ACS LD
VITRAKVI CAPSULE 25MG	2	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	2	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	2	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	3	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	3	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	3	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	3	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	3	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	3	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	3	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	3	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL (24 EA per 28 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	3	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	3	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY, 80MG ONCE WEEKLY	3	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	3	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET 100MG, 200MG, 300MG	2	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	3	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	2	PA; ACS LD
ZOLINZA CAPSULE 100MG	3	PA; ACS LD
ZYDELIG TABLET 100MG, 150MG	3	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	3	QL (84 EA per 28 days) PA; ACS LD

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/ hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	1	MO
<i>enalapril maleate/ hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fosinopril sodium/ hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>	1	MO
ACE INHIBITORS		
<i>benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	1	MO
<i>KERENDIA TABLET 10MG, 20MG, 40MG</i>	2	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	1	MO
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	1	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
<i>EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG</i>	3	QL (30 EA per 30 days) MO
<i>ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG</i>	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	1	MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
<i>EDARBI TABLET 40MG, 80MG</i>	3	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride injection</i>	1	
150mg/3ml, 50mg/ml, 900mg/18ml		
<i>amiodarone hydrochloride tablet</i>	1	MO
100mg, 200mg, 400mg		
<i>disopyramide phosphate capsule</i>	1	PA MO
100mg, 150mg		
<i>dofetilide capsule</i>	1	ACS LD
125mcg, 250mcg, 500mcg		
<i>flecainide acetate tablet</i>	1	MO
100mg, 150mg, 50mg		
LIDOCAINE HCL IN D5W	3	
INJECTION 5%; 4MG/ML		
LIDOCAINE HCL INJECTION	3	
100MG/5ML		
<i>lidocaine hcl injection prefilled syringe</i>	1	
100mg/5ml, 50mg/5ml		
MULTAQ TABLET 400MG	3	MO
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	MO
<i>pacerone tablet</i>	1	
100mg, 200mg, 400mg		
<i>propafenone hcl tablet</i>	1	MO
150mg, 225mg, 300mg		
<i>propafenone hydrochloride er capsule extended release 12 hour</i>	1	MO
225mg, 325mg, 425mg		
<i>propafenone hydrochloride tablet</i>	1	MO
150mg, 225mg, 300mg		
<i>quinidine sulfate tablet</i>	1	MO
200mg, 300mg		
<i>sotalol hcl tablet</i>	1	MO
120mg, 160mg, 240mg		
<i>sotalol hydrochloride (af) tablet</i>	1	MO
120mg, 160mg, 80mg		
<i>sotalol hydrochloride tablet</i>	1	MO
80mg		
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized capsule</i>	1	MO
134mg, 200mg, 67mg		

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

Drug name	Drug tier	Requirements/Limits
<i>fenofibrate capsule 130mg, 150mg, 43mg, 50mg</i>	1	MO
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	MO
<i>gemfibrozil tablet 600mg</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	1	MO
<i>cholestyramine light powder 4gm/dose</i>	1	MO
<i>cholestyramine packet 4gm</i>	1	MO
<i>cholestyramine powder 4gm/dose</i>	1	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	1	MO
<i>colesevelam hydrochloride tablet 625mg</i>	1	MO
<i>colestipol hydrochloride granules 5gm</i>	1	MO
<i>colestipol hydrochloride packet 5gm</i>	1	MO
<i>colestipol hydrochloride tablet 1gm</i>	1	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
NEXLETOL TABLET 180MG	2	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	2	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	1	MO
<i>niacor tablet 500mg</i>	1	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	1	QL (120 EA per 30 days) MO
<i>prevalite packet 4gm</i>	1	
<i>prevalite powder 4gm/dose</i>	1	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	2	PA
REPATHA SURECLICK INJECTION 140MG/ML	2	PA
REPATHA INJECTION 140MG/ML	2	PA MO
VASCEPA CAPSULE 0.5GM, 1GM	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	1	MO
<i>bisoprolol fumarate/ hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	1	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg</i>	1	MO
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	1	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol tablet 10mg, 5mg</i>	1	MO
<i>propranolol hcl injection 1mg/ml</i>	1	
<i>propranolol hcl oral solution 40mg/5ml</i>	1	MO
<i>propranolol hcl tablet 40mg</i>	1	MO
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	1	MO
<i>propranolol hydrochloride solution 20mg/5ml</i>	1	MO
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 50mg/10ml</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	1	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>isradipine capsule 2.5mg, 5mg</i>	1	MO
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	1	MO
<i>nimodipine capsule 30mg</i>	1	MO
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>tiadylt er capsule extended release</i> <i>24 hour 120mg, 180mg, 240mg,</i> <i>300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release</i> <i>24 hour 420mg</i>	1	MO
<i>verapamil hcl er capsule extended</i> <i>release 24 hour (generic Verelan</i> <i>PM and Verelan SR) 100mg, 120mg,</i> <i>180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tablet extended</i> <i>release (generic Calan SR) 120mg</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG	2	MO
<i>verapamil hcl sr capsule extended</i> <i>release 24 hour (generic Verelan</i> <i>SR) 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hydrochloride er capsule</i> <i>extended release 24 hour (generic</i> <i>Verelan PM) 100mg, 200mg, 300mg</i>	1	MO
<i>verapamil hydrochloride er tablet</i> <i>extended release (generic Calan</i> <i>SR) 180mg, 240mg</i>	1	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hydrochloride sr capsule</i> <i>extended release 24 hour 240mg</i>	1	MO
<i>verapamil hydrochloride injection</i> <i>2.5mg/ml</i>	1	MO
<i>verapamil hydrochloride tablet</i> <i>120mg, 40mg, 80mg</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended</i> <i>release 12 hour 500mg</i>	1	MO
<i>acetazolamide tablet 125mg, 250mg</i>	1	MO
<i>amiloride hcl tablet 5mg</i>	1	MO
<i>amiloride/hydrochlorothiazide</i> <i>tablet 5mg; 50mg</i>	1	MO
<i>bumetanide injection 0.25mg/ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO
<i>furosemide injection 10mg/ml</i>	1	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	MO
<i>methazolamide tablet 25mg, 50mg</i>	1	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	1	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>	1	MO
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	1	QL (8 EA per 28 days) MO
<i>CORLANOR SOLUTION 5MG/5ML</i>	3	
<i>digoxin injection 0.25mg/ml</i>	1	MO
<i>digoxin oral solution 0.05mg/ml</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>digox tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg, 300mg</i>	1	QL (180 EA per 30 days) PA; ACS LD
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
<i>epinephrine injection 1mg/ml</i>	1	
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	1	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	1	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	1	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	1	MO
<i>metirosine capsule 250mg</i>	1	PA; ACS LD
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	1	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	MO
NITRO-BID OINTMENT 2%	2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ML	3	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>nitroglycerin tablet sublingual</i> 0.3mg, 0.4mg, 0.6mg	1	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	2	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet soluble 32mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection</i> 0.5mg, 1.5mg	1	B/D; ACS LD
OPSUMIT TABLET 10MG	2	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	1	QL (360 EA per 30 days) PA; ACS LD
<i>sildenafil injection 10mg/12.5ml</i>	1	QL (1125 ML per 30 days) PA; ACS LD
<i>tadalafil (generic Adcirca) tablet 20mg</i>	1	PA; ACS LD
<i>treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml</i>	1	PA; ACS LD
TYVASO REFILL KIT SOLUTION 0.6MG/ML	3	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	3	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	3	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	2	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	2	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	2	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	2	QL (60 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	3	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	3	QL (2 EA per 21 days) PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	3	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	1	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	1	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	1	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>meprobamate tablet 200mg, 400mg</i>	1	PA MO
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg, 23mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	1	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	1	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	1	MO; HRM
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	2	QL (60 EA per 30 days) PA MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	1	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg</i>	1	PA MO; HRM
<i>citalopram hydrobromide solution 10mg/5ml</i>	1	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	1	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	1	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	3	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	3	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	1	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	3	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	3	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	3	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug name	Drug tier	Requirements/Limits
INVEGA HAFYERA INJECTION 1560MG/5ML	2	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	3	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	3	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	3	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	3	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	2	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	2	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	2	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	2	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 25mg, 5mg</i>	1	HRM
NUPLAZID CAPSULE 34MG	3	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	3	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	3	QL (30 EA per 30 days) PA MO

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	2	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	MO; HRM
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	1	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	3	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	3	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA; ACS LD
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA; ACS LD
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	2	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	2	QL (60 EA per 30 days) MO
<i>brivaracetam injection 50mg/5ml</i>	1	QL (600 ML per 30 days)
<i>brivaracetam oral solution 10mg/ml</i>	1	QL (600 ML per 30 days) MO
<i>brivaracetam tablet 10mg</i>	1	QL (60 EA per 30 days)
<i>brivaracetam tablet 100mg, 25mg, 50mg, 75mg</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
BRIVIACT INJECTION 50MG/5ML	3	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	3	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	3	QL (60 EA per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	1	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	1	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	1	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	1	MO
<i>carbamazepine tablet chewable 100mg</i>	1	MO; HRM
<i>carbamazepine tablet 200mg</i>	1	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>diazepam concentrate 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM GEL 10MG, 2.5MG, 20MG	3	QL (5 EA per 30 days) MO; HRM
<i>diazepam injection 5mg/ml</i>	1	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	3	MO
DILANTIN-125 SUSPENSION 125MG/5ML	3	MO
DILANTIN CAPSULE 100MG, 30MG	3	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	1	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	1	MO
EPIDIOLEX SOLUTION 100MG/ML	2	QL (600 ML per 30 days) PA; ACS LD
EPRONTIA SOLUTION 25MG/ML	3	QL (480 ML per 30 days) PA MO
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	1	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	1	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	1	MO
<i>ethosuximide solution 250mg/5ml</i>	1	MO
<i>felbamate suspension 600mg/5ml</i>	1	MO
<i>felbamate tablet 400mg, 600mg</i>	1	MO
FINTEPLA SOLUTION 2.2MG/ML	3	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION 0.5MG/ML	3	QL (680 ML per 28 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>gabapentin (generic Neurontin) capsule 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	1	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	1	
<i>lacosamide oral solution 10mg/ml</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	1	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	1	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	1	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	1	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	1	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	1	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	1	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 500MG/100ML; 820MG/100ML	3	

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

Drug name	Drug tier	Requirements/Limits
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
<i>levetiracetam oral solution 100mg/ml</i>	1	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	1	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	3	QL (10 EA per 30 days) PA MO
<i>methsuximide capsule 300mg</i>	1	MO
NAYZILAM SOLUTION 5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	1	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	1	MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	1	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>perampanel tablet 2mg</i>	1	QL (60 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	1	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>phenytek capsule 200mg, 300mg</i>	1	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	1	MO
<i>phenytoin sodium injection 50mg/ml</i>	1	
<i>phenytoin suspension 125mg/5ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>phenytoin tablet chewable 50mg</i>	1	MO
PREGABALIN CAPSULE 150MG, 25MG, 50MG, 75MG	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 100mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) PA MO
PREGABALIN SOLUTION 20MG/ML	1	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	1	MO
<i>roweepra tablet 500mg</i>	1	
<i>rufinamide suspension 40mg/ml</i>	1	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	1	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	3	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	3	QL (90 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	1	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	1	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	1	
SUBVENITE SUSPENSION 10MG/ML	3	PA MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	1	
SYMPAZAN FILM 10MG, 20MG, 5MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	1	MO
<i>topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	1	MO
<i>topiramate solution 25mg/ml</i>	1	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	1	
<i>valproic acid capsule 250mg</i>	1	MO
<i>valproic acid solution 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	3	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	1	QL (180 EA per 30 days) PA; ACS LD
<i>vigabatrin tablet 500mg</i>	1	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone packet 500mg</i>	1	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	1	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	3	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG, 150MG; 200MG, 50MG; 100MG	3	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	3	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	3	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	3	QL (900 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
<i>ZTALMY SUSPENSION 50MG/ML</i>	3	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	1	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (dif) tablet extended release 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone tablet 1mg, 2mg, 3mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>tasimelteon capsule 20mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	2	QL (1 ML per 30 days) PA; ACS LD
<i>almotriptan malate tablet 12.5mg, 6.25mg</i>	1	QL (8 EA per 30 days) MO
<i>almotriptan tablet 12.5mg, 6.25mg</i>	1	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection 1mg/ml</i>	1	PA MO
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide tablet 20mg, 40mg</i>	1	QL (12 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	1	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate tablet 2.5mg</i>	1	QL (12 EA per 30 days) MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	1	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	2	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	2	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium tablet 500mg; 85mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	1	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	2	QL (16 EA per 30 days) PA MO
<i>zolmitriptan odt tablet disintegrating 2.5mg, 5mg</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days) MO
<i>zomig tablet 2.5mg, 5mg</i>	1	QL (6 EA per 30 days)
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	2	QL (56 EA per 365 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	2	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	2	QL (30 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	2	QL (60 EA per 30 days) PA; ACS LD
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	2	QL (90 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 12MG, 9MG	2	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	2	QL (60 EA per 30 days) PA; ACS LD
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	1	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	1	MO
NUDEXTA CAPSULE 20MG; 10MG	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	1	MO
<i>pyridostigmine bromide tablet 30mg, 60mg</i>	1	MO
<i>riluzole tablet 50mg</i>	1	MO
<i>tetrabenazine tablet 25mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	2	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	2	QL (14 EA per 28 days) PA; ACS LD
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	1	PA; ACS LD
<i>fingolimod hydrochloride capsule 0.5mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS LD
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS LD
<i>glatopa injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS LD
KESIMPTA INJECTION 20MG/0.4ML	2	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide tablet 14mg, 7mg</i>	1	QL (30 EA per 30 days) PA; ACS LD
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 15mg, 20mg, 5mg</i>	1	MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	1	MO
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride capsule 2mg, 4mg, 6mg</i>	1	MO
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
<i>sodium oxybate solution 500mg/ml</i>	1	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	1	MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 8mg</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>buprenorphine hcl tablet sublingual 2mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 8mg; 2mg</i>	1	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	1	MO
<i>KLOXXADO LIQUID 8MG/0.1ML</i>	3	MO
<i>naloxone hcl injection 4mg/10ml</i>	1	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	1	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	1	MO
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	1	MO
<i>naltrexone hydrochloride tablet 50mg</i>	1	MO
<i>NICOTROL NS SOLUTION 10MG/ ML</i>	3	QL (360 ML per 365 days) MO
<i>REXTOVY LIQUID 4MG/0.25ML</i>	3	MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	1	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	1	MO
<i>VIVITROL INJECTION 380MG</i>	3	ACS LD

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol capsule 100mg, 200mg, 50mg</i>	1	MO
<i>methyltestosterone capsule 10mg</i>	1	PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>testosterone cypionate injection</i> 100mg/ml, 200mg/ml	1	MO
<i>testosterone enanthate injection</i> 200mg/ml	1	PA MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm,</i> <i>50mg/5gm</i>	1	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	1	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	2	PA MO
BD INSULIN SYRINGE ULTRAFINE II/O.3ML/31G X 5/16"	2	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA- FINE/O.5ML/30G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 5/16"	2	PA MO
BD PEN NEEDLE/ORIGINAL/ ULTRA-FINE/29G X 1/2"	2	PA MO
BD PEN MISCELLANEOUS	2	MO
BD VEO INSULIN SYRINGE ULTRA- FINE/O.3ML/31G X 15/64"	2	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	2	MO
FIASP PENFILL INJECTION 100UNIT/ML	2	MO
FIASP PUMPCART INJECTION 100UNIT/ML	2	B/D MO
FIASP INJECTION 100UNIT/ML	2	B/D MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	2	MO

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

Drug name	Drug tier	Requirements/Limits
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	2	MO
INSULIN ASPART INJECTION 100UNIT/ML	2	B/D MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	MO
LANTUS INJECTION 100UNIT/ML	2	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	2	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	2	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	MO

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

Drug name	Drug tier	Requirements/Limits
NOVOLOG RELION INJECTION 100UNIT/ML	2	B/D MO
NOVOLOG INJECTION 100UNIT/ML	2	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 500mg</i>	1	QL (30 EA per 30 days)
<i>dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 500mg</i>	1	QL (60 EA per 30 days)
DAPAGLIFLOZIN TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
FARXIGA TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	2	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) PA MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	3	QL (6 ML per 30 days) PA MO
TRADJENTA TABLET 5MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 70mg/75ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
BILDYOS INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS LD
BILPREVDA INJECTION 120MG/1.7ML	3	PA; ACS LD
BONSITY INJECTION 560MCG/2.24ML	3	PA; ACS LD
<i>calcitonin-salmon solution 200unit/act</i>	1	MO
<i>ibandronate sodium injection 3mg/3ml</i>	1	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	1	QL (1 EA per 30 days) MO
OSPOMYV INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS LD
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.24ml</i>	1	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	3	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS LD
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS LD
CHELATING AGENTS		
CHEMET CAPSULE 100MG	3	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	1	PA; ACS LD
<i>deferasirox tablet soluble 125mg, 250mg, 500mg</i>	1	PA; ACS LD
<i>deferasirox tablet 180mg, 360mg, 90mg</i>	1	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	1	ACS LD
<i>sodium polystyrene sulfonate powder</i>	1	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	MO
<i>sps combination suspension 15gm/60ml, 15gm/60ml</i>	1	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	1	PA; ACS LD
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	1	
<i>altavera tablet 30mcg; 0.15mg</i>	1	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	1	
<i>amethyst tablet 20mcg; 90mcg</i>	1	
<i>apri tablet 0.15mg; 30mcg</i>	1	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	1	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	1	
<i>aubra eq tablet 20mcg; 0.1mg</i>	1	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	1	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>aviane tablet 20mcg; 0.1mg</i>	1	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	1	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	1	MO
<i>balziva tablet 35mcg; 0.4mg</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>briellyn tablet 35mcg; 0.4mg</i>	1	
<i>camila tablet 0.35mg</i>	1	
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	2	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	2	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>chateal eq tablet 30mcg; 0.15mg</i>	1	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	1	MO
<i>cryselle tablet 30mcg; 0.3mg</i>	1	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	1	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	1	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	1	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	1	
<i>deblitane tablet 0.35mg</i>	1	
<i>delyla tablet 20mcg; 0.1mg</i>	1	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	MO
<i>dolishale tablet 20mcg; 90mcg</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	1	MO
<i>elimest tablet 30mcg; 0.3mg</i>	1	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>emzahh tablet 0.35mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	1	MO
<i>errin tablet 0.35mg</i>	1	
<i>estarylla tablet 35mcg; 0.25mg</i>	1	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	1	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tablet 20mcg; 0.1mg</i>	1	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	1	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	
<i>heather tablet 0.35mg</i>	1	MO
<i>iclevia tablet 0.03mg; 0.15mg</i>	1	
<i>incassia tablet 0.35mg</i>	1	
<i>introvale tablet 0.03mg; 0.15mg</i>	1	
<i>isibloom tablet 0.15mg; 30mcg</i>	1	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	1	
<i>jasmiel tablet 3mg; 0.02mg</i>	1	
<i>jencycla tablet 0.35mg</i>	1	
JOLESSA TABLET 0.03MG; 0.15MG	2	
<i>juleber tablet 0.15mg; 30mcg</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>june1 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>june1 1/20 tablet 20mcg; 1mg</i>	1	
<i>june1 fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	MO
<i>june1 fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>june1 fe 24 tablet 20mcg; 75mg; 1mg</i>	1	
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	1	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	1	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	1	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	1	MO
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>larin 1/20 tablet 20mcg; 1mg</i>	1	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>lessina tablet 20mcg; 0.1mg</i>	1	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg, 0.15mg; 0.03mg; 0.01mg, 0.15; 0.02mg; 0.025mg; 0.03mg; 0.01mg, 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	1	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	1	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	1	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	1	MO
<i>loryna tablet 3mg; 0.02mg</i>	1	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	1	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	1	
<i>lutra tablet 20mcg; 0.1mg</i>	1	
<i>lyleq tablet 0.35mg</i>	1	
<i>lyza tablet 0.35mg</i>	1	
<i>marlissa tablet 0.03mg; 0.15mg</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>meleya tablet 0.35mg</i>	1	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	1	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	1	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	1	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	1	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	1	
<i>mili tablet 35mcg; 0.25mg</i>	1	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	1	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	1	
NEXPLANON INJECTION 68MG	2	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	1	MO
NORA-BE TABLET 0.35MG	2	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	1	MO
<i>norlyroc tablet 0.35mg</i>	1	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	1	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	1	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	1	MO
<i>orquidea tablet 0.35mg</i>	1	MO
<i>orsythia tablet 20mcg; 0.1mg</i>	1	
<i>philith tablet 35mcg; 0.4mg</i>	1	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	1	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	1	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	1	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	1	
<i>sharobel tablet 0.35mg</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	1	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	1	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	1	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	1	
<i>syeda tablet 3mg; 0.03mg</i>	1	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	1	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	1	
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	1	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	1	MO
<i>tri-lynyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	1	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	1	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	1	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	1	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	1	
<i>turqoz tablet 30mcg; 0.3mg</i>	1	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	1	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>valtya 1/50 tablet 50mcg; 1mg</i>	1	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	1	MO
<i>vestura tablet 3mg; 0.02mg</i>	1	
<i>vienva tablet 20mcg; 0.1mg</i>	1	
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	1	MO
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	1	MO
<i>vyfemla tablet 35mcg; 0.4mg</i>	1	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	1	
<i>wera tablet 35mcg; 0.5mg</i>	1	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	1	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	1	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	1	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	1	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	1	
<i>zumandimine tablet 3mg; 0.03mg</i>	1	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	1	
<i>abigale tablet 1mg; 0.5mg</i>	1	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	1	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>	1	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	1	QL (8 EA per 28 days) MO
<i>DUAVEE TABLET 20MG; 0.45MG</i>	3	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	1	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	1	MO
<i>estradiol cream 0.1mg/gm</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>estradiol patch twice weekly</i> 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days) MO
<i>estradiol patch weekly</i> 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	1	QL (4 EA per 28 days) MO
<i>estradiol oral tablet 0.5mg, 1mg, 2mg, 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
<i>jinteli tablet 5mcg; 1mg</i>	1	
<i>lyllana patch twice weekly</i> 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days)
<i>mimvey tablet 1mg; 0.5mg</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN CREAM 0.625MG/GM	3	MO
PREMARIN INJECTION 25MG	3	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	MO
<i>yuvaferm tablet 10mcg</i>	1	MO
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	MO
<i>dexamethasone sodium phosphate injection prefilled syringe 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone elixir 0.5mg/5ml</i>	1	MO
<i>dexamethasone solution 0.5mg/5ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO
<i>fludrocortisone acetate tablet 0.1mg</i>	1	MO
<i>hydrocortisone sodium succinate injection 100mg</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	1	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	1	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
<i>prednisolone solution 15mg/5ml</i>	1	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	3	B/D MO
<i>prednisone solution 5mg/5ml</i>	1	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	1	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D MO
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	3	MO
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	1	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	1	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	

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

Drug name	Drug tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT INJECTION 1MG/0.2ML	2	
GVOKE PFS INJECTION 1MG/0.2ML	2	
ZEGALOGUE INJECTION 0.6MG/0.6ML	2	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	1	
<i>betaine anhydrous powder 1gm</i>	1	ACS LD
<i>cabergoline tablet 0.5mg</i>	1	MO
<i>carglumic acid tablet soluble 200mg</i>	1	PA; LD
CERDELGA CAPSULE 84MG	3	PA; ACS LD
<i>cinacalcet hydrochloride tablet 90mg</i>	1	QL (120 EA per 30 days); ACS LD
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	1	QL (60 EA per 30 days); ACS LD
CYSTAGON CAPSULE 150MG, 50MG	3	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate nasal solution 0.01%</i>	1	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	1	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	1	
GENOTROPIN MINIQUEICK INJECTION 0.2MG	2	PA; ACS LD
GENOTROPIN MINIQUEICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; ACS LD
GENOTROPIN INJECTION 12MG, 5MG	3	PA; ACS LD
INCRELEX INJECTION 40MG/4ML	3	PA; LD
<i>javygtor packet 100mg, 500mg</i>	1	PA; LD
<i>javygtor tablet 100mg</i>	1	PA; LD
<i>levocarnitine injection 200mg/ml</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>levocarnitine oral solution 1gm/10ml</i>	1	MO
<i>levocarnitine tablet 330mg</i>	1	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	3	PA; ACS LD
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	3	PA; ACS LD
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS LD
<i>methergine tablet 0.2mg</i>	1	
<i>methylergonovine maleate tablet 0.2mg</i>	1	MO
<i>mifepristone tablet 300mg</i>	1	PA; ACS LD
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	1	PA; ACS LD
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ ml, 500mcg/ml, 50mcg/ml</i>	1	PA; ACS LD
<i>raloxifene hydrochloride tablet 60mg</i>	1	MO
REVCovi INJECTION 2.4MG/1.5ML	3	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	1	PA; ACS LD
<i>sapropterin dihydrochloride tablet 100mg</i>	1	PA; ACS LD
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	3	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	1	PA; ACS LD
<i>sodium phenylbutyrate tablet 500mg</i>	1	PA; ACS LD
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	3	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	3	PA; ACS LD
SYNAREL SOLUTION 2MG/ML	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	1	QL (56 EA per 28 days) PA; ACS LD
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	1	QL (120 EA per 30 days) PA; ACS LD
VEOZAH TABLET 45MG	3	QL (30 EA per 30 days) PA MO
<i>zelvysia packet 100mg, 500mg</i>	1	PA; LD
PROGESTINS		
<i>gallifrey tablet 5mg</i>	1	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule 100mg, 200mg</i>	1	MO
<i>progesterone injection 50mg/ml</i>	1	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 100MCG, 200MCG/5ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	3	MO
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	MO
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	1	
<i>liothyronine sodium injection 10mcg/ml</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	1	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil tablet 50mg</i>	1	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
<i>unithroid tablet 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>unithroid tablet 100mcg</i>	1	MO
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol injection 4mcg/2ml</i>	1	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	1	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	1	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack</i>	1	B/D MO
<i>aprepitant capsule 125mg, 40mg, 80mg</i>	1	B/D MO
<i>compro suppository 25mg</i>	1	MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	3	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	B/D MO
<i>granisetron hydrochloride tablet 1mg</i>	1	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	1	MO; HRM

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>promethegan suppository 12.5mg, 25mg</i>	1	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	1	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	1	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	1	PA MO; HRM
GLYCOPYRROLATE INJECTION 0.6MG/3ML	3	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>glycopyrrolate oral solution 1mg/5ml</i>	1	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	1	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	1	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	1	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine suspension reconstituted 40mg/5ml</i>	1	MO
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>nizatidine capsule 150mg, 300mg</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>budesonide er tablet extended release 24 hour 9mg</i>	1	MO
<i>budesonide capsule delayed release particles 3mg</i>	1	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
<i>mesalamine dr capsule delayed release 400mg</i>	1	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	1	MO
<i>mesalamine enema 4gm</i>	1	MO
<i>mesalamine kit 4gm</i>	1	MO
<i>mesalamine suppository 1000mg</i>	1	MO
<i>sulfasalazine tablet delayed release 500mg</i>	1	MO
<i>sulfasalazine tablet 500mg</i>	1	MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	3	MO
<i>constulose solution 10gm/15ml</i>	1	
<i>enulose solution 10gm/15ml</i>	1	MO
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>generlac solution 10gm/15ml</i>	1	
<i>kristalose packet 10gm, 20gm</i>	1	PA
<i>lactulose packet 10gm, 20gm</i>	1	PA MO
<i>lactulose solution 10gm/15ml</i>	1	MO
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/ kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	MO
SUTAB TABLET 225MG; 188MG; 1479MG	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg, 1mg</i>	1	QL (60 EA per 30 days) PA MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
<i>diphenoxylate hydrochloride/ atropine sulfate tablet 0.025mg; 2.5mg</i>	1	MO; HRM
<i>diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml</i>	1	MO; HRM
GATTEX INJECTION 5MG	3	PA; ACS LD
<i>lansoprazole/amoxicillin/ clarithromycin therapy pack 500mg; 500mg; 30mg</i>	1	QL (224 EA per 365 days) MO
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	1	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	1	QL (60 EA per 30 days) MO
<i>misoprostol tablet 100mcg, 200mcg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	1	MO
<i>sucralfate tablet 1gm</i>	1	MO
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet 250mg, 500mg</i>	1	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	3	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	3	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	3	PA; LD
XERMELO TABLET 250MG	3	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	3	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole capsule delayed release 30mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	1	
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</i>	1	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	1	QL (30 EA per 30 days) MO
CIALIS TABLET 5MG	3	QL (30 EA per 30 days) PA MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	1	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% solution 0.25%</i>	1	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	1	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	1	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	1	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	2	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	2	QL (300 ML per 28 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	1	QL (600 ML per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	1	MO
<i>metronidazole vaginal gel 0.75%</i>	1	MO
<i>miconazole 3 suppository 200mg</i>	1	MO
<i>terconazole cream 0.4%, 0.8%</i>	1	MO
<i>terconazole suppository 80mg</i>	1	MO

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	2	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	2	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	2	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	2	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	MO

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Drug name	Drug tier	Requirements/Limits
<i>fondaparinux sodium injection</i> 10mg/0.8ml, 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml	1	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ ML	3	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	3	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	2	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	1	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
PRADAXA PACKET 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 110MG	3	QL (120 EA per 30 days) MO
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	1	QL (620 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>rivaroxaban tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 40000UNIT/ML, 4000UNIT/ML	2	PA; ACS LD
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	2	PA; ACS LD
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	2	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	2	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	1	MO
BERINERT INJECTION 500UNIT	3	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	1	MO
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	3	QL (60 EA per 30 days) PA; ACS LD
DOPTELET TABLET 20MG	3	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	3	PA MO
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	1	QL (27 ML per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
<i>l-glutamine packet 5gm</i>	1	PA; ACS LD
<i>pentoxifylline er tablet extended release 400mg</i>	1	MO
<i>sajazir injection 30mg/3ml</i>	1	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 1000MG, 100MG	3	PA MO
TAVNEOS CAPSULE 10MG	3	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml</i>	1	
<i>tranexamic acid injection 1000mg/10ml</i>	1	
<i>tranexamic acid tablet 650mg</i>	1	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	1	QL (60 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tablet 25mg, 50mg, 75mg</i>	1	PA MO
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>ticagrelor tablet 60mg, 90mg</i>	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	3	QL (22.4 ML per 365 days) PA; ACS LD
BIMZELX INJECTION 160MG/ML, 320MG/2ML	2	QL (4 ML per 28 days) PA; ACS LD
DUPIXENT INJECTION 200MG/1.14ML	2	QL (4.56 ML per 28 days) PA; ACS LD
DUPIXENT INJECTION 300MG/2ML	2	QL (8 ML per 28 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	3	QL (8 ML per 28 days) PA; ACS LD
ENBREL SURECLICK INJECTION 50MG/ML	3	QL (8 ML per 28 days) PA; ACS LD
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	3	QL (8 ML per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	2	QL (22.4 ML per 365 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	2	QL (44.8 ML per 365 days) PA; ACS LD
HADLIMA INJECTION 40MG/0.4ML	2	QL (22.4 ML per 365 days) PA; ACS LD
HADLIMA INJECTION 40MG/0.8ML	2	QL (44.8 ML per 365 days) PA; ACS LD
HUMIRA INJECTION 10MG/0.1ML	2	QL (26 EA per 365 days) PA; ACS LD
HUMIRA INJECTION 20MG/0.2ML	2	QL (52 EA per 365 days) PA; ACS LD
KINERET INJECTION 100MG/0.67ML	3	QL (18.76 ML per 28 days) PA; LD
PYZCHIVA INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS LD
PYZCHIVA INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS LD
PYZCHIVA INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS LD
RINVOQ LQ SOLUTION 1MG/ML	2	QL (360 ML per 30 days) PA; ACS LD
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	2	QL (168 EA per 365 days) PA; ACS LD
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	2	QL (30 EA per 30 days) PA; ACS LD
SKYRIZI PEN INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS LD
SKYRIZI INJECTION 180MG/1.2ML	2	QL (1.2 ML per 56 days) PA; ACS LD
SKYRIZI INJECTION 600MG/10ML	2	QL (120 ML per 365 days) PA; ACS LD
SKYRIZI INJECTION 360MG/2.4ML	2	QL (2.4 ML per 56 days) PA; ACS LD
SKYRIZI INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS LD
SOTYKTU TABLET 6MG	2	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
STELARA INJECTION 90MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
STELARA INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA; ACS LD
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	2	QL (4 ML per 28 days) PA; ACS LD
TREMFYA PEN INJECTION 100MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 100MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 200MG/20ML	2	QL (20 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 200MG/2ML	2	QL (4 ML per 28 days) PA; ACS LD
TYENNE INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS LD
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA; ACS LD
USTEKINUMAB INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS LD
USTEKINUMAB INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS LD
USTEKINUMAB INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS LD
VELSIPITY TABLET 2MG	2	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	2	QL (30 EA per 30 days) PA; ACS LD
XELJANZ SOLUTION 1MG/ML	2	QL (480 ML per 24 days) PA; ACS LD
XELJANZ TABLET 10MG, 5MG	2	QL (60 EA per 30 days) PA; ACS LD
YESINTEK INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS LD
YESINTEK INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA; ACS LD
YESINTEK INJECTION 90MG/ML	3	QL (1 ML per 28 days) PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO
JYLAMVO SOLUTION 2MG/ML	3	
<i>leflunomide tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP SOLUTION 2.5MG/ML	3	MO
IMMUNOGLOBULINS		
GAMASTAN INJECTION	2	B/D; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	3	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	3	PA; ACS LD
ARCALYST INJECTION 220MG	3	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	3	B/D MO
AZATHIOPRINE INJECTION 100MG	3	B/D
<i>azathioprine tablet 50mg</i>	1	B/D MO
BENLYSTA INJECTION 200MG/ML	3	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	1	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	1	B/D
<i>mycophenolate mofetil capsule 250mg</i>	1	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	1	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	1	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	1	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	1	B/D MO
NULOJIX INJECTION 250MG	3	B/D
PROGRAF PACKET 0.2MG, 1MG	3	B/D MO
REZUROCK TABLET 200MG	3	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	1	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	1	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	2	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	2	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENG VAXIA INJECTION	1	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D

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

Drug name	Drug tier	Requirements/Limits
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOL INACTIVATED IPV INJECTION	1	
IXIARO INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	2	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
RABAVERT INJECTION	1	B/D

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

Drug name	Drug tier	Requirements/Limits
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	1	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION 40MCG/0.8ML	2	
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	3
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	3

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

Drug name	Drug tier	Requirements/Limits
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	3	MO
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	1	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	3	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	3	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	3	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	3	

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

Drug name	Drug tier	Requirements/Limits
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	3	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	3	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	3	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 50%</i>	1	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE INJECTION 5%; 0.15%; 0.225%, 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	3	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	3	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ ml</i>	1	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>sodium bicarbonate injection 8.4%</i>	1	MO
<i>sodium chloride 0.45% injection 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	1	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	1	MO
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
<i>klor-con 10 tablet extended release 10meq</i>	1	
<i>klor-con 8 tablet extended release 8meq</i>	1	MO
<i>klor-con m10 tablet extended release 10meq</i>	1	MO
<i>klor-con m15 tablet extended release 15meq</i>	1	MO
<i>klor-con m20 tablet extended release 20meq</i>	1	MO
<i>klor-con/ef tablet effervescent 25meq</i>	1	MO
<i>klor-con packet 20meq</i>	1	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	1	

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	2	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml</i>	1	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	2	MO
IV NUTRITION		
AMINOSYN II INJECTION	3	B/D
AMINOSYN-PF 7% INJECTION	3	B/D
AMINOSYN-PF INJECTION	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION	3	B/D

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
<i>clinisol sf 15% injection</i>	1	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	2	B/D
<i>dextrose 10% injection 10%</i>	1	
DEXTROSE 30% INJECTION 30%	2	B/D
<i>dextrose 5% injection 5%</i>	1	MO
DEXTROSE 50% INJECTION 50%	2	B/D
DEXTROSE 70% INJECTION 70%	2	B/D
DEXTROSE INJECTION 20%, 40%	2	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	2	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	2	B/D

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

Drug name	Drug tier	Requirements/Limits
NUTRILIPID INJECTION 20GM/100ML	2	B/D
<i>plenamine injection</i>	1	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
PROSOL INJECTION	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	1	MO
<i>neo-polycin hc ointment 400unit/ gm; 1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone ointment 400unit/ gm; 1%; 0.5%; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/ dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	MO
<i>neomycin/polymyxin/ dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	1	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	2	MO
TOBRADEX OINTMENT 0.1%; 0.3%	2	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	1	MO
ZYLET SUSPENSION 0.5%; 0.3%	2	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	1	MO
<i>bacitracin ointment 500unit/gm</i>	1	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	2	MO
BESIVANCE SUSPENSION 0.6%	2	MO
CILOXAN OINTMENT 0.3%	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	1	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	1	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN SUSPENSION 5%	3	MO
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	1	MO
<i>sulfacetamide sodium solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine solution 1%</i>	1	MO
<i>XDEMVI SOLUTION 0.25%</i>	2	QL (10 ML per 42 days) PA; ACS LD
<i>ZIRGAN GEL 0.15%</i>	3	MO
ANTI-INFLAMMATORIES		
<i>bromfenac sodium solution 0.07%, 0.075%</i>	1	MO
<i>bromfenac solution 0.09%</i>	1	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate emulsion 0.05%</i>	1	MO
<i>FLAREX SUSPENSION 0.1%</i>	3	MO
<i>fluorometholone suspension 0.1%</i>	1	MO
<i>flurbiprofen sodium solution 0.03%</i>	1	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	1	MO
<i>LOTEMAX SM GEL 0.38%</i>	2	MO
<i>LOTEMAX OINTMENT 0.5%</i>	2	MO
<i>loteprednol etabonate gel 0.5%</i>	1	MO
<i>loteprednol etabonate suspension 0.2%, 0.5%</i>	1	MO
<i>prednisolone acetate suspension 1%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	1	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl solution 0.05%</i>	1	MO
ZERVATE SOLUTION 0.24%	3	
ANTI GLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	1	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	1	MO
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	1	MO
<i>brinzolamide suspension 1%</i>	1	MO
<i>carteolol hcl solution 1%</i>	1	MO
COMBIGAN SOLUTION 0.2%; 0.5%	2	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	1	MO
<i>dorzolamide hydrochloride solution 2%</i>	1	MO
<i>latanoprost solution 0.005%</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
LUMIGAN SOLUTION 0.01%	2	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	3	ACS LD
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA SOLUTION 0.02%	3	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	3	MO
SIMBRINZA SUSPENSION 0.2%; 1%	3	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>timolol maleate solution 0.25% (generic Timoptic), 0.5% (generic Istalol and Timoptic)</i>	1	MO
<i>travoprost solution 0.004%</i>	1	MO
VYZULTA SOLUTION 0.024%	3	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	1	MO
CYSTARAN SOLUTION 0.44%	3	PA; LD
EYSUVIS SUSPENSION 0.25%	3	MO
MIEBO SOLUTION 1.338GM/ML	2	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	1	MO
RESTASIS MULTIDOSE EMULSION 0.05%	2	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	2	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	2	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

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

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

Drug name	Drug tier	Requirements/Limits
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RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ ACT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	1	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (4 GM per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hydrochloride solution 0.1%</i>	1	QL (30 ML per 25 days) MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	3	PA MO
<i>carbinoxamine maleate solution 4mg/5ml</i>	1	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	1	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	1	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	1	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	1	MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 50mg/ml</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	1	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	1	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	1	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	1	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	1	MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	2	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	1	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	1	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
<i>aminophylline injection 25mg/ml</i>	1	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
FASENRA PEN INJECTION 30MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	2	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	3	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	3	QL (60 EA per 30 days) PA; ACS LD
<i>nintedanib esylate capsule 100mg, 150mg</i>	1	QL (60 EA per 30 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	2	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	3	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	3	QL (112 EA per 28 days) PA; ACS LD
<i>pirfenidone capsule 267mg</i>	1	QL (270 EA per 30 days) PA; ACS LD
<i>pirfenidone tablet 267mg</i>	1	QL (270 EA per 30 days) PA; ACS LD
<i>pirfenidone tablet 534mg, 801mg</i>	1	QL (90 EA per 30 days) PA; ACS LD
PROLASTIN-C INJECTION 1000MG/20ML	2	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	3	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	1	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	1	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	1	MO
<i>theophylline solution 80mg/15ml</i>	1	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	3	QL (84 EA per 28 days) PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	3	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	2	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	3	QL (32 ML per 30 days) PA MO
STERIOD INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
STERIOD/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/ INH	2	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/ act</i>	1	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ ACT; 100MCG/ACT, 5MCG/ ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/ SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>acutane capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>clindacin foam 1%</i>	1	QL (100 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	1	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%</i>	1	MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	1	MO
<i>dapsone gel 5%, 7.5%</i>	1	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	1	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	1	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	PA
<i>neuac gel 5%; 1.2%</i>	1	
<i>sulfacetamide sodium lotion 10%</i>	1	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	1	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	1	MO
SSD CREAM 1%	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox nail lacquer solution 8%</i>	1	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	1	QL (85 GM per 30 days) MO
ERTACZO CREAM 2%	3	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	1	QL (60 GM per 30 days) MO

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

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Drug name	Drug tier	Requirements/Limits
<i>betamethasone dipropionate augmented ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	1	QL (120 GM per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	1	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	1	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	1	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	1	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	1	QL (50 GM per 30 days) MO
<i>halobetasol propionate ointment 0.05%</i>	1	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	1	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	1	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.5%</i>	1	QL (15 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hydrochloride external solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine ii patch 5%</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine patch 5%</i>	1	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream 12%</i>	1	MO
<i>ammonium lactate lotion 12%</i>	1	MO
<i>azelaic acid gel 15%</i>	1	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	1	QL (60 GM per 30 days) PA; ACS LD
<i>diclofenac sodium external solution 1.5%</i>	1	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	1	QL (45 GM per 30 days) PA MO
<i>doxycycline capsule delayed release 40mg</i>	1	QL (30 EA per 30 days) PA MO
EUCRISA OINTMENT 2%	3	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (30 GM per 30 days) MO
IMIQUIMOD PUMP CREAM 3.75%	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
<i>nitroglycerin ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	3	QL (60 GM per 30 days) MO

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

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

Drug name	Drug tier	Requirements/Limits
<i>lidocaine viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>oralone dental paste paste 0.1%</i>	1	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	1	MO
PREVIDENT 5000 ENAMEL	3	MO
PROTECT GEL 5%; 1.1%		
<i>sf gel 1.1%</i>	1	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	1	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	3	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	1	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE GEL 5%; 1.1%	3	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	1	MO

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

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	19	<i>adefovir dipivoxil</i>	23	<i>amantadine hcl</i>	59
<i>abacavir sulfate/</i>	21	ADEMPAS	52	<i>amantadine</i>	59
<i>lamivudine</i>		<i>aenapine</i>	61	<i>hydrochloride</i>	
ABELCET	18	<i>afirmelle</i>	85	<i>ambrisentan</i>	52
<i>abigale</i>	92	AIMOVIG	74	<i>amethyst</i>	85
<i>abigale lo</i>	92	AIRSUPRA	130	<i>amikacin sulfate</i>	15
ABILIFY	60	AKEEGA	30	<i>amiloride hcl</i>	49
ABILIFY MAINTENA	60	<i>ala-cort</i>	133	<i>amiloride/</i>	49
<i>abiraterone acetate</i>	30	<i>albendazole</i>	15	<i>hydrochlorothiazide</i>	
<i>abirtega</i>	30	<i>albuterol sulfate</i>	128	<i>aminophylline</i>	128
ABRYSVO	112	<i>albuterol sulfate hfa</i>	127,	AMINOSYN II	119
<i>acamprosate calcium</i>	77		128	AMINOSYN-PF	119
<i>dr</i>		<i>alclometasone</i>	133	AMINOSYN-PF 7%	119
<i>acarbose</i>	81	<i>dipropionate</i>		<i>amiodarone</i>	44
<i>accutane</i>	131	ALECENSA	32	<i>hydrochloride</i>	
<i>acebutolol</i>	46	<i>alendronate sodium</i>	83,	<i>amitriptyline hcl</i>	54
<i>hydrochloride</i>			84	<i>amitriptyline</i>	54
<i>acetaminophen/</i>	13	<i>alfuzosin hcl er</i>	104	<i>hydrochloride</i>	
<i>codeine</i>		<i>aliskiren</i>	50	<i>amlodipine besylate</i>	47
<i>acetaminophen/</i>	13	<i>allopurinol</i>	10	<i>amlodipine besylate/</i>	50
<i>codeine phosphate</i>		<i>almotriptan</i>	74	<i>atorvastatin calcium</i>	
<i>acetazolamide</i>	49	<i>almotriptan malate</i>	74	<i>amlodipine</i>	40
<i>acetazolamide er</i>	49	<i>alosetron</i>	102	<i>besylate/benazepril</i>	
<i>acetic acid</i>	125	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>acetic acid 0.25%</i>	104	<i>alprazolam</i>	53	<i>amlodipine besylate/</i>	42
<i>acetylcysteine</i>	95,	<i>alprazolam er</i>	53	<i>valsartan</i>	
	128	ALPRAZOLAM	53	<i>amlodipine/</i>	42
<i>acitretin</i>	133	INTENSOL		<i>olmesartan medoxomil</i>	
ACTHIB	112	<i>altavera</i>	85	<i>amlodipine/valsartan/</i>	42
ACTIMMUNE	111	ALUNBRIG	32	<i>hydrochlorothiazide</i>	
<i>acyclovir</i>	23,	ALVAIZ	107	<i>ammonium lactate</i>	136
	136	ALVESCO	130	<i>amnesteen</i>	131
<i>acyclovir sodium</i>	23	<i>alyacen 1/35</i>	85	<i>amoxapine</i>	55
ADACEL	112	<i>alyacen 7/7/7</i>	85	<i>amoxicillin</i>	27,
ADALIMUMAB-BWWD	108				28

Drug name	Page	Drug name	Page	Drug name	Page
<i>amoxicillin/clavulanate</i>	27	<i>atenolol/chlorthalidone</i>	46	BAFIERTAM	76
<i>potassium</i>		<i>atomoxetine</i>	72	<i>balsalazide disodium</i>	100
<i>amoxicillin/clavulanate</i>	27	<i>atorvastatin calcium</i>	45	BALVERSA	32
<i>potassium er</i>		<i>atovaquone</i>	15	<i>balziva</i>	85
<i>amphetamine/</i>	72	<i>atovaquone/proguanil</i>	19	BARACLUDE	23
<i>dextroamphetamine</i>		<i>hcl</i>		BCG	112
<i>amphotericin b</i>	18	<i>atovaquone/proguanil</i>	19	BD ALCOHOL SWABS	79
<i>amphotericin b</i>	18	<i>hydrochloride</i>		BD INSULIN SYRINGE	79
<i>liposome</i>		<i>atropine sulfate</i>	125	BD PEN	79
<i>ampicillin</i>	28	ATROVENT HFA	126	BD PEN NEEDLE/	79
<i>ampicillin sodium</i>	28	<i>aubra eq</i>	85	ORIGINAL/ULTRA-	
<i>ampicillin-sulbactam</i>	28	AUGTYRO	32	FINE/29G X 1/2	
<i>ampicillin/sulbactam</i>	28	<i>aurovela 1.5/30</i>	85	<i>benazepril</i>	41
<i>anagrelide</i>	107	<i>aurovela 1/20</i>	85	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>aurovela 24 fe</i>	85	<i>benazepril</i>	40
<i>anastrozole</i>	30	<i>aurovela fe 1.5/30</i>	85	<i>hydrochloride/</i>	
ANORO ELLIPTA	126	<i>aurovela fe 1/20</i>	85	<i>hydrochlorothiazide</i>	
<i>aprepitant</i>	98	AUSTEDO	75,	BENLYSTA	111
<i>apri</i>	85		76	<i>benztropine mesylate</i>	59
APTIOM	65	AUSTEDO XR	75,	BERINERT	107
APTIVUS	20		76	BESIFLOXACIN	122
<i>aranelle</i>	85	AUVELITY	55	HYDROCHLORIDE	
ARCALYST	111	<i>aviane</i>	85	BESIVANCE	122
AREXVY	112	AVMAPKI FAKZYNJA	32	BESREMI	31
ARIKAYCE	15	<i>ayuna</i>	85	<i>betaine anhydrous</i>	95
<i>aripiprazole</i>	60,	AYVAKIT	32	<i>powder</i>	
	61	<i>azathioprine</i>	111	<i>betamethasone</i>	134
ARISTADA	61	AZATHIOPRINE	111	<i>dipropionate</i>	
<i>armodafinil</i>	77	<i>azelaic acid</i>	136	<i>betamethasone</i>	133,
ARNUITY ELLIPTA	130	<i>azelastine hcl</i>	124	<i>dipropionate</i>	134
<i>arsenic trioxide</i>	31	<i>azelastine</i>	126	<i>augmented</i>	
<i>ashlyna</i>	85	<i>hydrochloride</i>		<i>betamethasone</i>	134
ASPARLAS	31	<i>azithromycin</i>	26	<i>valerate</i>	
<i>aspirin/dipyridamole er</i>	108	<i>aztreonam</i>	15	BETASERON	76
ASTAGRAF XL	111	<i>azurette</i>	85	<i>betaxolol hcl</i>	46,
<i>atazanavir</i>	20	<i>bacitracin</i>	122		124
<i>atazanavir sulfate</i>	20	<i>bacitracin/polymyxin b</i>	122	<i>bethanechol chloride</i>	104
<i>atenolol</i>	46	<i>baclofen</i>	77	BEVESPI	126

Drug name	Page	Drug name	Page	Drug name	Page
<i>bexarotene</i>	31, 136	<i>budesonide/</i>	130	<i>candesartan cilexetil/</i>	42
BEXSERO	112	<i>formoterol fumarate</i>		<i>hydrochlorothiazide</i>	
<i>bicalutamide</i>	30	<i>dihydrate</i>		CAPLYTA	61
BICILLIN L-A	28	<i>bumetanide</i>	49, 50	CAPRELSA	33
BIKTARVY	21	<i>buprenorphine</i>	12	<i>captopril</i>	41
BILDYOS	84	<i>buprenorphine hcl</i>	77, 78	<i>captopril/</i>	40
BILPREVDA	84	<i>buprenorphine hcl/</i>	77	<i>hydrochlorothiazide</i>	
BIMZELX	108	<i>naloxone hcl</i>		<i>carbamazepine</i>	66
<i>bisoprolol fumarate</i>	46	<i>buprenorphine</i>	78	<i>carbamazepine er</i>	66
<i>bisoprolol fumarate/</i>	46	<i>hydrochloride/</i>		<i>carbidopa</i>	59
<i>hydrochlorothiazide</i>		<i>naloxone</i>		<i>carbidopa/levodopa</i>	59
<i>blisovi 24 fe</i>	86	<i>hydrochloride</i>		CARBIDOPA/	59
<i>blisovi fe 1.5/30</i>	86	<i>bupropion</i>	55	LEVODOPA/	
<i>blisovi fe 1/20</i>	86	<i>bupropion</i>	55, 78	ENTACAPONE	
BLUJEPa	15	<i>hydrochloride er</i>		<i>carbidopa/levodopa er</i>	59
BONSITY	84	BUPROPION	55	<i>carbidopa/levodopa</i>	59
BOOSTRIX	112	HYDROCHLORIDE ER		<i>odt</i>	
<i>bosentan</i>	52	<i>buspirone hcl</i>	53	<i>carbinoxamine</i>	127
BOSULIF	32	<i>buspirone</i>	53	<i>maleate</i>	
BRAFTOVI	32	<i>hydrochloride</i>		CARBINOXAMINE	127
BREO ELLIPTA	130	<i>butorphanol tartrate</i>	13	MALEATE	
BREZTRI	126	<i>cabergoline</i>	95	<i>carglumic acid</i>	95
<i>brielllyn</i>	86	CABOMETYX	33	<i>carteolol hcl</i>	124
<i>brimonidine tartrate</i>	124	<i>calcipotriene</i>	133	<i>cartia xt</i>	47
<i>brimonidine tartrate/</i>	124	<i>calcipotriene/</i>	133	<i>carvedilol</i>	47
<i>timolol maleate</i>		<i>betamethasone</i>		<i>carvedilol phosphate</i>	46
<i>brinzolamide</i>	124	<i>dipropionate</i>		<i>er</i>	
<i>brivaracetam</i>	65	<i>calcitonin-salmon</i>	84	<i>caspofungin acetate</i>	18
BRIVIACT	66	<i>calcitrene</i>	133	CAYSTON	15
<i>bromfenac</i>	123	<i>calcitriol</i>	98	<i>cefaclor</i>	24
<i>bromfenac sodium</i>	123	CALCITRIOL	133	CEFACLOER ER	24
<i>bromocriptine</i>	59	CALQUENCE	33	<i>cefadroxil</i>	24
<i>mesylate</i>		<i>camila</i>	86	<i>cefazolin</i>	25
BRUKINSA	33	CAMRESE	86	CEFAZOLIN	25
<i>budesonide</i>	130	CAMRESE LO	86	CEFAZOLIN/	24
<i>budesonide dr</i>	101	<i>candesartan cilexetil</i>	43	DEXTROSE	
<i>budesonide er</i>	101			<i>cefazolin sodium</i>	24
				CEFAZOLIN SODIUM	24

Drug name	Page	Drug name	Page	Drug name	Page
<i>cefdinir</i>	25	<i>chlorpromazine</i>	61	<i>clindamycin</i>	15
<i>cefepime</i>	25	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>cefixime</i>	25	<i>chlorthalidone</i>	50	<i>clindamycin palmitate</i>	15
<i>cefotetan</i>	25	<i>chlorzoxazone</i>	77	<i>hydrochloride</i>	
<i>cefoxitin</i>	25	<i>cholestyramine</i>	45	<i>clindamycin phosphate</i>	15,
<i>cefpodoxime proxetil</i>	25	<i>cholestyramine light</i>	45		105,
<i>cefprozil</i>	25	CIALIS	104		131
<i>ceftaroline fosamil</i>	25	<i>ciclopirox</i>	132	<i>clindamycin</i>	131
<i>ceftazidime</i>	25	<i>ciclopirox olamine</i>	132	<i>phosphate/benzoyl</i>	
<i>ceftriaxone in iso-</i>	25	<i>cilostazol</i>	107	<i>peroxide</i>	
<i>osmotic dextrose</i>		CILOXAN	122	<i>clindamycin</i>	15
<i>ceftriaxone sodium</i>	25	CIMDUO	21	<i>phosphate/dextrose</i>	
CEFTRIAZONE	25	<i>cimetidine</i>	100	CLINDAMYCIN/	15
SODIUM		<i>cinacalcet</i>	55,	SODIUM CHLORIDE	
<i>cefuroxime axetil</i>	25	<i>hydrochloride</i>	95	CLINIMIX 4.25%	119
<i>cefuroxime sodium</i>	25,	<i>ciprofloxacin</i>	125	DEXTROSE 5	
	26	<i>ciprofloxacin/</i>	125	CLINIMIX 4.25%	119
<i>celecoxib</i>	10	<i>dexamethasone</i>		DEXTROSE 10%	
<i>cephalexin</i>	26	<i>ciprofloxacin hcl</i>	26	CLINIMIX 5%	119
CERDELGA	95	<i>ciprofloxacin</i>	27,	DEXTROSE 15%	
<i>cetirizine</i>	127	<i>hydrochloride</i>	122	CLINIMIX 5%	119
<i>hydrochloride</i>		<i>ciprofloxacin</i>	125	DEXTROSE 20%	
<i>cevimeline</i>	137	<i>hydrochloride/</i>		CLINIMIX 6/5	120
<i>hydrochloride</i>		<i>hydrocortisone</i>		CLINIMIX 8/10	120
<i>charlotte 24 fe</i>	86	<i>ciprofloxacin i.v.-in d5w</i>	27	CLINIMIX 8/14	120
<i>chateal eq</i>	86	CIPRO HC	125	<i>clinisol sf 15%</i>	120
CHEMET	84	<i>citalopram</i>	55	CLINOLIPID	120
<i>chloramphenicol</i>	15	<i>hydrobromide</i>		<i>clinpro 5000 paste</i>	137
<i>sodium succinate</i>		<i>claravis</i>	131	<i>clobazam</i>	66
<i>chlordiazepoxide/</i>	55	<i>clarithromycin</i>	26	<i>clobetasol propionate</i>	134
<i>amitriptyline</i>		<i>clarithromycin er</i>	26	<i>clobetasol propionate</i>	134
<i>chlordiazepoxide hcl</i>	53	<i>clemastine fumarate</i>	127	e	
<i>chlordiazepoxide</i>	53	CLENPIQ	101	<i>clodan</i>	134
<i>hydrochloride</i>		<i>clindacin</i>	131	<i>clomipramine</i>	55
<i>chlorhexidine</i>	137	<i>clindamycin/benzoyl</i>	132	<i>hydrochloride</i>	
<i>gluconate</i>		<i>peroxide</i>		<i>clonazepam</i>	66
<i>chloroquine phosphate</i>	19	<i>clindamycin hcl</i>	15	<i>clonazepam odt</i>	66
<i>chlorpromazine hcl</i>	61			<i>clonidine</i>	50
				<i>hydrochloride</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>clonidine patch</i>	50	<i>cryselle-28</i>	86	DAURISMO	33
<i>clopidogrel</i>	108	CURITY GAUZE PADS	79	<i>daysee</i>	86
<i>clorazepate</i>	66	<i>cyclobenzaprine</i>	77	DAYVIGO	74
<i>dipotassium</i>		<i>hydrochloride</i>		<i>deblitane</i>	86
<i>clotrimazole</i>	132	<i>cyclophosphamide</i>	29	<i>deferasirox</i>	84
<i>clotrimazole/</i>	132	<i>capsule</i>		DELSTRIGO	21
<i>betamethasone</i>		CYCLOPHOSPHAMIDE	29	<i>delyla</i>	86
<i>dipropionate</i>		TABLET		DENG VAXIA	112
<i>clotrimazole troche</i>	137	<i>cycloserine</i>	22	DENTA 5000 PLUS	137
<i>clozapine</i>	61	<i>cyclosporine</i>	112	SENSITIVE	
<i>clozapine odt</i>	61	<i>cyclosporine modified</i>	111	<i>dentagel</i>	137
COARTEM	19	<i>cyproheptadine hcl</i>	127	DEPO-SUBQ	86
COBENFY	62	<i>cyproheptadine</i>	127	PROVERA	
COBENFY STARTER	62	<i>hydrochloride</i>		DESCOVY	21
PACK		<i>cyred eq</i>	86	<i>desipramine</i>	55
CODEINE SULFATE	13	CYSTAGON	95	<i>hydrochloride</i>	
<i>colchicine</i>	10	CYSTARAN	125	<i>desloratadine</i>	127
<i>colesevelam</i>	45	<i>dabigatran</i>	105	<i>desloratadine odt</i>	127
<i>hydrochloride</i>		<i>dalfampridine er</i>	76	<i>desmopressin acetate</i>	95
<i>colestipol</i>	45	<i>danazol</i>	78	<i>desonide</i>	134
<i>hydrochloride</i>		<i>dantrolene sodium</i>	77	<i>desoximetasone</i>	134
<i>colistimethate sodium</i>	15	DANZITEN	33	<i>dessmopressin</i>	95
COMBIGAN	124	DAPAGLIFLOZIN	81	<i>acetate</i>	
COMBIVENT	126	<i>dapagliflozin/</i>	81	<i>desvenlafaxine er</i>	55
RESPIMAT		<i>metformin</i>		<i>dexamethasone</i>	93,
COMETRIQ KIT	33	<i>hydrochloride er</i>			94
<i>compro</i>	98	<i>dapsone</i>	15,	<i>dexamethasone</i>	93
<i>conjugated estrogens t</i>	92		132	<i>intensol</i>	
<i>consulose</i>	101	DAPTACEL	112	<i>dexamethasone</i>	93,
COPIKTRA	33	<i>daptomycin</i>	16	<i>sodium phosphate</i>	123
CORLANOR	50	DAPTOMYCIN/	16	<i>dexlansoprazole</i>	103
COTELLIC	33	SODIUM CHLORIDE		<i>dexmethylphenidate</i>	72
CREON	102	<i>darifenacin</i>	104	<i>hcl</i>	
CRESEMBA	18	<i>hydrobromide er</i>		<i>dexmethylphenidate</i>	72
<i>cromolyn sodium</i>	102,	<i>darunavir</i>	20	<i>hydrochloride</i>	
	124,	<i>dasatinib</i>	33	<i>dexmethylphenidate</i>	72
	128	<i>dasetta 1/35</i>	86	<i>hydrochloride er</i>	
<i>cryselle</i>	86	<i>dasetta 7/7/7</i>	86	<i>dextroamphetamine</i>	72
				<i>sulfate</i>	

Drug name	Page	Drug name	Page	Drug name	Page
<i>dextroamphetamine sulfate er</i>	72	DIAZEPAM	67	<i>diphenoxylate hydrochloride/atropine sulfate</i>	102
<i>dextroamphetamine sulfateg</i>	72	<i>diazepam intensol</i>	66	<i>dipyridamole</i>	108
DEXTROSE	120	<i>diazoxide</i>	94	<i>disopyramide phosphate</i>	44
DEXTROSE 2.5%/	115	<i>diclofenac potassium</i>	10	<i>disulfiram</i>	78
SODIUM CHLORIDE 0.45%		<i>diclofenac sodium</i>	123, 136	<i>divalproex sodium dr</i>	67
<i>dextrose 5%</i>	120	<i>diclofenac sodium dr</i>	10	<i>divalproex sodium er</i>	67
DEXTROSE 5% /	114	<i>diclofenac sodium er</i>	10	<i>dofetilide</i>	44
ELECTROLYTE #48		<i>diclofenac sodium/ misoprostol</i>	11	<i>dolishale</i>	86
DEXTROSE 5%/	115	<i>dicloxacillin sodium</i>	28	<i>donepezil hcl</i>	54
LACTATED RINGERS		<i>dicyclomine hcl</i>	100	<i>donepezil hydrochloride</i>	54
DEXTROSE 5%/	115	<i>dicyclomine hydrochloride</i>	100	DOPTelet	107
SODIUM CHLORIDE 0.2%		DIFICID	26	<i>dorzolamide hcl/ timolol maleate</i>	124
<i>dextrose 5%/sodium chloride 0.3%</i>	115	<i>diflunisal</i>	11	<i>dorzolamide hydrochloride</i>	124
DEXTROSE 5%/	115	<i>difluprednate</i>	123	<i>dorzolamide hydrochloride/timolol maleate pf</i>	124
SODIUM CHLORIDE 0.9%		<i>digox</i>	51	<i>dotti</i>	92
DEXTROSE 5%/	115	<i>digoxin</i>	50	DOVATO	21
SODIUM CHLORIDE 0.33%		<i>dihydroergotamine mesylate</i>	74	<i>doxazosin mesylate</i>	42
DEXTROSE 5%/	115	DILANTIN	67	<i>doxepin hcl</i>	55
SODIUM CHLORIDE 0.45%		DILANTIN-125	67	<i>doxepin hydrochloride</i>	55, 74, 136
<i>dextrose 10%</i>	120	DILANTIN INFATABS	67	<i>doxercalciferol</i>	98
DEXTROSE 10%/	114	<i>diltiazem</i>	48	<i>doxy 100</i>	29
SODIUM CHLORIDE 0.2%		<i>diltiazem hcl</i>	48	<i>doxycycline</i>	29, 136
DEXTROSE 10%/	114	<i>diltiazem hcl er</i>	48	<i>doxycycline hyclate</i>	29
SODIUM CHLORIDE 0.45%		<i>diltiazem hydrochloride</i>	48	<i>doxycycline monohydrate</i>	29
DEXTROSE 50%	120	<i>diltiazem hydrochloride er</i>	48	DRIZALMA	56
DEXTROSE 70%	120	<i>dilt-xr</i>	47	<i>dronabinol</i>	98
<i>dextrose/sodium chloride</i>	115	DIMENHYDRINATE	98		
DIACOMIT	66	<i>diphenhydramine hydrochloride</i>	127		
<i>diazepam</i>	67	<i>diphenoxylate/atropine</i>	102		

Drug name	Page	Drug name	Page	Drug name	Page
<i>drospirenone/ethinyl estradiol</i>	86	<i>emtricitabine/ rilpivirine/tenofovir disoproxil fumarate</i>	22	ERLEADA	30
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	86	<i>emtricitabine/tenofovir disoproxil</i>	22	<i>erlotinib hydrochloride</i>	33
DROXIA	107	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22	<i>errin</i>	87
<i>droxidopa</i>	51	EMTRIVA	20	ERTACZO	132
DUAVEE	92	EMVERM	16	<i>ertapenem sodium</i>	16
DULERA	130	<i>emzahh</i>	86	<i>ery</i>	132
<i>duloxetine hydrochloride dr</i>	56	<i>enalapril maleate</i>	41	<i>erythromycin dr</i>	26
DUPIXENT	108	<i>enalapril maleate/ hydrochlorothiazide</i>	40	<i>erythromycin</i>	122, 132
<i>dutasteride</i>	104	ENBREL	108	<i>erythromycin base</i>	26
<i>dutasteride/tamsulosin hydrochloride</i>	104	ENBREL MINI	108	<i>erythromycin/benzoyl peroxide</i>	132
<i>econazole nitrate</i>	132	ENBREL SURECLICK	108	<i>erythromycin lactobionate</i>	26
EDARBI	43	<i>endocet</i>	13	ERZOFRI	62
EDARBYCLOR	42	ENGERIX-B	112	<i>escitalopram oxalate</i>	56
EDURANT	20	<i>enilloring</i>	87	ESCITALOPRAM	56
EDURANT PED	20	<i>enoxaparin sodium</i>	105	OXALATE	
<i>efavirenz</i>	20	ENSACOVE	33	<i>eslicarbazepine acetate</i>	67
<i>efavirenz/ emtricitabine/tenofovir disoproxil fumarate</i>	21	<i>enskyce</i>	87	<i>esomeprazole</i>	103
<i>efavirenz/lamivudine/ tenofovir disoproxil fumarate</i>	21	ENSTILAR	133	<i>esomeprazole sodium</i>	103
<i>effer-k</i>	117	<i>entacapone</i>	59	<i>estarylla</i>	87
<i>eletriptan hydrobromide</i>	74	<i>entecavir</i>	23	<i>estradiol</i>	92, 93
ELIGARD	30	ENTRESTO	42	<i>estradiol/ norethindrone acetate</i>	92
<i>elinest</i>	86	<i>enulose</i>	101	<i>estradiol valerate</i>	92
ELIQUIS	105	EPCLUSA	23	ESTRING	93
ELIQUIS STARTER PACK	105	EPIDIOLEX	67	<i>eszopiclone</i>	74
<i>eluyring</i>	86	<i>epinastine hcl</i>	124	<i>ethambutol hydrochloride</i>	22
EMEND	98	<i>epinephrine</i>	51, 128	<i>ethosuximide</i>	67
EMSAM	56	<i>eplerenone</i>	41	<i>ethynodiol diacetate/ ethinyl estradiol</i>	87
<i>emtricitabine</i>	20	<i>epoprostenol sodium</i>	52	<i>etodolac</i>	11
		EPRONTIA	67	<i>etodolac er</i>	11
		<i>ergotamine tartrate/ caffeine</i>	75		
		ERIVEDGE	33		

Drug name	Page	Drug name	Page	Drug name	Page
<i>etonogestrel/ethinyl estradiol</i>	87	FENOPROFEN	11	<i>fluocinonide</i>	135
<i>etravirine</i>	20	CALCIUM		<i>fluocinonide emulsified base</i>	135
EUCRISA	136	<i>fentanyl</i>	12	<i>fluoride</i>	117
EULEXIN	30	<i>fesoterodine fumarate</i>	104	<i>fluoridex daily defense</i>	137
<i>everolimus</i>	33, 34, 112	<i>er</i>		FLUORIDEX	137
EVOTAZ	22	FETZIMA	56	SENSITIVITY RELIEF/ SLS FREE	
<i>exemestane</i>	30	FETZIMA TITRATION PACK	56	<i>fluorimax 5000</i>	137
EXTENCILLINE	28	FIASP	79	FLUORIMAX 5000	137
EXXUA	56	FIASP FLEXTOUCH	79	SENSITIVE	
EYSUVIS	125	FIASP PENFILL	79	<i>fluorometholone</i>	123
<i>ezetimibe</i>	45	FIASP PUMPCART	79	<i>fluorouracil</i>	136
<i>ezetimibe/simvastatin</i>	45	<i>fidaxomicin</i>	26	FLUOROURACIL	136
<i>falmina</i>	87	<i>finasteride</i>	104	<i>fluoxetine dr</i>	56
<i>famciclovir</i>	23	<i>fingolimod hydrochloride</i>	76	<i>fluoxetine</i>	56,
<i>famotidine</i>	100	FINTEPLA	67	<i>hydrochloride</i>	57
<i>famotidine premixed</i>	100	<i>finzala</i>	87	<i>fluphenazine</i>	62
FANAPT	62	FIRMAGON	30	<i>decanoate</i>	
FANAPT TITRATION PACK A	62	<i>flac</i>	125	<i>fluphenazine hcl</i>	62
FANAPT TITRATION PACK B	62	FLAREX	123	<i>fluphenazine hydrochloride</i>	62
FANAPT TITRATION PACK C	62	<i>flecainide acetate</i>	44	<i>flurbiprofen</i>	11
FARXIGA	81	<i>fluconazole</i>	18, 19	<i>flurbiprofen sodium</i>	123
FASENRA	129	<i>fluconazole in sodium chloride</i>	18	<i>fluticasone propionate</i>	130, 135
<i>febuxostat</i>	10	<i>fluconazole/sodium chloride</i>	18	<i>fluticasone propionate/ salmeterol</i>	131
<i>feirza 1.5/30</i>	87	<i>flucytosine</i>	19	<i>fluticasone propionate/ salmeterol diskus</i>	131
<i>feirza 1/20</i>	87	<i>fludrocortisone acetate</i>	94	FLUTICASONE PROPIONATE/ SALMETEROL HFA	
<i>felbamate</i>	67	<i>flunisolide</i>	130	<i>fluvastatin</i>	45
<i>felodipine er</i>	48	<i>fluocinolone acetonide</i>	125, 134, 135	<i>fluvastatin sodium er</i>	45
<i>fenofibrate</i>	45	<i>fluocinolone acetonide body</i>	134	<i>fluvoxamine maleate</i>	53
<i>fenofibrate micronized</i>	44	<i>fluocinolone acetonide scalp</i>	134	<i>fluvoxamine maleate er</i>	53
<i>fenofibric acid dr</i>	45			<i>fomepizole</i>	95
<i>fenoprofen calcium</i>	11			<i>fondaparinux sodium</i>	106

Drug name	Page	Drug name	Page	Drug name	Page
<i>fosamprenavir calcium</i>	20	<i>gengraf</i>	112	GVOKE HYPOPEN	94,
<i>fosfomycin</i>	16	GENOTROPIN	95		95
<i>tromethamine</i>		GENOTROPIN	95	GVOKE PFS	95
<i>fosinopril sodium</i>	41	MINIQUICK		HADLIMA	109
<i>fosinopril sodium/</i>	41	<i>gentamicin sulfate</i>	16,	HADLIMA	109
<i>hydrochlorothiazide</i>			122,	PUSHTOUCH	
<i>fosphenytoin sodium</i>	67		132	HAEGARDA	107
FOTIVDA	34	<i>gentamicin sulfate</i>	16	<i>hailey 1.5/30</i>	87
FRAGMIN	106	<i>pediatric</i>		<i>hailey 24 fe</i>	87
<i>fraiche 5000 dental</i>	137	<i>gentamicin sulfate/</i>	16	<i>hailey fe 1.5/30</i>	87
<i>frovatriptan succinate</i>	75	<i>sodium chloride</i>		<i>hailey fe 1/20</i>	87
FRUZAQLA	34	GENVOYA	22	<i>halobetasol propionate</i>	135
<i>furosemide</i>	50	GILOTRIF	34	<i>haloette</i>	87
FUZEON	20	<i>glatiramer acetate</i>	76,	<i>haloperidol</i>	62
<i>fyavolv</i>	93		77	<i>haloperidol decanoate</i>	62
FYCOMPA	67	<i>glatopa</i>	77	<i>haloperidol lactate</i>	62
<i>gabapentin</i>	68	GLEOSTINE	29	HAVRIX	113
<i>galantamine</i>	54	<i>glimepiride</i>	81	<i>heather</i>	87
<i>hydrobromide</i>		<i>glipizide</i>	81	<i>heparin sodium</i>	106
<i>galantamine</i>	54	<i>glipizide er</i>	81	HEPARIN SODIUM	106
<i>hydrobromide er</i>		<i>glipizide/metformin</i>	81	HEPARIN SODIUM/	106
<i>galbriela</i>	87	<i>hydrochloride</i>		D5W	
<i>gallifrey</i>	97	GLUCOSE	120	HEPARIN SODIUM/	106
GAMASTAN	111	(DEXTROSE) 50%		DEXTROSE	
GAMMAKED	111	GLUCOSE	120	HEPARIN SODIUM/	106
GAMUNEX-C	111	(DEXTROSE) 70%		NACL 0.45%	
<i>ganciclovir</i>	23	<i>glycopyrrolate</i>	100	HEPARIN SODIUM/	106
GARDASIL 9	113	GLYCOPYRROLATE	100	SODIUM CHLORIDE	
<i>gatifloxacin</i>	122	GLYXAMBI	81	HEPLISAV-B	113
GATTEX	102	GOMEKLI	34	HERNEXEOS	34
<i>gavilyte-c</i>	101	<i>granisetron</i>	98	HIBERIX	113
<i>gavilyte-g</i>	101	<i>hydrochloride</i>		HUMIRA	109
<i>gavilyte-n/flavor pack</i>	101	<i>griseofulvin microsize</i>	19	HUMULIN R U-500	79
GAVRETO	34	<i>griseofulvin</i>	19	(CONCENTRATED)	
<i>gefitinib</i>	34	<i>ultramicrosize</i>		HUMULIN R U-500	79
<i>gemfibrozil</i>	45	<i>guanfacine</i>	73	KWIKPEN	
GEMTESA	104	<i>guanfacine</i>	51	<i>hydralazine</i>	51
<i>generlac</i>	101	<i>hydrochloride</i>		<i>hydrochloride</i>	
		GVOKE	95		

Drug name	Page	Drug name	Page	Drug name	Page
<i>hydrochlorothiazide</i>	50	<i>ibuprofen</i>	11	INVEGA SUSTENNA	63
<i>hydrocodone</i>	13	<i>icatibant acetate</i>	107	INVEGA TRINZA	63
<i>hydrocodone/acetaminophen</i>	13	<i>iclevia</i>	87	IPOL INACTIVATED IPV	113
<i>hydrocodone bitartrate/acetaminophen</i>	13	ICLUSIG	34	<i>ipratropium bromide</i>	126
<i>hydrocodone bitartrate er</i>	12	IDHIFA	34	<i>ipratropium bromide/albuterol sulfate</i>	126
<i>hydrocodone/ibuprofen</i>	13	<i>imatinib mesylate</i>	34	<i>irbesartan</i>	43
<i>hydrocortisone</i>	94, 101, 135	IMBRUVICA	34	<i>irbesartan/hydrochlorothiazide</i>	42
<i>hydrocortisone/acetic acid</i>	125	<i>imipenem/cilastatin</i>	16	ISENTRESS	20
<i>hydrocortisone butyrate</i>	135	<i>imipramine hcl</i>	57	ISENTRESS HD	20
<i>hydrocortisone perianal</i>	136	<i>imipramine hydrochloride</i>	57	<i>isibloom</i>	87
<i>hydrocortisone sodium succinate</i>	94	<i>imipramine pamoate</i>	57	ISOLYTE-P/DEXTROSE 5%	115
<i>hydrocortisone valerate</i>	135	<i>imiquimod</i>	136	ISOLYTE-S	115
<i>hydromorphone hcl</i>	14	IMIQUIMOD PUMP	136	ISOLYTE-S PH 7.4	115
HYDROMORPHONE	14	IMKELDI	34	<i>isoniazid</i>	22
HYDROCHLORIDE		IMOVAX RABIES (H.D.C.V.)	113	<i>isosorbide dinitrate</i>	51
<i>hydroxychloroquine sulfate</i>	111	IMPAVIDO	16	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	51
<i>hydroxyurea</i>	31	INBRIJA	60	<i>isosorbide mononitrate er</i>	51
<i>hydroxyzine hcl</i>	127	<i>incassia</i>	87	<i>isotonic gentamicin</i>	16
<i>hydroxyzine hydrochloride</i>	127	INCRELEX	95	<i>isotretinoin</i>	132
<i>hydroxyzine pamoate</i>	127	INCRUSE ELLIPTA	126	<i>isradipine</i>	48
HYRNUO	34	<i>indapamide</i>	50	ITOVEBI	35
<i>ibandronate sodium</i>	84	INFANRIX	113	<i>itraconazole</i>	19
IBRANCE	34	INLURIYO	30	<i>ivabradine hydrochloride</i>	51
IBTROZI	34	INLYTA	34, 35	<i>ivermectin</i>	16
<i>ibu</i>	11	INQOVI	29	IWILFIN	32
		INREBIC	35	IXIARO	113
		INSULIN ASPART FLEXPEN	80	<i>jaimiess</i>	87
		INSULIN ASPART	79	JAKAFI	35
		INTELENCE	20	<i>jantoven</i>	106
		<i>introvale</i>	87	JANUMET	82
		INVEGA HAFYERA	62, 63	JANUMET XR	82

Drug name	Page	Drug name	Page	Drug name	Page
JANUVIA	82	<i>kelnor 1/35</i>	88	<i>lamotrigine</i>	68
JARDIANCE	82	KERENDIA	41	<i>lamotrigine er</i>	68
<i>jasmiel</i>	87	<i>ketoconazole</i>	19,	<i>lamotrigine odt</i>	68
<i>javygtor</i>	95		132,	<i>lamotrigine starter kit/</i>	68
JAYPIRCA	35		133	<i>blue</i>	
<i>jencycla</i>	87	<i>ketodan</i>	133	<i>lamotrigine starter kit/</i>	68
JENTADUETO	82	<i>ketorolac</i>	11,	<i>green</i>	
JENTADUETO XR	82	<i>tromethamine</i>	123	<i>lamotrigine starter kit/</i>	68
<i>jinteli</i>	93	KINERET	109	<i>orange</i>	
JOLESSA	87	KINRIX	113	<i>lansoprazole</i>	103
<i>juleber</i>	87	<i>kionex</i>	85	<i>lansoprazole/</i>	102
JULUCA	22	KISQALI	35	<i>amoxicillin/</i>	
<i>junel 1.5/30</i>	88	KISQALI FEMARA 400	35	<i>clarithromycin</i>	
<i>junel 1/20</i>	88	DOSE		LANTUS	80
<i>junel fe 1.5/30</i>	88	KISQALI FEMARA 600	35	LANTUS SOLOSTAR	80
<i>junel fe 1/20</i>	88	DOSE		<i>lapatinib ditosylate</i>	35
<i>junel fe 24</i>	88	<i>klayesta</i>	133	<i>larin 1.5/30</i>	88
<i>just right 5000</i>	137	<i>klor-con</i>	117	<i>larin 1/20</i>	88
JYLAMVO	111	<i>klor-con 8</i>	117	<i>larin 24 fe</i>	88
JYNNEOS	113	<i>klor-con 10</i>	117	<i>larin fe 1.5/30</i>	88
<i>kaitlib fe</i>	88	<i>klor-con/ef</i>	117	<i>larin fe 1/20</i>	88
KALETRA	22	<i>klor-con m10</i>	117	<i>latanoprost</i>	124
<i>kalliga</i>	88	<i>klor-con m15</i>	117	LAZCLUZE	35
KALYDECO	129	<i>klor-con m20</i>	117	<i>leflunomide</i>	111
<i>kariva</i>	88	KLOXXADO	78	<i>lenalidomide</i>	31
KCL 0.3%/D5W/NACL	116	KOMZIFTI	35	LENTOCILIN	28
0.9%		KOSELUGO	35	LENVIMA 4 MG DAILY	36
KCL 0.3%/D5W/NACL	116	<i>kourzeq</i>	137	DOSE	
0.45%		KRAZATI	35	LENVIMA 8 MG DAILY	36
KCL 0.15%/D5W/	115	<i>kristalose</i>	101	DOSE	
NACL 0.2%		<i>kurvelo</i>	88	LENVIMA 10 MG DAILY	35
KCL 0.15%/D5W/	115	<i>labetalol hydrochloride</i>	47	DOSE	
NACL 0.9%		<i>lacosamide</i>	68	LENVIMA 12MG DAILY	35
KCL 0.15%/D5W/	115	<i>lactated ringers</i>	116	DOSE	
NACL 0.45%		<i>lactulose</i>	101	LENVIMA 14 MG DAILY	35
KCL 0.075%/D5W/	115	<i>lamivudine</i>	20,	DOSE	
NACL 0.45%			23	LENVIMA 18 MG DAILY	35
KEIMPTA	77	<i>lamivudine/zidovudine</i>	22	DOSE	

Drug name	Page	Drug name	Page	Drug name	Page
LENVIMA 20 MG	35	<i>l-glutamine</i>	108	<i>lojaimiess</i>	89
DAILY DOSE		LIBERVANT	69	LOKELMA	85
LENVIMA 24 MG DAILY	36	<i>lidocaine</i>	10,	<i>lomustine</i>	29
DOSE			136	LONSURF	30
<i>lessina</i>	88	<i>lidocaine hcl</i>	44	<i>loperamide</i>	102
<i>letrozole</i>	30	LIDOCAINE HCL	44	<i>hydrochloride</i>	
<i>leucovorin calcium</i>	32	LIDOCAINE HCL IN	44	<i>lopinavir/ritonavir</i>	22
LEUKERAN	29	D5W		<i>lorazepam</i>	53
<i>leuprolide acetate</i>	30	<i>lidocaine</i>	10,	<i>lorazepam intensol</i>	53
<i>levalbuterol</i>	128	<i>hydrochloride</i>	136	LORBRENA	36
<i>levalbuterol hcl</i>	128	<i>lidocaine</i>	137	<i>loryna</i>	89
<i>levalbuterol</i>	128	<i>hydrochloride viscous</i>		<i>losartan potassium</i>	43
<i>hydrochloride</i>		<i>lidocaine/prilocaine</i>	136	<i>losartan potassium/</i>	42
LEVALBUTEROL	128	<i>lidocaine viscous</i>	138	<i>hydrochlorothiazide</i>	
TARTRATE HFA		<i>lidocan</i>	136	LOTEMAX	123
<i>levetiracetam</i>	69	LIFYORLI	30	LOTEMAX SM	123
LEVETIRACETAM	69	LILETTA	88	<i>loteprednol etabonate</i>	123
<i>levetiracetam er</i>	68	INTRAUTERINE		<i>loteprednol etabonate/</i>	121
LEVETIRACETAM/	68,	DEVICE		<i>tobramycin</i>	
SODIUM CHLORIDE	69	<i>linezolid</i>	16	<i>lovastatin</i>	45
<i>levobunolol hcl</i>	124	LINEZOLID	16	<i>low-ogestrel</i>	89
<i>levocarnitine</i>	95,	LINZESS	102	<i>loxapine</i>	63
	96	<i>liomny</i>	97	<i>lo-zumandimine</i>	88
<i>levocetirizine</i>	127	<i>liothyronine sodium</i>	97,	<i>lubiprostone</i>	102
<i>dihydrochloride</i>			98	<i>luizza</i>	89
<i>levofloxacin</i>	27,	<i>lisdexamfetamine</i>	73	LUMAKRAS	36
	122	<i>dimesylate</i>		LUMIGAN	124
<i>levofloxacin in d5w</i>	27	<i>lisinopril</i>	41	LUPRON DEPOT	31
<i>levonest</i>	88	<i>lisinopril/</i>	41	LUPRON DEPOT-PED	96
<i>levonorgestrel and</i>	88	<i>hydrochlorothiazide</i>		<i>lurasidone</i>	63
<i>ethinyl estradiol</i>		<i>lithium</i>	76	<i>hydrochloride</i>	
<i>levonorgestrel/ethinyl</i>	88	<i>lithium carbonate</i>	76	<i>luteria</i>	89
<i>estradiol</i>		<i>lithium carbonate er</i>	76	<i>lyleq</i>	89
<i>levora 0.15/30-28</i>	88	LIVTENCITY	23	<i>lyllana</i>	93
<i>levo-t</i>	97	<i>loestrin 1.5/30-21</i>	89	LYNPARZA	36
<i>levothyroxine sodium</i>	97	<i>loestrin 1/20-21</i>	89	LYSODREN	31
LEVOTHYROXINE	97	<i>loestrin fe 1.5/30</i>	89	LYTGOBI	36
SODIUM		<i>loestrin fe 1/20</i>	89	<i>lyza</i>	89
<i>levoxyl</i>	97				

Drug name	Page	Drug name	Page	Drug name	Page
<i>magnesium sulfate</i>	116	<i>metformin</i>	82	<i>metoclopramide</i>	99
MAGNESIUM SULFATE	116	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>malathion</i>	137	<i>metformin</i>	82	<i>metoclopramide odt</i>	99
<i>maraviroc</i>	20	<i>hydrochloride er</i>		<i>metolazone</i>	50
<i>marlissa</i>	89	<i>methadone hcl</i>	12	<i>metoprolol/</i>	46
MARPLAN	57	<i>methadone</i>	12	<i>hydrochlorothiazide</i>	
MATULANE	32	<i>hydrochloride</i>		<i>metoprolol succinate</i>	47
<i>matzim la</i>	48	<i>methazolamide</i>	50	<i>er</i>	
MAVYRET	23	<i>methenamine</i>	16	<i>metoprolol tartrate</i>	47
<i>meclizine hcl</i>	98	<i>hippurate</i>		<i>metronidazole</i>	17,
<i>meclizine</i>	99	<i>methenamine</i>	16		136
<i>hydrochloride</i>		<i>mandelate</i>		<i>metronidazole vaginal</i>	105
<i>meclofenamate</i>	11	<i>methergine</i>	96	<i>metyrosine</i>	51
<i>sodium</i>		<i>methimazole</i>	98	<i>mibelas 24 fe</i>	89
<i>medroxyprogesterone</i>	89,	<i>methotrexate</i>	30	<i>micalfungin</i>	19
<i>acetate</i>	97	<i>methotrexate sodium</i>	30,	<i>miconazole 3</i>	105
<i>mefloquine</i>	19		111	<i>microgestin 1.5/30</i>	89
<i>hydrochloride</i>		<i>methoxsalen</i>	133	<i>microgestin 1/20</i>	89
<i>megestrol acetate</i>	31,	<i>methscopolamine</i>	100	<i>microgestin fe 1.5/30</i>	89
	97	<i>bromide</i>		<i>microgestin fe 1/20</i>	89
MEKINIST	36	<i>methsuximide</i>	69	<i>midodrine</i>	51
MEKTOVI	36	<i>methylergonovine</i>	96	<i>hydrochloride</i>	
<i>meleya</i>	89	<i>maleate</i>		MIEBO	125
<i>meloxicam</i>	11	<i>methylphenidate</i>	74	<i>mifepristone</i>	96
<i>memantine hcl titration</i>	54	<i>hydrochloride</i>		<i>miglitol</i>	82
<i>pak</i>		<i>methylphenidate</i>	73	<i>mili</i>	89
<i>memantine</i>	54	<i>hydrochloride er</i>		<i>mimvey</i>	93
<i>hydrochloride</i>		METHYLPHENIDATE	73	<i>minocycline hcl</i>	29
<i>memantine</i>	54	HYDROCHLORIDE ER		<i>minocycline</i>	29
<i>hydrochloride er</i>		<i>methylprednisolone</i>	94	<i>hydrochloride</i>	
MENQUADFI	113	<i>methylprednisolone</i>	94	<i>minoxidil</i>	51
MENVEO	113	<i>acetate</i>		<i>mirtazapine</i>	57
<i>meprobamate</i>	54	<i>methylprednisolone</i>	94	<i>mirtazapine odt</i>	57
<i>mercaptopurine</i>	30	<i>dose pack</i>		<i>misoprostol</i>	102
<i>meropenem</i>	16	<i>methylprednisolone</i>	94	M-M-R II	113
<i>mesalamine</i>	101	<i>sodium succinate</i>		M-NATAL PLUS	117
<i>mesalamine dr</i>	101	<i>methyltestosterone</i>	78	<i>modafinil</i>	77
<i>mesna</i>	32	<i>metoclopramide hcl</i>	99	MODEYSO	32

Drug name	Page	Drug name	Page	Drug name	Page
<i>moexipril</i>	41	<i>nafcillin sodium</i>	28	<i>nevirapine</i>	20
<i>hydrochloride</i>		<i>naloxone hcl</i>	78	<i>nevirapine er</i>	20
<i>molindone</i>	63	<i>naloxone</i>	78	NEXAVAR	36
<i>hydrochloride</i>		<i>hydrochloride</i>		NEXLETOL	46
<i>mometasone furoate</i>	130,	NAMZARIC	54	NEXLIZET	46
	135	<i>naproxen</i>	12	NEXPLANON	89
<i>mondoxyne nl</i>	29	<i>naproxen dr</i>	11, 12	<i>niacin</i>	46
<i>mono-lynyah</i>	89	<i>naproxen sodium</i>	12	<i>niacin er</i>	46
<i>montelukast sodium</i>	128	NAPROXEN SODIUM	11	<i>niacro</i>	46
<i>morphine</i>	14	CR		<i>nicardipine hcl</i>	48
<i>morphine sulfate</i>	14	<i>naproxen sodium er</i>	11, 12	NICOTROL NS	78
MORPHINE SULFATE	14	<i>naratriptan</i>	75	<i>nifedipine er</i>	48
<i>morphine sulfate er</i>	12	NATACYN	122	<i>nikki</i>	89
MORPHINE SULFATE/	12	<i>nateglinide</i>	83	<i>nilotinib</i>	37
SODIUM CHLORIDE		NAYZILAM	69	NILOTINIB	36
MOUNJARO	82,	<i>nebivolol</i>	47	D-TARTRATE	
	83	<i>hydrochloride</i>		<i>nilutamide</i>	31
MOVANTIK	103	<i>necon 0.5/35-28</i>	89	<i>nimodipine</i>	48
<i>moxifloxacin</i>	27,	<i>nefazodone</i>	57	NINLARO	37
<i>hydrochloride</i>	122	<i>hydrochloride</i>		<i>nintedanib esylate</i>	129
<i>moxifloxacin</i>	27	<i>neomycin/polymyxin/</i>	122	<i>nisoldipine er</i>	48
<i>hydrochloride/sodium</i>		<i>bacitracin</i>		<i>nitazoxanide</i>	17
<i>hydrochloride</i>		<i>neomycin/polymyxin/</i>	121	<i>nitisinone</i>	96
MRESVIA	113	<i>bacitracin/</i>		NITRO-BID	51
MULTAQ	44	<i>hydrocortisone</i>		<i>nitrofurantoin</i>	17
<i>multiple electrolytes</i>	116	<i>neomycin/polymyxin/</i>	121	<i>macrocrystals</i>	
<i>injection type 1</i>		<i>dexamethasone</i>		<i>nitrofurantoin</i>	17
<i>multi vitamin/fluoride</i>	117	<i>neomycin/polymyxin/</i>	123	<i>monohydrate/</i>	
<i>multivitamin/fluoride</i>	118	<i>gramicidin</i>		<i>macrocrystals</i>	
<i>multi-vitamin/fluoride/</i>	118	<i>neomycin/polymyxin/</i>	125	<i>nitroglycerin</i>	52,
<i>iron</i>		<i>hc</i>			136
<i>mupirocin</i>	132	<i>neomycin/polymyxin/</i>	122,	NITROGLYCERIN	51
<i>mycamine</i>	19	<i>hydrocortisone</i>	125	<i>nitroglycerin</i>	51
<i>mycophenolate mofetil</i>	112	<i>neomycin sulfate</i>	17	<i>transdermal patch</i>	
<i>mycophenolic acid dr</i>	112	NEONATAL PLUS	118	<i>nitroglycerin</i>	51
MYRBETRIQ	104	<i>neo-polycin</i>	122	<i>translingual</i>	
<i>nabumetone</i>	11	<i>neo-polycin hc</i>	121	NIVA-PLUS	118
<i>nadolol</i>	47	NERLYNX	36	<i>nizatidine</i>	100
		<i>neuac</i>	132		

Drug name	Page	Drug name	Page	Drug name	Page
NORA-BE	89	NOVOLOG PENFILL	80	<i>omega-3-acid ethyl</i>	46
<i>norelgestromin/ethinyl</i>	89	NOVOLOG RELION	81	<i>esters</i>	
<i>estradiol</i>		NUBEQA	31	<i>omeprazole</i>	103
<i>norethindrone</i>	90	NUEDEXTA	76	<i>omeprazole dr</i>	103
<i>norethindrone acetate</i>	97	NULOJIX	112	ONCASPAR	32
<i>norethindrone acetate/</i>	90,	NUPLAZID	63	<i>ondansetron hcl</i>	99
<i>ethinyl estradiol</i>	93	NURTEC	75	<i>ondansetron</i>	99
<i>norethindrone acetate/</i>	90	NUTRILIPID	121	<i>hydrochloride</i>	
<i>ethinyl estradiol/</i>		NUZYRA	29	<i>ondansetron odt</i>	99
<i>ferrous fumarate</i>		<i>nyamyc</i>	133	ONUREG	30
<i>norethindrone/ethinyl</i>	90	<i>nylia 1/35</i>	90	OPIPZA	63,
<i>estradiol/ferrous</i>		<i>nylia 7/7/7</i>	90		64
<i>fumarate</i>		<i>nystatin</i>	19,	OPSUMIT	52
<i>norgestimate/ethinyl</i>	90		133,	<i>oralone dental paste</i>	138
<i>estradiol</i>			138	ORGOVYX	31
NORITATE	136	<i>nystop</i>	133	ORKAMBI	129
<i>norlyroc</i>	90	OCTAGAM	111	<i>orquidea</i>	90
NORPACE CR	44	<i>octreotide acetate</i>	96	ORSERDU	31
<i>nortrel 0.5/35 (28)</i>	90	ODEFSEY	22	<i>orsythia</i>	90
<i>nortrel 1/35</i>	90	ODMZO	37	<i>oseltamivir phosphate</i>	23
<i>nortrel 7/7/7</i>	90	OFEV	129	OSPOMYV	84
<i>nortriptyline hcl</i>	57	<i>ofloxacin</i>	123,	<i>oxacillin sodium</i>	28
<i>nortriptyline</i>	57		125	<i>oxaprozin</i>	12
<i>hydrochloride</i>		OGSIVEO	37	<i>oxazepam</i>	54
NORVIR	20	OJEMDA	37	<i>oxcarbazepine</i>	69
NOVOLIN 70/30	80	OJJAARA	37	<i>oxybutynin chloride</i>	104,
NOVOLIN 70/30	80	<i>olanzapine</i>	63		105
FLEXPEN		<i>olanzapine odt</i>	63	<i>oxybutynin chloride er</i>	104
NOVOLIN N	80	<i>olmesartan medoxomil</i>	43	<i>oxycodone/</i>	14
NOVOLIN N FLEXPEN	80	<i>olmesartan</i>	43	<i>acetaminophen</i>	
NOVOLIN R	80	<i>medoxomil/</i>		<i>oxycodone hcl</i>	14
NOVOLIN R FLEXPEN	80	<i>amlodipine/</i>		<i>oxycodone</i>	14
NOVOLOG	81	<i>hydrochlorothiazide</i>		<i>hydrochloride</i>	
NOVOLOG FLEXPEN	80	<i>olmesartan</i>	43	<i>oxymorphone</i>	14
NOVOLOG FLEXPEN	80	<i>medoxomil/</i>		<i>hydrochloride</i>	
RELION		<i>hydrochlorothiazide</i>		OZEMPIC	83
NOVOLOG MIX 70/30	80	<i>olopatadine hcl</i>	127	<i>pacerone</i>	44
NOVOLOG MIX 70/30	80			<i>paliperidone er</i>	64
FLEXPEN					

Drug name	Page	Drug name	Page	Drug name	Page
<i>pamidronate disodium</i>	84	<i>periogard</i>	138	<i>piroxicam</i>	12
PAMIDRONATE	84	<i>permethrin</i>	137	<i>plenamine</i>	121
DISODIUM		<i>perphenazine</i>	64	PLENVU	102
PANRETIN	137	<i>perphenazine/</i>	58	PNV PRENATAL PLUS	118
<i>pantoprazole sodium</i>	103	<i>amitriptyline</i>		MULTIVITAMIN	
<i>paricalcitol</i>	98	<i>phenelzine sulfate</i>	58	<i>podofilox</i>	137
<i>paroxetine hcl</i>	57	<i>phenobarbital</i>	69	<i>polycin ointment</i>	123
<i>paroxetine hcl er</i>	57	<i>phenobarbital sodium</i>	69	<i>polymyxin b sulfate/</i>	123
<i>paroxetine</i>	57	<i>phenytek</i>	69	<i>trimethoprim sulfate</i>	
<i>hydrochloride</i>		<i>phenytoin</i>	70	<i>pomalidomide</i>	31
PAXLOVID	23,	<i>phenytoin sodium</i>	69	POMALYST	31
	24	<i>phenytoin sodium</i>	69	<i>portia-28</i>	90
<i>pazopanib</i>	37	<i>extended</i>		<i>posaconazole</i>	19
<i>hydrochloride</i>		<i>philith</i>	90	<i>posaconazole dr</i>	19
PAZOPANIB	37	PHOSPHOLINE IODIDE	124	<i>potassium chloride</i>	116,
HYDROCHLORIDE		PIFELTRO	20		119
PEDIARIX	113	<i>pilocarpine hcl</i>	124	POTASSIUM	116
PEDVAX HIB	113	<i>pilocarpine</i>	124,	CHLORIDE	
<i>peg-3350/electrolytes</i>	101	<i>hydrochloride</i>	138	POTASSIUM	116
<i>peg-3350/nacl/na</i>	101	<i>pimecrolimus</i>	137	CHLORIDE/DEXTROSE	
<i>bicarbonate/kcl</i>		<i>pimozide</i>	64	POTASSIUM	116
PEGASYS	24	<i>pimtreea</i>	90	CHLORIDE/	
PEMAZYRE	37	<i>pindolol</i>	47	DEXTROSE/SODIUM	
PENBRAYA	113	<i>pioglitazone hcl</i>	83	CHLORIDE	
<i>penicillamine</i>	85	<i>pioglitazone hcl-</i>	83	<i>potassium chloride er</i>	118
<i>penicillin g potassium</i>	28	<i>glimepiride</i>		<i>potassium chloride/</i>	116
PENICILLIN G	28	<i>pioglitazone hcl/</i>	83	<i>sodium chloride</i>	
POTASSIUM IN ISO-		<i>metformin hcl</i>		<i>potassium citrate er</i>	104
OSMOTIC DEXTROSE		<i>pioglitazone</i>	83	PRADAXA	106
<i>penicillin g sodium</i>	28	<i>hydrochloride</i>		<i>pramipexole</i>	60
<i>penicillin v potassium</i>	28	<i>piperacillin sodium/</i>	28	<i>dihydrochloride</i>	
PENMENVY	113	<i>tazobactam sodium</i>		<i>pramipexole</i>	60
PENTACEL	113	PIQRAY 200MG DAILY	37	<i>dihydrochloride er</i>	
<i>pentamidine</i>	17	DOSE		<i>prasugrel</i>	108
<i>isethionate</i>		PIQRAY 250MG DAILY	37	<i>hydrochloride</i>	
<i>pentoxifylline er</i>	108	DOSE		<i>pravastatin sodium</i>	45
<i>perampanel</i>	69	PIQRAY 300MG	37	<i>praziquantel</i>	17
<i>perindopril erbumine</i>	41	<i>pirfenidone</i>	129	<i>prazosin hydrochloride</i>	42
				<i>prednisolone</i>	94

Drug name	Page	Drug name	Page	Drug name	Page
<i>prednisolone acetate</i>	123	<i>prochlorperazine</i>	99	<i>pyrimethamine</i>	17
<i>prednisolone sodium</i>	94	<i>maleate</i>		PYZCHIVA	109
<i>phosphate</i>		PROCRT	107	QINLOCK	37
PREDNISOLONE	124	<i>proctocort</i>	137	QUADRACEL	113
SODIUM PHOSPHATE		<i>procto-med hc</i>	137	<i>quetiapine fumarate</i>	64
<i>prednisone</i>	94	<i>proctosol hc</i>	137	<i>quetiapine fumarate er</i>	64
PREDNISON	94	<i>proctozone-hc</i>	137	<i>quinapril hydrochloride</i>	41
INTENSOL		<i>progesterone</i>	97	<i>quinapril/</i>	41
<i>prednisone tablet</i>	94	PROGRAF	112	<i>hydrochlorothiazide</i>	
<i>therapy pack</i>		PROLASTIN-C	129	<i>quinidine sulfate</i>	44
<i>pregabalin</i>	70	<i>promethazine hcl</i>	99	<i>quinine sulfate</i>	19
PREGABALIN	70	<i>promethazine</i>	99	QULIPTA	75
<i>pregabalin er</i>	76	<i>hydrochloride</i>		RABAVERT	113
PREMARIN	93	<i>promethegan</i>	99,	<i>rabeprazole sodium</i>	103
PREMASOL	121		100	RALDESY	58
PREMPRO	93	<i>propafenone hcl</i>	44	<i>raloxifene</i>	96
PRENATAL	119	<i>propafenone</i>	44	<i>hydrochloride</i>	
PRENATAL PLUS	119	<i>hydrochloride</i>		<i>ramipril</i>	41
VITAMIN AND		<i>propafenone</i>	44	<i>ranolazine er</i>	51
MINERAL		<i>hydrochloride er</i>		<i>rasagiline mesylate</i>	60
PRETOMANID	22	<i>proparacaine hcl</i>	125	<i>reclipsen</i>	90
<i>prevalite</i>	46	<i>propranolol hcl</i>	47	RECOMBIVAX HB	114
PREVIDENT 5000	138	<i>propranolol</i>	47	RELENZA DISKHALER	24
ENAMEL PROTECT		<i>hydrochloride</i>		<i>repaglinide</i>	83
PREVYMIS	24	<i>propranolol</i>	47	REPATHA	46
PREZCOBIX	22	<i>hydrochloride er</i>		PUSHTRONEX	
PREZISTA	20	<i>propylthiouracil</i>	98	REPATHA SURECLICK	46
PRIFTIN	22	PROQUAD	113	REPATHAT	46
<i>primaquine phosphate</i>	19	PROSOL	121	RESTASIS	125
<i>primidone</i>	70	<i>protriptyline hcl</i>	58	RESTASIS MULTIDOSE	125
PRIORIX	113	PULMOZYME	129	RETEVMO	37
PRIVIGEN	111	PURIXAN	30	REVCovi	96
<i>probenecid</i>	10	PYCHIVA	109	REVUFORJ	37
<i>probenecid/colchicine</i>	10	<i>pyrazinamide</i>	23	REXTOVY	78
<i>prochlorperazine</i>	99	<i>pyridostigmine</i>	76	REXULTI	64
<i>prochlorperazine</i>	99	<i>bromide</i>		REYATAZ	20
<i>edisylate</i>		<i>pyridostigmine</i>	76	REZDIFFRA	96
		<i>bromide er</i>		REZLIDHIA	37

Drug name	Page	Drug name	Page	Drug name	Page
REZUROCK	112	ROTATEQ	114	<i>simvastatin</i>	45
RHOPRESSA	124	<i>roweepra</i>	70	<i>sirolimus</i>	112
<i>ribavirin</i>	24	ROZLYTREK	38	SIRTURO	23
<i>rifabutin</i>	23	ROZYL TREK	38	SIVEXTRO	17
<i>rifampin</i>	23	RUBRACA	38	SKYRIZI	109
<i>rilpivirine</i>	20	<i>rufinamide</i>	70	SKYRIZI PEN	109
<i>hydrochloride</i>		RUKOBIA	20	<i>sodium bicarbonate</i>	116,
<i>riluzole</i>	76	RYBELSUS	83		117
<i>rimantadine</i>	24	RYDAPT	38	SODIUM	116
RINGERS INJECTION	116	<i>sacubitril/valsartan</i>	43	BICARBONATE	
RINVOQ	109	<i>sajazir</i>	108	<i>sodium chloride</i>	117
RINVOQ LQ	109	SANTYL	137	SODIUM CHLORIDE	117
<i>risedronate sodium</i>	84	<i>sapropterin</i>	96	<i>sodium chloride 0.9%</i>	137
<i>risedronate sodium dr</i>	84	<i>dihydrochloride</i>		<i>sodium chloride</i>	117
<i>risperidone</i>	64,	SCEMBLIX	38	<i>0.45%</i>	
	65	<i>scopolamine patch</i>	100	<i>sodium fluoride</i>	119
<i>risperidone er</i>	64	SECUADO	65	<i>sodium fluoride 5000</i>	138
<i>risperidone odt</i>	64	<i>selegiline hcl</i>	60	<i>ppm</i>	
<i>ritonavir</i>	20	<i>selenium sulfide</i>	133	<i>sodium fluoride 5000</i>	138
<i>rivaroxaban</i>	106,	SELZENTRY	21	<i>ppm dry mouth</i>	
	107	SEREVENT DISKUS	128	SODIUM FLUORIDE	138
<i>rivastigmine tartrate</i>	54	<i>sertraline hcl</i>	58	5000 PPM SENSITIVE	
<i>rivastigmine</i>	54	<i>sertraline</i>	58	SODIUM FLUORIDE/	138
<i>transdermal</i>		<i>hydrochloride</i>		POTASSIUM NITRATE/	
<i>rizatriptan benzoate</i>	75	<i>setlakin</i>	90	SENSITIVE	
<i>rizatriptan benzoate</i>	75	<i>sf</i>	138	SODIUM OXYBATE	77
<i>odt</i>		<i>sharobel</i>	90	<i>sodium phenylbutyrate</i>	96
ROCKLATAN	124	SHINGRIX	114	<i>sodium polystyrene</i>	85
<i>roflumilast</i>	129	SIGNIFOR	96	<i>sulfonate</i>	
<i>romidepsin</i>	37	SIKLOS	108	SODIUM SULFATE/	102
ROMVIMZA	38	<i>sildenafil</i>	52	POTASSIUM SULFATE/	
<i>ropinirole er</i>	60	<i>sildenafil citrate</i>	52	MAGNESIUM SULFATE	
<i>ropinirole hcl</i>	60	<i>silodosin</i>	104	<i>solifenacin succinate</i>	105
<i>ropinirole</i>	60	<i>silver sulfadiazine</i>	132	SOLQUA 100/33	81
<i>hydrochloride</i>		SIMBRINZA	124	SOLTAMOX	31
<i>rosuvastatin calcium</i>	45	<i>simliya</i>	91	SOLU-CORTEF	94
<i>rosyrah</i>	90	<i>simpeesse</i>	91	SOMATULINE DEPOT	96
ROTARIX	114			SOMAVERT	96
				<i>sorafenib tosylate</i>	38

Drug name	Page	Drug name	Page	Drug name	Page
<i>sotalol hcl</i>	44	<i>sulfamethoxazole/</i>	17	<i>tasimelteon</i>	74
<i>sotalol hydrochloride</i>	44	<i>trimethoprim ds</i>		TAVNEOS	108
<i>sotalol hydrochloride</i>	44	SULFAMYLON	132	<i>tazarotene</i>	133
(af)		<i>sulfasalazine</i>	101	<i>tazicef</i>	26
SOTYKTU	109	<i>sulindac</i>	12	TECVAYLI	38
SPIRIVA RESPIMAT	126	<i>sumatriptan</i>	75	TEFLARO	26
<i>spironolactone</i>	41	<i>sumatriptan/naproxen</i>	75	<i>telmisartan</i>	43
<i>spironolactone/</i>	50	<i>sodium</i>		<i>telmisartan/</i>	43
<i>hydrochlorothiazide</i>		<i>sumatriptan succinate</i>	75	<i>amlodipine</i>	
<i>sprintec</i>	91	<i>sumatriptan succinate</i>	75	<i>telmisartan/</i>	43
SPRITAM	70	<i>refill</i>		<i>hydrochlorothiazide</i>	
<i>sps combination</i>	85	<i>sunitinib</i>	38	<i>temazepam</i>	74
<i>sronyx</i>	91	SUNLENCA	21	TENIVAC	114
SSD	132	SUNLENCA TABLET	21	<i>tenofir disoprixil</i>	21
STELARA	109,	THERAPY PACK		<i>fumarate</i>	
	110	SUPREP BOWEL PREP	102	TEPMETKO	38
<i>sterile water for</i>	137	SUTAB	102	<i>terazosin</i>	42
<i>irrigation solution</i>		<i>syeda</i>	91	<i>terazosin</i>	42
STIVARGA	38	SYMLINPEN 60	83	<i>hydrochloride</i>	
<i>streptomycin sulfate</i>	17	SYMLINPEN 120	83	<i>terbinafine hcl</i>	19
STRIBILD	22	SYMPAZAN	70	<i>terbutaline sulfate</i>	128
<i>subvenite</i>	70	SYMTUZA	22	<i>terconazole</i>	105
SUBVENITE	70	SYNAREL	96	<i>teriflunomide</i>	77
<i>subvenite starter kit/</i>	70	SYNTHROID	98	<i>teriparatide</i>	84
<i>blue</i>		TABLOID	30	<i>testosterone</i>	79
<i>subvenite starter kit/</i>	70	TABRECTA	38	<i>testosterone cypionate</i>	79
<i>green</i>		<i>tacrolimus</i>	112,	<i>testosterone enanthate</i>	79
<i>subvenite starter kit/</i>	70		137	<i>testosterone pump</i>	79
<i>orange</i>		<i>tadalafil</i>	52,	<i>tetrabenazine</i>	76
<i>sucralfate</i>	103		104	<i>tetracycline</i>	29
<i>sulfacetamide sodium</i>	123,	TAFINLAR	38	<i>hydrochloride</i>	
	132	TAGRISSO	38	THALOMID	31
<i>sulfacetamide sodium/</i>	122	TALZENNA	38	<i>theophylline</i>	129
<i>prednisolone sodium</i>		<i>tamoxifen citrate</i>	31	<i>theophylline er</i>	129
<i>phosphate</i>		<i>tamsulosin</i>	104	<i>thioridazine</i>	65
<i>sulfadiazine</i>	17	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>sulfamethoxazole/</i>	17	<i>tarina 24 fe</i>	91	<i>thiothixene</i>	65
<i>trimethoprim</i>		<i>tarina fe 1/20 eq</i>	91	<i>tiadylt er</i>	49

Drug name	Page	Drug name	Page	Drug name	Page
<i>tiagabine</i>	70	TOUJEO SOLOSTART	81	<i>tri-estarylla</i>	91
<i>hydrochloride</i>		TPN ELECTROLYTES	117	<i>trifluoperazine hcl</i>	65
TIBSOSVO	38	TRADJENTA	83	<i>trifluoperazine</i>	65
<i>ticagrelor</i>	108	<i>tramadol</i>	13	<i>hydrochloride</i>	
TICOVAC	114	<i>tramadol</i>	14, 15	<i>trifluridine</i>	123
<i>tigecycline</i>	29	<i>hydrochloride</i>		<i>trihexyphenidyl hcl</i>	60
<i>tilia fe</i>	91	<i>tramadol</i>	14	<i>trihexyphenidyl</i>	60
<i>timolol maleate</i>	47, 124, 125	<i>hydrochloride/</i>		<i>hydrochloride</i>	
		<i>acetaminophen</i>		TRIJARDY XR	83
<i>tinidazole</i>	17	<i>tramadol</i>	13	TRIKAFTA TABLET	129
TIVICAY	21	<i>hydrochloride er</i>		THERAPY PACK	
TIVICAY PD	21	<i>trandolapril</i>	41	TRIKAFTA THERAPY	130
<i>tizanidine hcl</i>	77	<i>trandolapril/verapamil</i>	41	PACK	
<i>tizanidine</i>	77	<i>hcl er</i>		<i>tri-legest fe</i>	91
<i>hydrochloride</i>		<i>tranexamic acid</i>	108	<i>tri-lynyah</i>	91
TOBI PODHALER	17	<i>tranexamic acid/</i>	108	<i>tri-lo-estarylla</i>	91
TOBRADEX	122	<i>sodium chloride</i>		<i>tri-lo-marzia</i>	91
TOBRADEX ST	122	<i>tranylcyproamine</i>	58	<i>tri-lo-mili</i>	91
<i>tobramycin</i>	17, 123	<i>sulfate</i>		<i>tri-lo-sprintec</i>	91
<i>tobramycin/</i>	122	TRAVASOL	121	<i>trimethobenzamide</i>	100
<i>dexamethasone</i>		<i>travoprost</i>	125	<i>hydrochloride</i>	
<i>tobramycin sulfate</i>	17	<i>trazodone</i>	58	<i>trimethoprim</i>	17
<i>tolterodine tartrate</i>	105	<i>hydrochloride</i>		<i>tri-mili</i>	91
<i>tolterodine tartrate er</i>	105	TRECTOR	23	<i>trimipramine maleate</i>	58
<i>tolvaptan (generic</i>	97	TRELEGY ELLIPTA	126	TRINTELLIX	58
<i>Jynarque)</i>		TREMFYA	110	<i>tri-sprintec</i>	91
<i>tolvaptan tablet</i>	97	<i>treprostinil</i>	52	TRIUMEQ	22
<i>therapy pack</i>		<i>tretinoin</i>	32, 132	TRIUMEQ PD	22
<i>topiramate</i>	71	<i>triamcinolone</i>	94, 135	<i>tri-vite/fluoride</i>	119
<i>topiramate er</i>	70, 71	<i>acetamide</i>	138	<i>tri-vylibra</i>	91
<i>toremifene citrate</i>	31	<i>triamcinolone</i>	138	<i>tri-vylibra lo</i>	91
<i>torpenz</i>	38	<i>acetamide dental paste</i>		TROGARZO	21
<i>torsemide</i>	50	<i>triamterene/</i>	50	TROPHAMINE	121
TOUJEO MAX	81	<i>hydrochlorothiazide</i>		<i>trospium chloride</i>	105
SOLOSTAR		<i>triazolam</i>	74	<i>trospium chloride er</i>	105
		<i>tridacaine</i>	136	TRULICITY	83
		<i>tridacaine ii</i>	136	TRUMENBA	114
		<i>trientine hydrochloride</i>	85	TRUQAP	39

Drug name	Page	Drug name	Page	Drug name	Page
TRUQAP TABLET	39	<i>vancomycin</i>	18	VERQUVO	51
THERAPY PACK		VANCOMYCIN	18	VERSACLOZ	65
TRUXIMA	39	<i>vancomycin hcl</i>	18	VERZENIO	39
TUKYSA	39	VANCOMYCIN HCL	18	<i>vestura</i>	92
TURALIO	39	<i>vancomycin</i>	18	<i>vienva</i>	92
<i>turqoz</i>	91	<i>hydrochloride</i>		<i>vigabatrín</i>	71
TWINRIX	114	VANCOMYCIN	18	<i>vigadrone</i>	71
TYBOST	21	HYDROCHLORIDE		VIGAFYDE	71
<i>tydemy</i>	91	VANFLYTA	39	VIKTRAVI	39
TYENNE	110	VAQTA	114	<i>vilazodone</i>	59
TYPHIM VI	114	<i>varenicline starting</i>	78	<i>hydrochloride</i>	
TYVASO	52	<i>month</i>		VIMKUNYA	114
TYZAVAN	18	<i>varenicline tartrate</i>	78	<i>viorele</i>	92
UBRELVY	75	VARIVAX	114	VIRACEPT	21
<i>unithroid</i>	98	VASCEPA	46	VIREAD	21
UPTRAVI	52	VAXCHORA	114	VITRAKVI	39
UPTRAVI TITRATION	52	<i>velivet</i>	92	VIVITROL	78
PACK		VELSIPITY	110	VIVOTIF	114
<i>ursodiol</i>	103	VENCLEXTA	39	VIZIMPRO	39
USTEKINUMAB	110	VENCLEXTA	39	<i>volnea</i>	92
<i>valacyclovir</i>	24	STARTING PACK		VONJO	39
<i>hydrochloride</i>		VENLAFAXINE	58	VOQUEZNA DUAL PAK	103
VALCHLOR	137	BESYLATE ER		VOQUEZNA TRIPLE	103
<i>valganciclovir</i>	24	<i>venlafaxine</i>	59	PAK	
<i>valganciclovir</i>	24	<i>hydrochloride</i>		VORANIGO	39
<i>hydrochloride</i>		<i>venlafaxine</i>	58	<i>voriconazole</i>	19
<i>valproate sodium</i>	71	<i>hydrochloride er</i>		VOSEVI	24
<i>valproic acid</i>	71	VEOZAH	97	VOWST	103
<i>valsartan</i>	43	<i>verapamil hcl er</i>	49	VRAYLAR	65
<i>valsartan/</i>	43	<i>verapamil hcl sr</i>	49	<i>vyfemla</i>	92
<i>hydrochlorothiazide</i>		VERAPAMIL HCL SR	49	<i>vylibra</i>	92
VALTOCO 5 MG DOSE	71	<i>verapamil</i>	49	VYZULTA	125
VALTOCO 10 MG DOSE	71	<i>hydrochloride</i>		<i>warfarin</i>	107
VALTOCO 15 MG DOSE	71	<i>verapamil</i>	49	WELIREG	32
VALTOCO 20 MG	71	<i>hydrochloride er</i>		<i>wera</i>	92
DOSE		<i>verapamil</i>	49	WESTAB PLUS	119
<i>valtya</i>	91	<i>hydrochloride sr</i>		WINREVAIR	53
<i>valtya 1/50</i>	92	VERAPAMIL	49		
		HYDROCHLORIDE SR			

Drug name	Page	Drug name	Page	Drug name	Page
<i>wixela inhub</i>	131	XULTOPHY	81	ZYLET	122
<i>wymzya fe</i>	92	YESINTEK	110	ZYPREXA	65
WYOST	84	YF-VAX	114	ZYPREXA RELPREVV	65
XALKORI	39	YONSA	31		
<i>xarah fe</i>	92	<i>yuvaferm</i>	93		
XARELTO	107	<i>zafemy</i>	92		
XARELTO STARTER	107	<i>zafirlukast</i>	128		
PACK		<i>zaleplon</i>	74		
XATMEP	111	ZARXIO	107		
XCOPRI	71	ZEGALOGUE	95		
XCOPRI	71	ZEJULA	40		
MAINTENANCE		ZELBORAF	40		
THERAPY PACK		<i>zelvysia</i>	97		
XCOPRI TABLET	71	<i>zenatane</i>	132		
TITRATION THERAPY		ZENPEP	103		
PACK		<i>zenzedi</i>	74		
XCOPRI TITRATION	71	ZERVIAE	124		
THERAPY PACK		<i>zidovudine</i>	21		
XDEMVI	123	<i>ziprasidone hcl</i>	65		
XELJANZ	110	<i>ziprasidone mesylate</i>	65		
XELJANZ XR	110	ZIRABEV	40		
<i>xelria fe</i>	92	ZIRGAN	123		
XERMELO	103	<i>zoledronic acid</i>	84		
XHANCE EXHALER	130	ZOLEDRONIC ACID	84		
XIFAXAN	103	ZOLINZA	40		
XIGDUO XR	83	<i>zolmitriptan</i>	75		
XIIDRA	125	<i>zolmitriptan odt</i>	75		
XOLAIR	130	<i>zolpidem tartrate</i>	74		
XOSPATA	39	<i>zomig</i>	75		
XPOVIO	40	ZONISADE	71		
XPOVIO 60 MG TWICE	39	<i>zonisamide</i>	72		
WEEKLY		<i>zovia 1/35</i>	92		
XPOVIO 80 MG TWICE	40	ZTALMY	72		
WEEKLY		<i>zumandimine</i>	92		
XPOVIO TABLET	40	ZURZUVAE	59		
THERAPY PACK		ZYDELIG	40		
XTANDI	31	ZYKADIA	40		
<i>xulane</i>	92				

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