

# Cigna Healthcare 2025 Formulary Enhanced List of Covered Drugs or “Drug List”

Cigna Rx Medicare (PDP)  
Cigna True Choice Medicare (PPO)

**Please read: This document contains information about the drugs we cover in this plan.**

This formulary was updated 03/01/2025. For more recent information or other questions, please contact Cigna Healthcare Customer Service. Contact information can be found on the back cover of this document. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna Healthcare is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

**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 formulary (formulary) refers to “we,” “us,” or “our,” it means Cigna Healthcare. When it refers to “plan” or “our plan,” it means Cigna Rx Medicare (PDP) or Cigna True Choice Medicare (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of 03/01/2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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



## **What is the Cigna Healthcare Comprehensive Formulary?**

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

## **Can the Formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website. You can locate the address on the back cover of this document.

**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 Cigna Healthcare Drug List?"

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

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

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

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

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Formulary for the new benefit year for any changes to drugs.

The enclosed drug list is current as of 03/01/2025. To get updated information about the drugs covered by Cigna Healthcare please contact us. Our contact information appears on the back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

## **How do I use the Formulary?**

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

- **Medical Condition**

The formulary begins on page 11. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

- **Covered Drug Index**

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

## **What are generic drugs?**

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5 for Cigna True Choice Medicare plans and Chapter 3 for Cigna Rx Medicare PDP plans, 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:** Cigna Healthcare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill these prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.
- **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for a total quantity of 30 per 30 days) or three-month supply (for a total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, Cigna Healthcare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- **Non-Extended Days' Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high-cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization 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 Cigna Healthcare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna Healthcare drug list?" on the next page for information about how to request an exception.

## **Options for Maintenance Medications**

Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

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

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

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

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

## **What if my drug is not on the Drug List?**

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

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

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

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

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

- You can ask us to cover a drug even if it is not on our drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Cigna Healthcare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
  - If the drug you are taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
  - If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

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

Generally, Cigna Healthcare will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects. You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or existing customer in our plan you may be taking drugs that are not on our drug list. 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 drug list exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that is not on our drug list or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs without a drug list exception, even if you have been a customer of the plan less than 90 days.

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

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

### **Cigna Healthcare's Drug List**

The drug list that begins on page 11 provides coverage information about the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins after the list of covered drugs.

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

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

We or your prescriber provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 11 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

### **For more information**

For more detailed information about your Cigna Healthcare prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials.



If you have questions about Cigna Healthcare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the back cover page.

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>.

### **Drug Tier and Cost-Sharing**

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

If your plan includes additional benefits as noted on the Summary of Benefits or Evidence of Coverage Snapshot, you can find the lists of those covered benefits in the 2025 Formulary Addendum document included in your Benefits Booklet.

### **For customers receiving Extra Help**

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

## **Drug Tiers**

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

**Tier 1 – Generic Drugs** - This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.

**Tier 2 – Preferred Brand Drugs** - This tier includes preferred brand-name drugs as well as some high-priced generic named drugs.

**Tier 3: Non-Preferred Drugs** - This tier includes non-preferred brand-name and non-preferred generic-named drugs.

**Tier 4: Specialty Drugs** - This tier includes the highest cost brand-name and generic drugs.

## List of Abbreviations

<b>*</b>	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.
<b>^</b>	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
<b>+</b>	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not apply to your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
<b>B/D PA</b>	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
<b>HRM</b>	This high risk medication requires prior authorization
<b>LA</b>	Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.
<b>PA</b>	This drug requires prior authorization.
<b>QL</b>	This drug has quantity limits.
<b>ST</b>	This drug has step therapy requirements.
<b>V</b>	This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	PA; ^
<i>amphotericin b injection recon soln 50 mg</i>	1	PA; ^
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	4	PA; ^
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i>	3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	4	
<i>ketoconazole oral tablet 200 mg</i>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML	4	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	3	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	4	QL (630 EA per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL (30 EA per 30 days)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; ^
<i>adefovir oral tablet 10 mg</i>	3	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	4	QL (120 EA per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir oral capsule 200 mg</i>	1	QL (60 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	QL (630 ML per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir oral tablet 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	4	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (680 ML per 28 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL (60 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	4	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (60 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	4	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	4	
KALETRA ORAL TABLET 100-25 MG	2	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	4	QL (120 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (900 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
LIVTENCITY ORAL TABLET 200 MG	4	PA; LA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1	QL (120 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	4	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	4	QL (120 EA per 30 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; QL (168 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 EA per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 EA per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (30 EA per 30 days)
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	3	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	2	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	4	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (120 EA per 365 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (240 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG	4	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	4	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	4	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	
SYMFI LO ORAL TABLET 400-300-300 MG	4	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	4	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM	3	QL (120 EA per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 EA per 30 days)
VEKLURY INTRAVENOUS RECON SOLN 100 MG	4	QL (4 EA per 180 days)
VEMLIDY ORAL TABLET 25 MG	4	
VIRACEPT ORAL TABLET 250 MG	4	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	QL (120 EA per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	1	
<i>cefдинир oral capsule 300 mg</i>	1	
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	1	PA
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	PA
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	1	PA
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	4	QL (20 EA per 10 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	PA
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tablet 200 mg</i>	3	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
<i>atovaquone oral suspension 750 mg/5 ml</i>	3	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram</i>	1	PA
<i>aztreonam injection recon soln 2 gram</i>	4	PA
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84 ML per 28 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	PA
COARTEM ORAL TABLET 20-120 MG	3	QL (24 EA per 30 days)
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	PA
<i>cycloserine oral capsule 250 mg</i>	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	4	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	
<i>daptomycin intravenous recon soln 500 mg</i>	4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL (450 ML per 10 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	PA
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA
<i>lincomycin injection solution 300 mg/ml</i>	1	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	1	PA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole oral capsule 375 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	QL (20 EA per 10 days)
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	4	PA; QL (3 EA per 30 days)
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; ^; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	PA; ^; QL (42 EA per 30 days)
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	4	PA; LA
SIRTURO ORAL TABLET 20 MG	3	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	4	PA; QL (6 EA per 28 days)
SIVEXTRO ORAL TABLET 200 MG	4	QL (6 EA per 28 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	4	PA
<i>tigecycline intravenous recon soln 50 mg</i>	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	B/D PA; ^; QL (280 ML per 28 days)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	PA
TRECTOR ORAL TABLET 250 MG	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	1	
<i>vancomycin oral capsule 125 mg</i>	1	PA; QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; QL (80 EA per 10 days)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	1	QL (450 ML per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 ML per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	1	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90 EA per 30 days)
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	PA
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	PA
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	1	+
MORGIDOX 1X 50 KIT 50 MG	2	+
MORGIDOX 1X100 KIT 100 MG	2	+
MORGIDOX 2X100 KIT 100 MG	2	+
NUZYRA INTRAVENOUS RECON SOLN 100 MG	4	PA
NUZYRA ORAL TABLET 150 MG	4	
ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	B/D PA; ^
MESNEX ORAL TABLET 400 MG	4	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1.7 ML per 28 days)
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60 EA per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA; ^
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	4	PA; ^
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	4	B/D PA; ^
ADSTILADRIN INTRAVESICAL SUSPENSION 3X10EXP11 VP/ML	4	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; QL (330 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA; QL (240 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA; QL (180 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (30 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL (240 EA per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	PA; ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; QL (180 EA per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	4	PA; ^
ARIMIDEX ORAL TABLET 1 MG	3	
AROMASIN ORAL TABLET 25 MG	3	
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	4	B/D PA; ^
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	3	B/D PA; ^
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	4	B/D PA; ^
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	3	B/D PA; ^
AZASAN ORAL TABLET 100 MG, 75 MG	2	B/D PA; ^
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	B/D PA; ^
<i>azathioprine sodium injection recon soln 100 mg</i>	3	B/D PA; ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	B/D PA; ^
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	4	B/D PA; ^
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA; ^
BESPOLSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA; ^
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA; ^
<i>bicalutamide oral tablet 50 mg</i>	1	
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	4	PA; ^
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	3	B/D PA; ^
BLINCYTO INTRAVENOUS KIT 35 MCG	4	B/D PA; ^
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	PA; ^
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA; ^
BORUZU INJECTION SOLUTION 2.5 MG/ML	4	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
<i>busulfan intravenous solution 60 mg/10 ml</i>	4	B/D PA; ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; LA; QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 EA per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	3	B/D PA; ^
<i>carmustine intravenous recon soln 100 mg</i>	3	B/D PA; ^
CELLCEPT ORAL CAPSULE 250 MG	4	B/D PA; ^
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	4	B/D PA; ^
CELLCEPT ORAL TABLET 500 MG	4	B/D PA; ^
<i>cisplatin intravenous solution 1 mg/ml</i>	3	B/D PA; ^
<i>cladribine intravenous solution 10 mg/10 ml</i>	3	B/D PA; ^
<i>clofarabine intravenous solution 1 mg/ml</i>	3	B/D PA; ^
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	4	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	B/D PA; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML, 200 MG/ML, 500 MG/ML	4	B/D PA; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; ^
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	B/D PA; ^
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA; ^
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; ^
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	3	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine injection solution 20 mg/ml</i>	3	B/D PA; ^
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	3	B/D PA; ^
<i>dactinomycin intravenous recon soln 0.5 mg</i>	3	B/D PA; ^
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	4	PA; ^
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA; QL (112 EA per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; ^
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	4	PA; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	4	PA; QL (60 EA per 30 days)
<i>daunorubicin intravenous solution 5 mg/ml</i>	3	B/D PA; ^
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 EA per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	4	B/D PA; ^
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA; ^
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; ^
<i>doxorubicin intravenous recon soln 50 mg</i>	3	B/D PA; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA; ^
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	4	B/D PA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	4	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA; ^
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	4	PA; ^
EMPLICITI INTRAVENOUS RECON SOLN 400 MG	3	PA; ^
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	PA; ^
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA; ^
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	3	B/D PA; ^
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	4	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	B/D PA; ^
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	4	PA; ^
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (60 EA per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	B/D PA; ^
<i>etoposide intravenous solution 20 mg/ml</i>	1	B/D PA; ^
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; QL (330 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; QL (180 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	B/D PA; ^
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	3	B/D PA; ^
<i>everolimus (immunosuppressive) oral tablet 0.75 mg, 1 mg</i>	4	B/D PA; ^
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	PA; ^
<i>exemestane oral tablet 25 mg</i>	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; QL (6 EA per 21 days)
FEMARA ORAL TABLET 2.5 MG	3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; ^
<i>floxuridine injection recon soln 0.5 gram</i>	3	B/D PA; ^
<i>fludarabine intravenous recon soln 50 mg</i>	1	B/D PA; ^
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	B/D PA; ^
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	3	B/D PA; ^
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA; ^
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 EA per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	B/D PA; ^
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA; LA; ^
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL (120 EA per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	PA; ^
<i>gefitinib oral tablet 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; ^
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA; ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; ^
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA; ^
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	PA; ^
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i>	3	B/D PA; ^
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	3	B/D PA; ^
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	3	B/D PA; ^
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 EA per 30 days)
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	4	PA; ^
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	4	PA; LA; ^
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; QL (280 ML per 28 days)
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL (120 EA per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D PA; ^
ITOVEBI ORAL TABLET 3 MG, 9 MG	4	PA; QL (60 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	4	PA; LA; QL (240 EA per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	B/D PA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	4	B/D PA; ^
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	PA; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	4	PA; ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 EA per 28 days)
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	ST; QL (5 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; QL (240 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE 25 MG	4	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200 MG	4	PA; QL (180 EA per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	B/D PA; ^
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	4	PA; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	4	PA; LA; QL (60 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (80 EA per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	4	PA; ^
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 EA per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	4	PA; LA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	3	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (90 EA per 30 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	4	PA; LA; QL (120 EA per 30 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (150 EA per 30 days)
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^
MATULANE ORAL CAPSULE 50 MG	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml), 800 mg/20 ml (20 ml)</i>	1	PA; ^
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; ^
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL (180 EA per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i>	4	B/D PA; ^
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	4	B/D PA; ^
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	3	B/D PA; ^
MONJUVI INTRAVENOUS RECON SOLN 200 MG	4	PA; ^
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	B/D PA; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; ^
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; ^
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	B/D PA; ^
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; ^
<i>nelarabine intravenous solution 250 mg/50 ml</i>	3	B/D PA; ^
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	B/D PA; ^
NEORAL ORAL SOLUTION 100 MG/ML	3	B/D PA; ^
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL (3 EA per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA; ^
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL (120 EA per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	B/D PA; ^
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	3	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	PA
<i>octreotide, microspheres intramuscular suspension, extended rel recon 20 mg, 30 mg</i>	4	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; QL (30 EA per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	B/D PA; ^
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	4	PA; ^
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; QL (14 EA per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; ^
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	4	PA; ^
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	3	B/D PA; ^
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA; ^
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA; ^
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	4	PA; ^
<i>pazopanib oral tablet 200 mg</i>	4	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14 EA per 21 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	4	PA; ^
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	3	PA; ^
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	4	PA; ^
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	PA; ^
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG-20000 UNIT/10ML	4	PA; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	PA; ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (21 EA per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	3	B/D PA; ^
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	PA; ^
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA; ^
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA; ^
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	B/D PA; ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA; ^
PURIXAN ORAL SUSPENSION 20 MG/ML	3	
QINLOCK ORAL TABLET 50 MG	4	PA; LA; QL (90 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE ORAL TABLET 1 MG	4	B/D PA; ^
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	4	PA; QL (180 EA per 30 days)
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28 EA per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	4	PA; QL (60 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	4	PA; LA; QL (30 EA per 30 days)
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	4	PA; ^
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	4	PA; ^
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120 EA per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
RYDAPT ORAL CAPSULE 25 MG	4	PA; QL (224 EA per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	4	B/D PA; ^
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (600 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	4	B/D PA; ^
<i>sirolimus oral solution 1 mg/ml</i>	3	B/D PA; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; ^
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA
<i>sorafenib oral tablet 200 mg</i>	4	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL (30 EA per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	B/D PA; ^
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	4	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARGRETIN TOPICAL GEL 1 %	4	PA; ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	4	PA; LA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	4	PA; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA; ^
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	4	PA; ^
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	B/D PA; ^
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	B/D PA; ^
TEPMETKO ORAL TABLET 225 MG	4	PA; LA; QL (60 EA per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (28 EA per 28 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	PA; ^
TIBSOVO ORAL TABLET 250 MG	4	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG	4	PA; ^
<i>topotecan intravenous recon soln 4 mg</i>	4	B/D PA; ^
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	3	B/D PA; ^
<i>toremifene oral tablet 60 mg</i>	4	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; ^
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	3	PA; QL (1 EA per 168 days)
TRODELVY INTRAVENOUS RECON SOLN 180 MG	4	PA; ^
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL (180 EA per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	PA; ^
<i>valrubicin intravesical solution 40 mg/ml</i>	3	B/D PA; ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; QL (56 EA per 28 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; ^
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60 EA per 30 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	3	B/D PA; ^
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA; ^
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA; ^
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 EA per 30 days)
VYLOY INTRAVENOUS RECON SOLN 100 MG	4	PA; ^
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	B/D PA; ^
WELIREG ORAL TABLET 40 MG	4	PA; LA; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (60 EA per 30 days)
XALKORI ORAL PELLETT 150 MG	4	PA; QL (180 EA per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; QL (120 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XERMELO ORAL TABLET 250 MG	4	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	4	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 EA per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; ^
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	PA; ^
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	B/D PA; ^
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA; ^
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; QL (240 EA per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	4	PA; ^
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	4	PA; ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	B/D PA; ^
ZOLINZA ORAL CAPSULE 100 MG	4	PA; QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 1 MG	4	B/D PA; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (90 EA per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	4	PA; ^
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	4	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
APTIOM ORAL TABLET 400 MG	4	QL (90 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	3	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA; ^
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	3	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; QL (360 ML per 30 days)
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	QL (90 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (30 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	QL (60 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	QL (90 EA per 30 days)
KEPPRA ORAL SOLUTION 100 MG/ML	3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
<i>licosamide intravenous solution 200 mg/20 ml</i>	1	QL (1200 ML per 30 days)
<i>licosamide oral solution 10 mg/ml</i>	1	QL (1200 ML per 30 days)
<i>licosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>licosamide oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	PA; QL (10 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	2	QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	2	QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (120 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 ML per 30 days)
<i>methsuximide oral capsule 300 mg</i>	2	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; QL (120 EA per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	3	QL (360 EA per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	QL (270 EA per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	QL (120 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA; HRM; QL (1500 ML per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; HRM; QL (120 EA per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	QL (30 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	QL (60 EA per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA
<i>rufinamide oral tablet 200 mg</i>	1	PA
<i>rufinamide oral tablet 400 mg</i>	4	PA
SEZABY INTRAVENOUS RECON SOLN 100 MG	3	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA; QL (60 EA per 30 days)
TEGRETOL ORAL TABLET 200 MG	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	PA; ^
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA; ^
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; ^
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ^
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ^
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; ^
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; ^
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
<i>vigadrone oral tablet 500 mg</i>	4	PA; LA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA; QL (900 ML per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>vigpoder oral powder in packet 500 mg</i>	4	LA; QL (180 EA per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	4	ST; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	2	ST; QL (120 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG	4	PA; QL (120 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	4	PA; QL (480 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	4	PA; QL (240 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL (56 EA per 365 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA; ^
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA; ^
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA; LA; QL (1080 ML per 30 days)
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; HRM
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL (300 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	LA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; HRM
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA; HRM
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	ST; QL (24 EA per 28 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate oral tablet 6.25 mg</i>	1	ST; QL (18 EA per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	4	PA; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	ST; QL (18 EA per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	ST; QL (27 EA per 28 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	ST; QL (27 EA per 28 days)
<i>migergot rectal suppository 2-100 mg</i>	4	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; QL (240 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; QL (56 EA per 365 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; QL (84 EA per 365 days)
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	4	PA; QL (24 ML per 168 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120 EA per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	
<i>donepezil oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
EDARAVONE INTRAVENOUS SOLUTION 30 MG/100 ML, 60 MG/100 ML	4	PA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>fingolimod oral capsule 0.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	QL (60 EA per 30 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; QL (56 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; QL (30 EA per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (90 EA per 30 days)
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	1	PA; QL (98 EA per 365 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3	PA; QL (98 EA per 365 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	4	PA; QL (23 ML per 180 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 EA per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL (120 EA per 30 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	4	QL (30 EA per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	3	PA; HRM
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA; HRM; QL (90 EA per 30 days)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	PA; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA; HRM
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA; HRM; QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	4	PA
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	QL (300 EA per 30 days); *
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (4500 ML per 30 days); *
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 EA per 30 days); *
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days); *
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days); *
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	4	*
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	4	*
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	QL (4 EA per 28 days); *
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	3	PA; HRM; QL (180 EA per 30 days); *
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	QL (4 EA per 28 days); *
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (360 EA per 30 days); *
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (180 EA per 30 days); *
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	3	HRM; QL (180 EA per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	1	*
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	3	*
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	1	*
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	4	PA; ^; QL (120 EA per 30 days); *
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; ^; QL (120 EA per 30 days); *
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL (10 EA per 30 days); *
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days); *
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	QL (5550 ML per 30 days); *
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	1	QL (5550 ML per 30 days); *
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	QL (390 EA per 30 days); *
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 EA per 30 days); *
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (2400 ML per 30 days); *
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (180 EA per 30 days); *

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone rectal suppository 3 mg</i>	1	+
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL (30 EA per 30 days); *
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	B/D PA; ^; *
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (900 ML per 30 days); *
<i>meperidine oral tablet 50 mg</i>	1	QL (180 EA per 30 days); *
<i>methadone injection solution 10 mg/ml</i>	1	*
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	QL (90 ML per 30 days); *
<i>methadone oral concentrate 10 mg/ml</i>	1	QL (90 ML per 30 days); *
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600 ML per 30 days); *
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200 ML per 30 days); *
<i>methadone oral tablet 10 mg</i>	1	QL (120 EA per 30 days); *
<i>methadone oral tablet 5 mg</i>	1	QL (240 EA per 30 days); *
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	*
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (900 ML per 30 days); *
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	*
<i>morphine injection solution 8 mg/ml</i>	1	*
MORPHINE INJECTION SYRINGE 2 MG/ML	1	*
<i>morphine injection syringe 4 mg/ml</i>	1	*
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	1	*
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	*
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	*
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	*
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60 EA per 30 days); *

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days); *
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (900 ML per 30 days); *
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days); *
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120 EA per 30 days); *
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	+; *
<i>oxycodone oral capsule 5 mg</i>	1	QL (300 EA per 30 days); *
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180 ML per 30 days); *
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1200 ML per 30 days); *
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 EA per 30 days); *
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 EA per 30 days); *
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	1	QL (90 EA per 30 days); *
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	QL (120 EA per 30 days); *
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	*
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days); *
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (90 EA per 30 days); *
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	
<i>tencon oral tablet 50-325 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	QL (90 EA per 30 days); *
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL (10 ML per 28 days); *
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	PA; QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	PA; QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	QL (90 EA per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	3	QL (360 EA per 30 days); *
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days); *

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days); *
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days); *
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days); *
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	QL (60 EA per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	4	QL (60 EA per 30 days)
ABILIFY ORAL TABLET 20 MG, 30 MG	4	QL (30 EA per 30 days)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	QL (60 EA per 30 days)
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (90 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet, disintegrating 2 mg</i>	1	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	4	QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	3	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	4	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; ^; QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 5 mg</i>	1	QL (90 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	QL (30 EA per 30 days)
CELEXA ORAL TABLET 10 MG	3	
CELEXA ORAL TABLET 20 MG	3	QL (60 EA per 30 days)
CELEXA ORAL TABLET 40 MG	3	QL (30 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	3	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	3	QL (360 EA per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	1	
<i>clozapine oral tablet, disintegrating 200 mg</i>	3	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	ST; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	ST; QL (56 EA per 180 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	ST; QL (60 EA per 30 days)
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	3	ST; QL (90 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	1	QL (120 EA per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (120 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	QL (360 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (180 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	3	QL (120 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (90 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (60 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (30 EA per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	PA; HRM
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 EA per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; QL (16 EA per 365 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (56 EA per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
<i>fluoxetine (padded) oral tablet 10 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (30 EA per 30 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	QL (6 EA per 30 days)
GEODON ORAL CAPSULE 20 MG	4	QL (180 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GEODON ORAL CAPSULE 40 MG	4	QL (120 EA per 30 days)
GEODON ORAL CAPSULE 60 MG, 80 MG	4	QL (60 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ ORAL CAPSULE 20 MG	4	PA; QL (30 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	3	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	3	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75 ML per 90 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	QL (2.63 ML per 90 days)
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	QL (60 EA per 30 days)
LEXAPRO ORAL TABLET 20 MG	3	QL (30 EA per 30 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	3	QL (180 EA per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; ^; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; ^; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	1	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	1	PA; QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	QL (60 EA per 30 days)
PAXIL ORAL TABLET 10 MG	3	QL (180 EA per 30 days)
PAXIL ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days)
PAXIL ORAL TABLET 30 MG	3	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 28 days)
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	QL (120 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	QL (60 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	QL (90 EA per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG	4	PA; ^; QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PROVIGIL ORAL TABLET 200 MG	4	PA; ^; QL (60 EA per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	QL (120 EA per 30 days)
PROZAC ORAL CAPSULE 20 MG, 40 MG	3	QL (90 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
QUETIAPINE ORAL TABLET 150 MG	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tablet 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (90 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)
SEROQUEL ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (120 EA per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	QL (90 EA per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	QL (30 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; LA; ^; QL (540 ML per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; ^; QL (16 EA per 28 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; ^; QL (18 EA per 28 days)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (60 EA per 365 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	4	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	4	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	QL (0.21 ML per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg, 75 mg</i>	1	QL (30 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	QL (120 EA per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	QL (60 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (180 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 EA per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	QL (6 EA per 30 days)
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	QL (60 EA per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	3	QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	3	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	3	PA; QL (1 EA per 28 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	B/D PA; ^
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	3	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	2	QL (60 EA per 30 days)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	3	QL (60 EA per 30 days)
ATACAND ORAL TABLET 32 MG	3	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	QL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	2	QL (180 EA per 30 days)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	1	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	2	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 28 days)
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	QL (30 EA per 30 days)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3	QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	3	QL (30 EA per 30 days)
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	4	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	QL (30 EA per 30 days)
HYZAAR ORAL TABLET 50-12.5 MG	3	QL (60 EA per 30 days)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	4	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	QL (180 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL ORAL TABLET 400 MG	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	4	PA
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	3	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5 ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 4-240 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	4	
<i>aminocaproic acid oral tablet 1,000 mg</i>	4	
<i>aminocaproic acid oral tablet 500 mg</i>	3	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 EA per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	4	PA; LA
EFFIENT ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (60 EA per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOPIBRATE ORAL CAPSULE 150 MG, 50 MG	1	
<i>fenofibrate oral tablet 120 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid oral tablet 35 mg</i>	1	QL (60 EA per 30 days)
FENOGLIDE ORAL TABLET 120 MG	3	QL (30 EA per 30 days)
FENOGLIDE ORAL TABLET 40 MG	3	QL (60 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	QL (30 EA per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE 1 GRAM	3	
NEXLETOL ORAL TABLET 180 MG	2	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	2	PA; QL (30 EA per 30 days)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (6 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (6 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 135 MG, 45 MG	3	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (60 EA per 30 days)
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	3	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	3	PA; QL (60 EA per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL (60 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; ^
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	PA
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	+
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (10 ML per 28 days)
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (10 ML per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (10 ML per 28 days)
EPIFOAM TOPICAL FOAM 1-1 %	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	+
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	2	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
OVACE PLUS TOPICAL CLEANSER 10 %	2	+
OVACE PLUS TOPICAL CREAM 10 %	2	+
OVACE PLUS TOPICAL LOTION 9.8 %	2	+
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	2	+
OVACE TOPICAL CLEANSER 10 %	2	+
PRAMOSONE TOPICAL CREAM 1-1 %	2	+
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	+
<i>selenium sulfide topical lotion 2.5 %</i>	1	+
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	+
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (2 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 ML per 28 days)
SULFACETAMIDE SODIUM TOPICAL CLEANSER 10 %	1	+
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	+
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	+
TERSI FOAM TOPICAL FOAM 2.25 %	2	+
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA; QL (20 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; QL (2 ML per 28 days)
ZITHRANOL TOPICAL SHAMPOO 1 %	2	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>KERATOLYTICS</b>		
KERALYT RX TOPICAL GEL 6 %	2	+
KERALYT SCALP TOPICAL GEL 6 %	2	+
<i>keralyt topical shampoo 6 %</i>	1	+
PODOCON TOPICAL LIQUID 25 %	2	+
<i>salicylic acid topical cream 6 %</i>	1	+
<i>salicylic acid topical cream,extended release 6 %</i>	1	+
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	+
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	+
<i>salicylic acid topical foam 6 %</i>	1	+
<i>salicylic acid topical gel 6 %</i>	1	+
<i>salicylic acid topical liquid 26 %</i>	1	+
<i>salicylic acid topical lotion 6 %</i>	1	+
<i>salicylic acid topical lotion,extended release 6 %</i>	1	+
<i>salicylic acid topical shampoo 6 %</i>	1	+
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	+
SALIMEZ FORTE TOPICAL CREAM 10 %	2	+
<i>salimez topical cream 6 %</i>	1	+
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	2	+
<i>salvax topical foam 6 %</i>	1	+
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	2	+
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	2	+
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	2	+
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ASTERO TOPICAL GEL WITH PUMP 4 %	2	+
ATRAPRO HYDROGEL TOPICAL GEL	2	+
<i>celacyn topical gel with pump</i>	1	+
<i>cem-urea topical gel 45 %</i>	1	+
CERAMAX TOPICAL CREAM	2	+
CERAMAX TOPICAL LOTION	2	+
CONDYLOX TOPICAL GEL 0.5 %	3	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	2	+
DEXERYL TOPICAL CREAM	2	+
<i>doxepin topical cream 5 %</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
ELIDEL TOPICAL CREAM 1 %	3	PA; QL (100 GM per 30 days)
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	+
EUCRISA TOPICAL OINTMENT 2 %	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL (60 ML per 30 days)
<i>hpr plus topical cream</i>	1	+
<i>hpr plus topical foam</i>	1	+
<i>hpr topical foam</i>	1	+
HYDRO 35 TOPICAL FOAM 35 %	2	+
HYDRO 40 TOPICAL FOAM 40 %	2	+
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod topical cream in packet 3.75 %</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	1	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	2	+
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	2	+
LEVICYN ANTIPRURITIC TOPICAL GEL	2	+
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	+
LIDOCAINE HCL INTRADERMAL PEN INJECTOR 0.5 MG	2	+
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	+
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	+; QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	+
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	+
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
<i>lido-k topical lotion 3 %</i>	1	+
<i>lidopin topical cream 3 %</i>	1	+
LIDOPIN TOPICAL CREAM 3.25 %	2	+
LIDORX TOPICAL GEL WITH PUMP 3 %	2	+
LIDOTRAL TOPICAL CREAM 3.88 %	2	+
<i>lidozion topical lotion 3 %</i>	1	+
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	4	
MIMYX TOPICAL CREAM	2	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
NEOSALUS TOPICAL CREAM	2	+
NEOSALUS TOPICAL LOTION	2	+
NUTRASEB TOPICAL CREAM	2	+
PANRETIN TOPICAL GEL 0.1 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL (100 GM per 30 days)
<i>podofilox topical gel 0.5 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
PRESERA TOPICAL FOAM	2	+
PROMISEB TOPICAL CREAM	2	+
<i>pruclair topical cream</i>	1	+
<i>prumyx topical cream</i>	1	+
RADIAGEL TOPICAL GEL	2	+
REGRANEX TOPICAL GEL 0.01 %	4	PA
RYNODERM TOPICAL CREAM 37.5 %	2	+
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (180 GM per 30 days)
SEBUDERM TOPICAL GEL	2	+
<i>silver nitrate applicators topical stick 75-25 %</i>	1	+
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (100 GM per 30 days)
TRANZAREL TOPICAL GEL 4 %	2	+
URAMAXIN TOPICAL FOAM 20 %	2	+
URAMAXIN TOPICAL GEL 45 %	2	+
<i>urea nail stick topical solution 50 %</i>	1	+
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	+
<i>urea topical foam 35 %</i>	1	+
<i>urea topical gel 45 %</i>	1	+
UREA TOPICAL LOTION 40 %	2	+
<i>ure-k topical cream 50 %</i>	1	+
VALCHLOR TOPICAL GEL 0.016 %	4	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	QL (90 EA per 30 days)
<b>THErapy FOR ACNE</b>		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVAR LS TOPICAL CLEANSER 10-2 %	2	+
<i>avar topical cleanser 10-5 % (w/w)</i>	1	+
AVAR-E TOPICAL CREAM 10-5 % (W/W)	2	+
<i>azelaic acid topical gel 15 %</i>	1	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	2	+
<i>benzebro topical towelette 6 %</i>	1	+
<i>benzoyl peroxide topical cleanser 7 %</i>	1	+
<i>benzoyl peroxide topical foam 9.8 %</i>	1	+
<i>bp 10-1 topical cleanser 10-1 %</i>	1	+
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	QL (69 EA per 30 days)
<i>clindacin p topical swab 1 %</i>	1	QL (69 EA per 30 days)
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	QL (60 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL FOAM 15 %	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
PACNEX TOPICAL CLEANSER 7 %	2	+
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	2	+
PLEXION TOPICAL CLEANSER 9.8-4.8 %	2	+
PLEXION TOPICAL CREAM 9.8-4.8 %	2	+
PLEXION TOPICAL LOTION 9.8-4.8 %	2	+
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	+
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	+
ROSULA TOPICAL CLEANSER 10-4.5 %	2	+
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	+
<i>sss 10-5 topical foam 10-5 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	+
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	+
SUMADAN TOPICAL CLEANSER 9-4.5 %	2	+
SUMADAN TOPICAL KIT 9-4.5 %	2	+
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	2	+
SUMAXIN CP TOPICAL KIT 10-4 %	2	+
SUMAXIN TOPICAL CLEANSER 9-4 %	2	+
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	2	+
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	2	+
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA; ^
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; ^
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A TOPICAL GEL 2-1-1 %	2	+
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	2	+
ALTABAX TOPICAL OINTMENT 1 %	3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	2	+
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	+
<i>mupirocin calcium topical cream 2 %</i>	1	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	2	+
QUINJA TOPICAL GEL 1.25-1 %	2	+
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
VYTONA TOPICAL CREAM IN PACKET 1.9-1 %	2	+
<b>TOPICAL ANTIFUNGALS</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	+
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 ML per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	QL (6.6 ML per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>econazole nitrate topical cream 1 %</i>	1	QL (85 GM per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	
<i>ketconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	1	QL (180 GM per 30 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	2	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	2	+
<i>naftifine topical cream 1 %, 2 %</i>	1	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	1	QL (60 GM per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL (180 GM per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (180 GM per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60 GM per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	QL (180 GM per 30 days)
<i>oxiconazole topical cream 1 %</i>	1	
<i>tavaborole topical solution with applicator 5 %</i>	1	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	4	QL (5 GM per 30 days)
<i>penciclovir topical cream 1 %</i>	1	QL (5 GM per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
CLOCORTOLONE PIVALATE TOPICAL CREAM 0.1 %	1	
<i>clodan topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	QL (120 GM per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	QL (120 ML per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
PANDEL TOPICAL CREAM 0.1 %	3	
<i>prednicarbate topical ointment 0.1 %</i>	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	2	+
TEXACORT TOPICAL SOLUTION 2.5 %	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	PA; LA
CAPHOSOL MUCOUS MEMBRANE SOLUTION	2	+
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
<i>cevimeline oral capsule 30 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CHEMET ORAL CAPSULE 100 MG	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
CUVRIOR ORAL TABLET 300 MG	4	PA; LA; QL (300 EA per 30 days)
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	3	PA
<i>deferasirox oral tablet 90 mg</i>	2	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180 EA per 30 days)
E-Z DISK ORAL TABLET 700 MG	2	+
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	2	+
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	2	+
E-Z-PASTE ORAL CREAM 60 %	2	+
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	4	PA; LA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	4	PA; QL (180 EA per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; LA
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	2	+
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	2	+
LITHOSTAT ORAL TABLET 250 MG	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	
NORTHERA ORAL CAPSULE 100 MG	4	PA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	4	PA; QL (180 EA per 30 days)
NUMOISYN MUCOUS MEMBRANE LIQUID	2	+
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 EA per 28 days)
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (14 EA per 365 days)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)-5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL (28 EA per 365 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V)	2	+
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; QL (30 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30 EA per 30 days)
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
TAGITOL V ORAL SUSPENSION 40 % (W/V)	2	+
<i>trientine oral capsule 250 mg</i>	4	PA; QL (240 EA per 30 days)
TZIELD INTRAVENOUS SOLUTION 1 MG/ML	4	PA; LA; QL (14 ML per 999 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	2	+
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	2	+
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	2	+
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS)	2	+
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	2	+
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
<i>water for irrigation, sterile irrigation solution</i>	1	
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA; ^
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	B/D PA; ^
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
ORLISTAT ORAL CAPSULE 120 MG (RX)	2	PA; ^
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (MISC CARDIOVASCULAR)	4	PA; ^; QL (4 ML per 365 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (MISC CARDIOVASCULAR)	4	PA; ^; QL (3 ML per 28 days)
XENICAL ORAL CAPSULE 120 MG (RX)	2	PA; ^
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	4	PA; ^; QL (2 ML per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 5 MG/0.5 ML	4	PA; ^; QL (2 ML per 28 days)
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	
CHANTIX ORAL TABLET 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	1	
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ARESTIN DENTAL CARTRIDGE 1 MG	3	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	2	+
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	+
PREVIDENT DENTAL GEL 1.1 %	2	+
PREVIDENT DENTAL SOLUTION 0.2 %	2	+
PREVIDENT KIDS DENTAL PASTE 1.1 %	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; ^
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; ^
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>cortisone oral tablet 25 mg</i>	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL ORAL TABLET 2 MG	2	B/D PA; ^
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	B/D PA; ^
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL (90 EA per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	QL (30 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	PA
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS TOPICAL PADS, MEDICATED	1	PA
ALCOHOL WIPES TOPICAL PADS, MEDICATED	1	PA
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ^; QL (4 ML per 28 days)
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	1	PA
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	1	PA
CYCLOSET ORAL TABLET 0.8 MG	3	QL (180 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	4	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	PA
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	1	PA
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	PA
FARXIGA ORAL TABLET 10 MG	2	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 5 MG	2	QL (60 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	ST; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA; HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA; HRM
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA; HRM
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL (0.8 ML per 30 days)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (0.8 ML per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (0.8 ML per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL (0.8 ML per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75- 25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INVOKAMET ORAL TABLET 150-1,000 MG, 150- 500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	ST; QL (30 EA per 30 days)
IV PREP WIPES TOPICAL PADS, MEDICATED	1	PA
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	PA; ^; QL (9 ML per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral solution 500 mg/5 ml</i>	1	QL (765 ML per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60 EA per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120 EA per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; ^; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; ^; QL (3 ML per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ^; QL (30 EA per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	^; QL (15 ML per 24 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA per 30 days)
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	1	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; ^; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ^; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ^; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	^; QL (15 ML per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	4	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	3	QL (120 EA per 30 days)
<i>clomid oral tablet 50 mg</i>	2	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	
<i>desmopressin injection solution 4 mcg/ml</i>	3	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	1	
<i>doxercalciferol oral capsule 2.5 mcg</i>	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA
METHITEST ORAL TABLET 10 MG	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>mifepristone oral tablet 300 mg</i>	4	PA; QL (120 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	4	LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	2	PA; ^
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	1	
<i>paricalcitol oral capsule 4 mcg</i>	3	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; ^
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	
SAMSCA ORAL TABLET 15 MG	4	PA; QL (120 EA per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30 EA per 30 days)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	QL (300 GM per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>tolvaptan oral tablet 15 mg</i>	4	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	B/D PA; ^
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	B/D PA; ^
<b>THYROID HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	+
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SOLUTION 0.4 MG/ML	1	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	2	+
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	2	+
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	+
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	+
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	+
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	+
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	+
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	+
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	+
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	2	+
LEVSIN ORAL TABLET 0.125 MG	2	+
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	2	+
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	2	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	3	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	2	+
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	+
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	+
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	+
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	+
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	+
<i>symax-sl sublingual tablet 0.125 mg</i>	1	+
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	3	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60 EA per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	+
<i>anucort-hc rectal suppository 25 mg</i>	1	+
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	2	+
<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; ^
<i>aprepitant oral capsule 40 mg, 80 mg</i>	3	B/D PA; ^
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; ^
AVSOLA INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	4	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (3 EA per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (2 EA per 28 days)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	4	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; ^; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B/D PA; ^
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; ^
<i>hemmorex-hc rectal suppository 25 mg</i>	1	+
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	+
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	+
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	PA; QL (20 EA per 30 days)
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	+
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	2	+
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	+
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (60 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	2	+
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; ^
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; ^
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (rx)</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram (rx)</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram (rx)</i>	1	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	2	+
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	+
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (18 ML per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (12 ML per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	4	PA; QL (20 EA per 30 days)
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	4	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA; QL (30 ML per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 ML per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA; QL (60 EA per 30 days)
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	3	
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	4	
VOWST ORAL CAPSULE	4	PA; LA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL (60 EA per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	QL (60 EA per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
OMEPRAZOLE-SODIUM BICARBONATE ORAL CAPSULE 20-1.1 MG-GRAM	3	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	3	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	3	QL (60 EA per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	QL (60 EA per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	QL (60 EA per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	3	QL (168 EA per 180 days)
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	4	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; LA; QL (2 ML per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL (14 EA per 28 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	4	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL (2 ML per 28 days)
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	B/D PA; ^
PROCRIPT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSCO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	PA; V; QL (1 EA per 365 days)
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	V

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML	2	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	PA; V; QL (1 EA per 365 days)
ASCENIV INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	3	B/D PA; ^
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	V
BIVIGAM INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8- 5 LF-MCG-LF/0.5ML	2	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; ^
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	2	
DENGXVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	B/D PA; V; ^
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B/D PA; V; ^
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B/D PA; V; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	4	B/D PA; ^
<i>fomepizole intravenous solution 1 gram/ml</i>	4	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	B/D PA; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	B/D PA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA; ^
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	3	B/D PA; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	B/D PA; V; ^
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	V

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	PA; V; QL (1 ML per 365 days)
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	4	B/D PA; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	2	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; V; ^
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; V; ^
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	V; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	V
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	V
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	B/D PA; ^
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	V

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	V
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA; ^
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	V
<b>MISCELLANEOUS SUPPLIES</b>		
<i>MISCELLANEOUS SUPPLIES</i>		
ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	1	PA; QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	1	PA; QL (200 EA per 30 days)
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	PA; QL (200 EA per 30 days)
CEQR SIMPLICITY DEVICE 2 UNIT	2	QL (10 EA per 30 days)
CEQR SIMPLICITY INSERTER	2	QL (1 EA per 365 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	1	PA
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	1	PA
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	1	PA; QL (200 EA per 30 days)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	PA; QL (200 EA per 30 days)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	PA; QL (200 EA per 30 days)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	PA; QL (200 EA per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; QL (200 EA per 30 days)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	1	PA; QL (200 EA per 30 days)
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	1	PA; QL (200 EA per 30 days)
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	1	PA; QL (200 EA per 30 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (20 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	PA; QL (200 EA per 30 days)
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	PA; QL (200 EA per 30 days)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	PA; QL (200 EA per 30 days)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	PA; QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	PA; QL (200 EA per 30 days)
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	PA; QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	1	PA; QL (200 EA per 30 days)
V-GO 20 DEVICE	2	QL (30 EA per 30 days)
V-GO 30 DEVICE	2	QL (30 EA per 30 days)
V-GO 40 DEVICE	2	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b><i>GOUT THERAPY</i></b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120 EA per 30 days)
COLCRYS ORAL TABLET 0.6 MG	3	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	QL (120 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
<b><i>OSTEOPOROSIS THERAPY</i></b>		
ACTONEL ORAL TABLET 150 MG	3	QL (1 EA per 28 days)
ACTONEL ORAL TABLET 35 MG	3	QL (4 EA per 28 days)
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
EVISTA ORAL TABLET 60 MG	3	QL (30 EA per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; QL (2.4 ML per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL (4 EA per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (2.4 ML per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56 ML per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (8 EA per 365 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (110 EA per 365 days)
<i>penicillamine oral capsule 250 mg</i>	4	
<i>penicillamine oral tablet 250 mg</i>	4	
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (168 EA per 365 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	QL (110 EA per 365 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30 EA per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; QL (6 EA per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 EA per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (6 EA per 28 days)

### OBSTETRICS / GYNECOLOGY

#### ESTROGENS / PROGESTINS

ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4 EA per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (4 EA per 28 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	+
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	+
CRINONE VAGINAL GEL 8 %	2	PA; ^
<i>deblitane oral tablet 0.35 mg</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	+
<i>eemt oral tablet 1.25-2.5 mg</i>	1	+
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	
<i>emzahh oral tablet 0.35 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	+
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1 EA per 90 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	QL (4 EA per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 EA per 28 days)
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	2	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	+
GYNAZOLE-1 VAGINAL CREAM 2 %	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; ^; QL (30 EA per 30 days)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
OSPHENA ORAL TABLET 60 MG	3	PA; ^; QL (30 EA per 30 days)
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryelle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<b>AZASITE OPHTHALMIC (EYE) DROPS 1 %</b>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</b>	3	
<b>CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %</b>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	+
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	+
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	+
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	4	PA; QL (0.1 ML per 28 days)
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA; QL (0.1 ML per 28 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	QL (3 ML per 30 days)
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	2	+
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (112 ML per 56 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	+
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	+
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	+
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	+
XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 EA per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	QL (60 EA per 30 days)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (60 EA per 30 days)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (30 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	QL (16.6 ML per 30 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	2	+
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	+
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60 EA per 30 days)
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	2	+
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	1	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	+
HYDROXYZINE HCL ORAL SOLUTION 10 MG/5 ML	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; HRM
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; HRM
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (90 EA per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	ST; QL (60 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PA; ^
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	3	PA; ^; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	3	B/D PA; ^
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	ST; QL (1 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	ST; QL (2 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	QL (23 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 EA per 30 days)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (10.3 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	B/D PA; ^
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D PA; ^; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA; ^
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	PA; QL (30 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	ST; QL (13 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	QL (23 GM per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; QL (1 ML per 28 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 ML per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240 EA per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 GM per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 GM per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
FLUTICASONE PROPIONATE NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B/D PA; ^; QL (120 ML per 30 days)
FORMOTEROL FUMARATE-NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	1	B/D PA; ^; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	2	+
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; ^
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; ^
KALYDECO ORAL TABLET 150 MG	4	PA; QL (56 EA per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PA; ^
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	1	QL (30 GM per 30 days)
MOMETASONE NASAL SPRAY, NON-AEROSOL 50 MCG/ACTUATION	1	QL (34 GM per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral granules in packet 4 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>nebusal inhalation solution for nebulization 3 %</i>	2	+
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	2	+
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; LA; QL (0.4 ML per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	B/D PA; ^; QL (150 ML per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112 EA per 28 days)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	B/D PA; ^; QL (120 ML per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 EA per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (90 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (90 EA per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	ST; QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	B/D PA; ^; QL (120 ML per 30 days)
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	+
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	B/D PA; ^; QL (150 ML per 30 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	ST; QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	ST; QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA; QL (30 EA per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	ST
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
<i>sildenafil (pah) 20 mg tab</i>	1	PA; ^; QL (90 EA per 30 days)
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	3	QL (30 EA per 30 days)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	+
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	ST; QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	ST; QL (4 GM per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL (56 EA per 28 days)
<i>tadalafil (pah) 20 mg tab</i>	3	PA; ^; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; ^; QL (300 ML per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	3	QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; QL (84 EA per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA; ^
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA; ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (8 EA per 28 days)

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	B/D PA; ^; QL (90 ML per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>flavoxate oral tablet 100 mg</i>	1	
GEMTESA ORAL TABLET 75 MG	2	QL (30 EA per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	QL (30 EA per 30 days)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	3	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
FLOMAX ORAL CAPSULE 0.4 MG	3	QL (60 EA per 30 days)
PROSCAR ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	QL (60 EA per 30 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CIALIS ORAL TABLET 5 MG (BPH)	2	PA; ^; QL (30 EA per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	LA
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	1	+
ELMIRON ORAL CAPSULE 100 MG	3	
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	+
ORACIT ORAL SOLUTION 490-640 MG/5 ML	2	+
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	+
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	+
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	+
<i>tadalafil oral tablet 2.5 mg (bph)</i>	1	PA; ^; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg (bph)</i>	1	PA; ^; QL (30 EA per 30 days)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	+
URELLE ORAL TABLET 81-10.8-40.8 MG	2	+
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	+
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	+
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	+
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	+
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	2	+
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>k-phos-neutral oral tablet 250 mg</i>	1	+
<i>lactated ringers intravenous parenteral solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>phospha 250 neutral oral tablet 250 mg</i>	1	+
<i>phosphorous oral tablet 250 mg</i>	1	+
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	1	+
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.



## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %</i>	1	+
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)</i>	1	+
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	B/D PA; ^
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA; ^
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA; ^
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	3	B/D PA; ^
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	B/D PA; ^
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	B/D PA; ^
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA; ^
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA; ^
KABIVEN INTRAVENOUS EMULSION 3.31-10.8-3.9 %	3	B/D PA; ^
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	B/D PA; ^
PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 %	3	B/D PA; ^
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
<i>premasol 10 % intravenous parenteral solution 10 %</i>	4	B/D PA; ^
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA; ^

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

Drug Name	Drug Tier	Requirements/Limits
<i>travasol 10 % intravenous parenteral solution 10 %</i>	3	B/D PA; ^
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
<b>VITAMINS / HEMATINICS</b>		
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	2	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	2	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	2	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob oral capsule 85-1 mg</i>	2	
<i>ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	2	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE	2	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	2	
<i>pnv-omega oral capsule 28-1-300 mg</i>	2	
<i>pnv-select oral tablet 27-1 mg</i>	2	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	2	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	2	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg</i>	2	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	2	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Covered Drugs By Category

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	2	
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	2	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	2	
<i>taron-c dha oral capsule 35-1-200 mg</i>	2	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	2	
<i>wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>wesnate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

## Index

<b>A</b>		
<i>abacavir</i> .....	12	
<i>abacavir-lamivudine</i> .....	12	
ABELCET.....	11	
ABILIFY.....	65	
ABILIFY ASIMTUFII.....	65	
ABILIFY MAINTENA.....	65	
<i>abiraterone</i> .....	27	
ABRAXANE.....	27	
ABRYSVO (PF).....	136	
<i>acamprosate</i> .....	107	
<i>acarbose</i> .....	115	
<i>acebutolol</i> .....	80	
<i>acetaminophen-caff-</i> <i>dihydrocod</i> .....	59	
<i>acetaminophen-codeine</i> .....	59	
<i>acetazolamide</i> .....	161	
<i>acetazolamide sodium</i> .....	161	
<i>acetic acid</i> .....	107, 113	
<i>acetylcysteine</i> .....	165	
<i>acitretin</i> .....	94	
ACTHAR.....	114	
ACTHAR SELFJECT.....	114	
ACTHIB (PF).....	136	
ACTIMMUNE.....	134	
ACTONEL.....	144	
ACTOPLUS MET.....	115	
ACTOS.....	115	
ACUVAIL (PF).....	161	
<i>acyclovir</i> .....	12, 104	
<i>acyclovir sodium</i> .....	12	
ADACEL(TDAP ADOLESN/ADULT) (PF).....	136, 137	
<i>adapalene</i> .....	100	
ADCETRIS.....	27	
ADDERALL XR.....	65	
<i>adefovir</i> .....	12	
ADEMPAS.....	165	
ADRIAMYCIN.....	27	
ADSTILADRIN.....	27	
ADVAIR DISKUS.....	165	
ADVAIR HFA.....	166	
ADVOCATE PEN NEEDLE.....	141	
AFINITOR.....	28	
AFINITOR DISPERZ.....	27, 28	
<i>afirmelle</i> .....	151	
AIMOVIG AUTOINJECTOR.....	54	
AJOVY AUTOINJECTOR.....	54	
AJOVY SYRINGE.....	54	
AKEEGA.....	28	
<i>ala-cort</i> .....	104	
<i>albendazole</i> .....	19	
<i>albuterol sulfate</i> .....	166	
ALBUTEROL SULFATE.....	166	
<i>alclometasone</i> .....	104	
<i>alcohol pads</i> .....	115	
ALCOHOL PREP PADS.....	115	
ALCOHOL SWABS.....	116	
ALCOHOL WIPES.....	116	
ALCORTIN A.....	102	
ALDURAZYME.....	122	
ALECENSA.....	28	
<i>alendronate</i> .....	144	
<i>alfuzosin</i> .....	173	
ALIQOPA.....	28	
<i>aliskiren</i> .....	80	
<i>allopurinol</i> .....	144	
<i>almotriptan malate</i> .....	54, 55	
ALOMIDE.....	160	
<i>alosetron</i> .....	128	
ALPHAGAN P.....	164	
<i>alprazolam</i> .....	65, 66	
<i>alprazolam intensol</i> .....	65	
ALTABAX.....	102	
<i>altacaine</i> .....	160	
<i>altavera (28)</i> .....	151	
ALTOPREV.....	90	
ALUNBRIG.....	28	
<i>alyacen 1/35 (28)</i> .....	151	
<i>alyacen 7/7/7 (28)</i> .....	151	
<i>alyq</i> .....	166	
<i>amantadine hcl</i> .....	12	
<i>ambrisentan</i> .....	166	
<i>amethia</i> .....	151	
<i>amethyst (28)</i> .....	151	
<i>amikacin</i> .....	19	
<i>amiloride</i> .....	80	
<i>amiloride-hydrochlorothiazide</i> .....	80	
<i>aminocaproic acid</i> .....	88	
<i>amiodarone</i> .....	79	
AMITIZA.....	128	
<i>amitriptyline</i> .....	66	
<i>amitriptyline-chlordiazepoxide</i> .....	66	
<i>amlodipine</i> .....	80	
<i>amlodipine-atorvastatin</i> .....	90	
<i>amlodipine-benazepril</i> .....	80	
<i>amlodipine-olmesartan</i> .....	80	
<i>amlodipine-valsartan</i> .....	81	
<i>amlodipine-valsartan-</i> <i>hcthiazyd</i> .....	81	
<i>ammonium lactate</i> .....	96	
<i>amnesteem</i> .....	100	
<i>amoxapine</i> .....	66	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i> .....	133	
<i>amoxicillin</i> .....	23	
<i>amoxicillin-pot clavulanate</i> .....	24	
<i>amphotericin b</i> .....	11	
<i>amphotericin b liposome</i> .....	11	
<i>ampicillin</i> .....	24	
<i>ampicillin sodium</i> .....	24	
<i>ampicillin-sulbactam</i> .....	24	
AMRIX.....	58	
ANAFRANIL.....	66	
<i>anagrelide</i> .....	107	
ANALPRAM-HC.....	94, 128	
<i>anaspaz</i> .....	126	
<i>anastrozole</i> .....	28	
ANGELIQ.....	147	
ANKTIVA.....	28	
ANORO ELLIPTA.....	166	
<i>anucort-hc</i> .....	128	
ANUSOL-HC.....	128	
<i>apexicon e</i> .....	104	
ALENZIN.....	66	
<i>apraclonidine</i> .....	164	
<i>aprepitant</i> .....	128	
<i>apri</i> .....	151	
APTIOM.....	46	
APTIVUS.....	12	
ARALAST NP.....	107	
<i>aranelle (28)</i> .....	151	
ARANESP (IN POLYSORBATE).....	134, 135	
ARCALYST.....	135	
ARESTIN.....	112	
AREXVY (PF).....	137	

<i>arformoterol</i> .....	166	AUSTEDO XR TITRATION	<i>bendamustine</i> .....	29
ARIKAYCE .....	19	KT(WK1-4) .....	BENDAMUSTINE .....	29
ARIMIDEX .....	28	AUVELITY .....	BENDEKA .....	29
<i>aripiprazole</i> .....	66	<i>avar</i> .....	BENICAR.....	81
ARISTADA.....	66	AVAR LS .....	BENICAR HCT .....	81
ARISTADA INITIO .....	66	AVAR-E .....	BENLYSTA.....	145
<i>armodafinil</i> .....	66	<i>aviane</i> .....	<i>benzebro</i> .....	100
ARMOUR THYROID .....	125	AVONEX.....	BENZEPRO	
ARNUITY ELLIPTA .....	166	AVSOLA .....	(MICROSPHERES).....	100
AROMASIN .....	28	<i>ayuna</i> .....	<i>benzoyl peroxide</i> .....	100
<i>arsenic trioxide</i> .....	28	AYVAKIT .....	<i>benztropine</i> .....	53
ASCENIV.....	137	<i>azacitidine</i> .....	BESIVANCE .....	158
<i>ascomp with codeine</i> .....	59	AZASAN .....	BESPONSA.....	29
<i>asenapine maleate</i> .....	67	AZASITE.....	BESREMI .....	135
<i>ashlyna</i> .....	151	<i>azathioprine</i> .....	<i>betaine</i> .....	128
ASMANEX HFA.....	166	<i>azathioprine sodium</i> .....	<i>betamethasone dipropionate</i> ...	104
ASMANEX TWISTHALER.....	166	<i>azelaic acid</i> .....	<i>betamethasone</i>	
<i>aspirin-dipyridamole</i> .....	88	<i>azelastine</i> .....	<i>valerate</i> .....	104, 105
ASSURE ID INSULIN		<i>azelastine-fluticasone</i> .....	<i>betamethasone, augmented</i> ...	105
SAFETY .....	141	<i>azithromycin</i> .....	BETASERON .....	135
ASTAGRAF XL.....	28	AZOPT.....	<i>betaxolol</i> .....	81, 159
ASTERO.....	97	AZOR.....	<i>bethanechol chloride</i> .....	173
ATACAND .....	81	<i>aztreonam</i> .....	BETIMOL.....	159
ATACAND HCT .....	81	<i>azurette (28)</i> .....	BETOPTIC S .....	159
<i>atazanavir</i> .....	12	<b>B</b>	<i>bexarotene</i> .....	29
<i>atenolol</i> .....	81	<i>bacitracin</i> .....	BEXSERO .....	137
<i>atenolol-chlorthalidone</i> .....	81	<i>bacitracin-polymyxin b</i> .....	<i>bicalutamide</i> .....	29
ATGAM.....	137	<i>baclofen</i> .....	BICILLIN L-A .....	24
<i>atomoxetine</i> .....	67	<i>bal-care dha</i> .....	BIDIL.....	81
<i>atorvastatin</i> .....	90	<i>balsalazide</i> .....	BIKTARVY .....	12
<i>atovaquone</i> .....	19	BALVERSA.....	<i>bimatoprost</i> .....	162
<i>atovaquone-proguanil</i> .....	19	<i>balziva (28)</i> .....	BINOSTO .....	144
ATRAPRO HYDROGEL .....	97	BAQSIMI.....	<i>bisoprolol fumarate</i> .....	81
<i>atropine</i> .....	126, 160	BARACLUDE.....	<i>bisoprolol-hydrochlorothiazide</i> ...	81
ATROPINE .....	126	BAVENCIO .....	BIVIGAM.....	137
ATROPINE SULFATE (PF) .....	160	BCG VACCINE, LIVE (PF) .....	BIZENGRI.....	29
ATROVENT HFA.....	166	BD INSULIN SYRINGE	<i>bleomycin</i> .....	29
AUBAGIO .....	55	ULTRA-FINE .....	BLINCYTO.....	29
<i>abra eq</i> .....	152	BD SAFETYGLIDE INSULIN	<i>blisovi 24 fe</i> .....	152
AUGMENTIN .....	24	SYRINGE .....	<i>blisovi fe 1.5/30 (28)</i> .....	152
AUGTYRO.....	28	BD ULTRA-FINE NANO PEN	<i>blisovi fe 1/20 (28)</i> .....	152
<i>aurovela 1.5/30 (21)</i> .....	152	NEEDLE.....	BOOSTRIX TDAP .....	137
<i>aurovela 1/20 (21)</i> .....	152	BD ULTRA-FINE SHORT PEN	<i>bortezomib</i> .....	29
<i>aurovela 24 fe</i> .....	152	NEEDLE.....	BORTEZOMIB.....	29
<i>aurovela fe 1.5/30 (28)</i> .....	152	BELEODAQ.....	BORUZU .....	29
<i>aurovela fe 1-20 (28)</i> .....	152	BELSOMRA.....	<i>bosentan</i> .....	167
AUSTEDO .....	55	<i>benazepril</i> .....	BOSULIF .....	29
AUSTEDO XR .....	56	<i>benazepril-</i>	BOTOX.....	137
		<i>hydrochlorothiazide</i> .....	<i>bp 10-1</i> .....	100

BRAFTOVI.....	29	<i>candesartan-</i>		<i>ceftriaxone</i> .....	18
BREO ELLIPTA.....	167	<i>hydrochlorothiazid</i> .....	81	CEFTRIAZONE.....	18
<i>breyna</i> .....	167	CAPHOSOL.....	107	<i>ceftriaxone in dextrose,iso-os</i> ....	17
<i>brillyn</i> .....	152	CAPLYTA.....	67	<i>cefuroxime axetil</i> .....	18
BRILINTA.....	88	CAPRELSA.....	29, 30	<i>cefuroxime sodium</i> .....	18
<i>brimonidine</i> .....	164	<i>captopril</i> .....	82	<i>celacyn</i> .....	97
<i>brimonidine-timolol</i> .....	162	<i>captopril-hydrochlorothiazide</i> ....	82	CELEBEX.....	63
<i>brinzolamide</i> .....	162	CARAFATE.....	133	<i>celecoxib</i> .....	63
BRIUMVI.....	56	CARBAGLU.....	107	CELEXA.....	67
BRIVIACT.....	46	<i>carbamazepine</i> .....	46	CELLCEPT.....	30
<i>bromfenac</i> .....	161	CARBAMAZEPINE.....	46	<i>cem-urea</i> .....	97
<i>bromocriptine</i> .....	53	<i>carbidopa</i> .....	53	<i>cephalexin</i> .....	18
BROMSITE.....	161	<i>carbidopa-levodopa</i> .....	53	CEQUR SIMPLICITY.....	141
BROVANA.....	167	<i>carbidopa-levodopa-</i>		CEQUR SIMPLICITY	
BRUKINSA.....	29	<i>entacapone</i> .....	53	INSERTER.....	141
<i>budesonide</i> .....	128, 167	<i>carboplatin</i> .....	30	CERAMAX.....	97
<i>bumetanide</i> .....	81	CARDIZEM LA.....	82	CEREZYME.....	122
<i>buprenorphine</i> .....	59	CARDURA XL.....	82	<i>cetirizine</i> .....	164
<i>buprenorphine hcl</i> .....	59	CARETOUCH ALCOHOL		<i>cevimeline</i> .....	107
<i>buprenorphine-naloxone</i> .....	62, 63	PREP PAD.....	116	CHANTIX.....	112
<i>bupropion hcl</i> .....	67	<i>carglumic acid</i> .....	107	CHANTIX CONTINUING	
<i>bupropion hcl (smoking</i>		<i>carisoprodol</i> .....	58	MONTH BOX.....	112
<i>deter</i> ).....	111	<i>carmustine</i> .....	30	CHANTIX STARTING	
<i>bupirone</i> .....	67	CAROSPIR.....	82	MONTH BOX.....	112
<i>busulfan</i> .....	29	<i>carteolol</i> .....	159	<i>charlotte 24 fe</i> .....	152
<i>butalbital-acetaminop-caf-cod</i> ...	59	<i>cartia xt</i> .....	82	<i>chateal eq (28)</i> .....	152
<i>butalbital-acetaminophen</i> .....	59	<i>carvedilol</i> .....	82	CHEMET.....	108
<i>butalbital-acetaminophen-caff</i> ...	59	<i>carvedilol phosphate</i> .....	82	<i>chloramphenicol sod</i>	
<i>butalbital-aspirin-caffeine</i> .....	59	<i>casprofungin</i> .....	11	<i>succinate</i> .....	20
<i>butorphanol</i> .....	63	CAYSTON.....	19	<i>chlordiazepoxide hcl</i> .....	67
BUTRANS.....	60	<i>cefaclor</i> .....	16	<i>chlordiazepoxide-clidinium</i> .....	126
BYDUREON BCISE.....	116	<i>cefadroxil</i> .....	16	<i>chlorhexidine gluconate</i> .....	112
BYSTOLIC.....	81	<i>cefazolin</i> .....	17	<i>chloroquine phosphate</i> .....	20
<b>C</b>		CEFAZOLIN.....	17	<i>chlorothiazide sodium</i> .....	82
CABENUVA.....	12	<i>cefazolin in dextrose (iso-os)</i> ....	16	<i>chlorpromazine</i> .....	67
<i>cabergoline</i> .....	122	CEFAZOLIN IN DEXTROSE		<i>chlorthalidone</i> .....	82
CABOMETYX.....	29	(ISO-OS).....	17	<i>chlorzoxazone</i> .....	58
CADUET.....	90	<i>cefdinir</i> .....	17	<i>cholestyramine (with sugar)</i> .....	90
<i>calcipotriene</i> .....	94	<i>cefepime</i> .....	17	<i>cholestyramine light</i> .....	90
<i>calcitonin (salmon)</i> .....	122	CEFEPIME.....	17	<i>cholestyramine-aspartame</i> .....	91
<i>calcitriol</i> .....	94, 122	CEFEPIME IN DEXTROSE		CHORIONIC	
CALQUENCE.....	29	5 %.....	17	GONADOTROPIN,	
CALQUENCE		<i>cefepime in dextrose,iso-osm</i> ....	17	HUMAN.....	122
(ACALABRUTINIB MAL).....	29	<i>cefixime</i> .....	17	CIALIS.....	173
<i>camila</i> .....	147	<i>cefoxitin</i> .....	17	<i>ciclodan</i> .....	103
<i>camrese</i> .....	152	<i>cefoxitin in dextrose, iso-osm</i> ....	17	CICLODAN KIT.....	103
<i>camrese lo</i> .....	152	<i>cefepodoxime</i> .....	17	<i>ciclopirox</i> .....	103
CAMZYOS.....	93	<i>cefprozil</i> .....	17	<i>cilostazol</i> .....	88
<i>candesartan</i> .....	81	<i>ceftazidime</i> .....	17	CILOXAN.....	158

CIMDUO.....	12	CLINIMIX 8%-D10W (SULFITE-FREE).....	177	CORTANE-B.....	97
<i>cimetidine</i> .....	133	CLINIMIX 8%-D14W (SULFITE-FREE).....	177	CORTEF.....	114
CIMZIA.....	128	CLINISOL SF 15 %.....	177	CORTIFOAM.....	128
CIMZIA POWDER FOR RECONST.....	128	CLINPRO 5000.....	112	<i>cortisone</i> .....	114
CIMZIA STARTER KIT.....	128	<i>clobazam</i> .....	46	CORTISPORIN-TC.....	113
<i>cinacalcet</i> .....	123	<i>clobetasol</i> .....	105	COSENTYX.....	94
CIPRO HC.....	113	<i>clobetasol-emollient</i> .....	105	COSENTYX (2 SYRINGES).....	94
<i>ciprofloxacin</i> .....	25	CLOCORTOLONE PIVALATE.....	105	COSENTYX PEN.....	94
<i>ciprofloxacin hcl</i> .....	25, 158	<i>clodan</i> .....	105	COSENTYX PEN (2 PENS).....	94
<i>ciprofloxacin in 5 % dextrose</i> .....	25	<i>clofarabine</i> .....	30	COSENTYX UNOREADY PEN.....	94
<i>ciprofloxacin-</i> <i>dexamethasone</i> .....	113	<i>clomid</i> .....	123	COSOPT.....	162
<i>cisplatin</i> .....	30	<i>clomipramine</i> .....	68	COSOPT (PF).....	162
<i>citalopram</i> .....	67, 68	<i>clonazepam</i> .....	46	COTELLIC.....	30
<i>cladribine</i> .....	30	<i>clonidine</i> .....	82	<i>covaryx</i> .....	148
<i>claravis</i> .....	100	<i>clonidine hcl</i> .....	68, 82	<i>covaryx h.s.</i> .....	148
CLARINEX.....	164	<i>clopidogrel</i> .....	88	COZAAR.....	82
CLARINEX-D 12 HOUR.....	164	<i>clorazepate dipotassium</i> .....	68	CREON.....	128
<i>clarithromycin</i> .....	18	<i>clotrimazole</i> .....	11, 103	CRESEMBA.....	11
<i>clemastine</i> .....	164	<i>clotrimazole-betamethasone</i> ...	103	CRESTOR.....	91
CLENPIQ.....	128	<i>clozapine</i> .....	68	CRINONE.....	148
CLEOCIN.....	150	CLOZAPINE.....	68	<i>cromolyn</i> .....	129, 160, 167
CLIMARA.....	147	<i>c-nate dha</i> .....	178	<i>crotan</i> .....	107
CLIMARA PRO.....	147	COARTEM.....	20	<i>cryselle (28)</i> .....	152
<i>clindacin etz</i> .....	100	COBENFY.....	68	CURITY ALCOHOL SWABS ...	116
<i>clindacin p</i> .....	100	COBENFY STARTER PACK....	68	CURITY GAUZE.....	142
<i>clindamycin hcl</i> .....	20	<i>codeine sulfate</i> .....	60	CUVRIOR.....	108
CLINDAMYCIN IN 0.9 % SOD CHLOR.....	20	<i>codeine-butalbital-asa-caff</i> .....	60	<i>cyclobenzaprine</i> .....	58
CLINDAMYCIN IN 5 % DEXTROSE.....	20	<i>colchicine</i> .....	144	CYCLOGYL.....	160
<i>clindamycin palmitate hcl</i> .....	20	COLCRYS.....	144	CYCLOMYDRIL.....	164
<i>clindamycin pediatric</i> .....	20	<i>colesevelam</i> .....	91	<i>cyclopentolate</i> .....	160
<i>clindamycin phosphate</i> .....	20, 100, 150	<i>colestipol</i> .....	91	<i>cyclophosphamide</i> .....	30
<i>clindamycin-benzoyl peroxide</i> .	100	<i>colistin (colistimethate na)</i> .....	20	CYCLOPHOSPHAMIDE.....	30
<i>clindamycin-tretinoin</i> .....	100	COLUMVI.....	30	<i>cycloserine</i> .....	20
CLINDESSE.....	150	COMBIGAN.....	162	CYCLOSET.....	116
CLINIMIX 5%/D15W SULFITE FREE.....	177	COMBIPATCH.....	148	<i>cyclosporine</i> .....	30, 160
CLINIMIX 4.25%/D10W SULF FREE.....	177	COMBIVENT RESPIMAT.....	167	<i>cyclosporine modified</i> .....	30
CLINIMIX 4.25%/D5W SULFIT FREE.....	108	COMETRIQ.....	30	CYMBALTA.....	68
CLINIMIX 5%-D20W (SULFITE-FREE).....	177	COMPLERA.....	12	<i>cyproheptadine</i> .....	164, 165
CLINIMIX 6%-D5W (SULFITE- FREE).....	177	<i>complete natal dha</i> .....	178	CYRAMZA.....	30
		<i>compro</i> .....	128	<i>cyred eq</i> .....	152
		CONCERTA.....	68	CYSTAGON.....	173
		CONDYLOX.....	97	CYSTARAN.....	160
		<i>constulose</i> .....	128	<i>cytarabine</i> .....	31
		COPAXONE.....	56	<i>cytarabine (pf)</i> .....	30
		COPIKTRA.....	30	CYTOMEL.....	125
		CORLANOR.....	93	<i>cytra-2</i> .....	173
				<i>cytra-3</i> .....	173
				<i>cytra-k</i> .....	173



<b>D</b>		
d10 %-0.45 % sodium chloride.....	108	DEPAKOTE.....46
d2.5 %-0.45 % sodium chloride.....	108	DEPAKOTE ER.....46
d5 % and 0.9 % sodium chloride.....	108	DEPAKOTE SPRINKLES.....47
d5 %-0.45 % sodium chloride.....	108	DEPO-ESTRADIOL.....148
dabigatran etexilate.....	88	DEPO-MEDROL.....114
dacarbazine.....	31	DEPO-SUBQ PROVERA 104 .148
dactinomycin.....	31	DEPO-TESTOSTERONE.....123
dalfampridine.....	56	DERMAZENE.....102
DALIRESP.....	167	DESCOVY.....13
danazol.....	123	desipramine.....68
dantrolene.....	58	desloratadine.....165
DANYELZA.....	31	desmopressin.....123
DANZITEN.....	31	desog-e.estradiol/e.estradiol.....153
dapsone.....	20	desonide.....105
DAPTACEL (DTAP PEDIATRIC) (PF).....	137	desoximetasone.....105
daptomycin.....	20	DESVENLAFAXINE.....68
DAPTOMYCIN.....	20	desvenlafaxine succinate ....68, 69
DAPTOMYCIN IN 0.9 % SOD CHLOR.....	20	dexamethasone.....114
darifenacin.....	172	dexamethasone intensol.....114
darunavir.....	13	dexamethasone sodium phos (pf).....114
DARZALEX.....	31	dexamethasone sodium phosphate.....114, 163
DARZALEX FASPRO.....	31	DEXERYL.....97
dasatinib.....	31	DEXILANT.....133
dasetta 1/35 (28).....	152	dexlansoprazole.....133
dasetta 7/7/7 (28).....	152	dexmethylphenidate.....69
daunorubicin.....	31	dextroamphetamine sulfate.....69
DAURISMO.....	31	dextroamphetamine-amphetamine.....69
daysee.....	153	dextrose 10 % and 0.2 % nacl.....108
DAYVIGO.....	68	dextrose 10 % in water (d10w).....108
DEBACTEROL.....	112	dextrose 25 % in water (d25w).....108
deblitane.....	148	dextrose 5 % in water (d5w).....108
decitabine.....	31	dextrose 5 %-lactated ringers.....108
deferasirox.....	108	dextrose 5%-0.2 % sod chloride.....108
deferiprone.....	108	dextrose 5%-0.3 % sod chloride.....108
DELESTROGEN.....	148	dextrose 50 % in water (d50w).....109
DELSTRIGO.....	13	DEXTROSE 50 % IN WATER (D50W).....108
demeclocycline.....	26	
DENAVIR.....	104	dextrose 70 % in water (d70w).....109
DENGVAXIA (PF).....	137	DIACOMIT.....47
denta 5000 plus.....	112	diazepam.....47, 69
denta 5000 plus sensitive.....	112	diazepam intensol.....69
dentagel.....	112	diazoxide.....116
		diclofenac potassium.....63
		diclofenac sodium.....63, 161
		diclofenac-misoprostol.....63
		dicloxacillin.....24
		dicyclomine.....126
		DIFICID.....18
		diflunisal.....63
		difluprednate.....163
		digoxin.....93
		dihydroergotamine.....55
		DILANTIN.....47
		DILANTIN EXTENDED.....47
		DILANTIN INFATABS.....47
		diltiazem hcl.....82, 83
		dilt-xr.....83
		dimethyl fumarate.....56
		DIOVAN.....83
		DIOVAN HCT.....83
		DIPENTUM.....129
		diphenhydramine hcl.....165
		diphenoxylate-atropine.....126
		dipyridamole.....88
		disopyramide phosphate.....80
		disulfiram.....109
		DIURIL.....83
		divalproex.....47
		DIVIGEL.....148
		docetaxel.....31
		dofetilide.....80
		dolishale.....153
		donepezil.....56
		DONNATAL.....126
		DOPTELET (10 TAB PACK) ....88
		DOPTELET (15 TAB PACK) ....88
		DOPTELET (30 TAB PACK) ....89
		dorzolamide.....162
		dorzolamide-timolol.....162
		dorzolamide-timolol (pf).....162
		dotti.....148
		DOVATO.....13
		doxazosin.....83
		doxepin.....70, 97
		doxercalciferol.....123

<i>doxorubicin</i> .....	31	EFFER-K .....	174	<i>epinastine</i> .....	160
<i>doxorubicin, peg-liposomal</i> .....	31	EFFEXOR XR .....	70	<i>epinephrine</i> .....	165
<i>doxy-100</i> .....	26	EFFIENT .....	89	EPINEPHRINE .....	165
<i>doxycycline hyclate</i> .....	26	ELAPRASE .....	123	EPINEPHRINE HCL (PF) .....	165
<i>doxycycline monohydrate</i> .....	26	<i>electrolyte-48 in d5w</i> .....	177	<i>epirubicin</i> .....	32
DRIZALMA SPRINKLE .....	70	ELESTRIN .....	148	<i>epitol</i> .....	47
<i>dronabinol</i> .....	129	<i>eletriptan</i> .....	55	EPKINLY .....	32
DROPLET MICRON PEN		ELIDEL .....	97	<i>eplerenone</i> .....	83
NEEDLE .....	142	ELIGARD .....	32	EPRONTIA .....	47
DROPLET PEN NEEDLE .....	142	ELIGARD (3 MONTH) .....	31	EQUETRO .....	47
DROPSAFE ALCOHOL PREP		ELIGARD (4 MONTH) .....	31	ERBITUX .....	32
PADS .....	116	ELIGARD (6 MONTH) .....	31	<i>ergoloid</i> .....	70
DROPSAFE PEN NEEDLE .....	142	<i>elimest</i> .....	153	<i>ergotamine-caffeine</i> .....	55
<i>drospirenone-e.estradiol-</i>		ELIQUIS .....	89	<i>eribulin</i> .....	32
<i>lm.fa</i> .....	153	ELIQUIS DVT-PE TREAT		ERIVEDGE .....	32
<i>drospirenone-ethinyl</i>		30D START .....	89	ERLEADA .....	32
<i>estradiol</i> .....	153	<i>elite-ob</i> .....	178	<i>erlotinib</i> .....	32
DROXIA .....	31	ELMIRON .....	173	<i>errin</i> .....	148
<i>droxidopa</i> .....	109	ELREXFIO .....	32	<i>ertapenem</i> .....	20
DUAVEE .....	148	<i>eluryng</i> .....	150	<i>ery pads</i> .....	101
DULERA .....	167	ELZONRIS .....	32	ERYPED 400 .....	19
<i>duloxetine</i> .....	70	EMEND .....	129	<i>ery-tab</i> .....	19
DUPIXENT PEN .....	97	EMPLICITI .....	32	ERY-TAB .....	19
DUPIXENT SYRINGE .....	97	EMSAM .....	70	ERYTHROCIN .....	19
DUREZOL .....	163	<i>emtricitabine</i> .....	13	<i>erythrocin (as stearate)</i> .....	19
<i>dutasteride</i> .....	173	<i>emtricitabine-tenofovir (tdf)</i> .....	13	<i>erythromycin</i> .....	19, 158
<i>dutasteride-tamsulosin</i> .....	173	EMTRIVA .....	13	<i>erythromycin ethylsuccinate</i> .....	19
DYMISTA .....	167	EMVERM .....	20	<i>erythromycin lactobionate</i> .....	19
<b>E</b>		<i>emzahn</i> .....	148	<i>erythromycin with ethanol</i> .....	101
EASY COMFORT ALCOHOL		<i>enalapril maleate</i> .....	83	<i>erythromycin-benzoyl</i>	
PAD .....	116	<i>enalapril-hydrochlorothiazide</i> .....	83	<i>peroxide</i> .....	101
EASY COMFORT SAFETY		ENBREL .....	145	<i>escitalopram oxalate</i> .....	70
PEN NEEDLE .....	142	ENBREL MINI .....	145	<i>esomeprazole magnesium</i> .....	133
EASY TOUCH ALCOHOL		ENBREL SURECLICK .....	145	<i>estarella</i> .....	153
PREP PADS .....	116	<i>endocet</i> .....	60	<i>estazolam</i> .....	70
<i>ec-naproxen</i> .....	63	ENGERIX-B (PF) .....	137	ESTRACE .....	148
<i>econazole nitrate</i> .....	103	ENGERIX-B PEDIATRIC		<i>estradiol</i> .....	148, 149
EDARAVONE .....	56	(PF) .....	137	<i>estradiol valerate</i> .....	149
EDARBI .....	83	ENHERTU .....	32	<i>estradiol-norethindrone acet</i> .....	149
EDARBYCLOR .....	83	<i>enoxaparin</i> .....	89	ESTRING .....	149
<i>ed-spaz</i> .....	126	<i>enpresse</i> .....	153	<i>estrogens-</i>	
EDURANT .....	13	<i>enskyce</i> .....	153	<i>methyltestosterone</i> .....	149
<i>eemt</i> .....	148	<i>entacapone</i> .....	54	<i>eszopiclone</i> .....	70
<i>eemt hs</i> .....	148	<i>entecavir</i> .....	13	<i>ethacrynate sodium</i> .....	83
<i>efavirenz</i> .....	13	ENTRESTO .....	93	<i>ethacrynic acid</i> .....	83
<i>efavirenz-emtricitabin-tenofov</i> ...	13	<i>enulose</i> .....	129	<i>ethambutol</i> .....	20
<i>efavirenz-lamivu-tenofov</i>		ENVARUSUS XR .....	32	<i>ethosuximide</i> .....	47
<i>disop</i> .....	13	EPIDIOLEX .....	47	<i>ethyl chloride</i> .....	97
<i>effe-k</i> .....	174	EPIFOAM .....	94	<i>ethynodiol diac-eth estradiol</i> .....	153

<i>etodolac</i> .....	63	<i>fenofibric acid (choline)</i> .....	91	<i>flurazepam</i> .....	71
<i>etonogestrel-ethinyl</i>		FENOGLIDE.....	91	<i>flurbiprofen</i> .....	63
<i>estradiol</i> .....	150	<i>fenoprofen</i> .....	63	<i>flurbiprofen sodium</i> .....	161
ETOPOPHOS.....	32	<i>fentanyl</i> .....	60	<i>fluticasone propionate</i> .....	106
<i>etoposide</i> .....	32	<i>fentanyl citrate</i> .....	60	FLUTICASONE	
<i>etravirine</i> .....	13	<i>fentanyl citrate (pf)</i> .....	60	PROPIONATE.....	167, 168
EUCRISA.....	97	FENTANYL CITRATE (PF).....	60	<i>fluticasone propion-</i>	
<i>euthyrox</i> .....	125	FERRIPROX.....	109	<i>salmeterol</i> .....	168
<i>everolimus (antineoplastic)</i> .....	32	FERRIPROX (2 TIMES		FLUTICASONE PROPION-	
<i>everolimus</i>		A DAY).....	109	SALMETEROL.....	168
<i>(immunosuppressive)</i> .....	33	<i>fesoterodine</i> .....	172	<i>fluvastatin</i> .....	91
EVISTA.....	144	FETZIMA.....	71	<i>fluvoxamine</i> .....	71
EVOMELA.....	33	FINACEA.....	101	FML FORTE.....	163
EVOTAZ.....	13	<i>finasteride</i> .....	173	FOCALIN.....	71
EXELON PATCH.....	56	<i>finzala</i> .....	153	FOCALIN XR.....	71
<i>exemestane</i> .....	33	FIRMAGON KIT W DILUENT		<i>folivane-ob</i> .....	178
EXFORGE.....	83	SYRINGE.....	33	FOLOTYN.....	33
EXFORGE HCT.....	83	FIRVANQ.....	20	<i>fomepizole</i> .....	137
EXTENCILLINE.....	24	<i>flac otic oil</i> .....	113	<i>fondaparinux</i> .....	89
EYLEA.....	160	<i>flavoxate</i> .....	172	<i>formoterol fumarate</i> .....	168
EYSUVIS.....	163	FLEBOGAMMA DIF.....	137	FORMOTEROL FUMARATE-	
E-Z DISK.....	109	<i>flecainide</i> .....	80	NEBULIZER.....	168
<i>ezetimibe</i> .....	91	FLOMAX.....	173	FORTEO.....	144
<i>ezetimibe-simvastatin</i> .....	91	<i>floxuridine</i> .....	33	FOSAMAX.....	144
E-Z-HD BARIUM.....	109	<i>fluconazole</i> .....	11	FOSAMAX PLUS D.....	144
E-Z-PAQUE.....	109	<i>fluconazole in nacl (iso-osm)</i> .....	11	<i>fosamprenavir</i> .....	13
E-Z-PASTE.....	109	<i>flucytosine</i> .....	11	<i>fosfomycin tromethamine</i> .....	27
<b>F</b>		<i>fludarabine</i> .....	33	<i>fosinopril</i> .....	83
FABRAZYME.....	123	<i>fludrocortisone</i> .....	114	<i>fosinopril-hydrochlorothiazide</i> .....	83
<i>falmina (28)</i> .....	153	<i>flunisolide</i> .....	167	<i>fosphenytoin</i> .....	47
<i>famciclovir</i> .....	13	<i>fluocinolone</i> .....	105	FOTIVDA.....	33
<i>famotidine</i> .....	133	<i>fluocinolone acetone oil</i> .....	113	FROVA.....	55
<i>famotidine (pf)</i> .....	133	<i>fluocinolone and shower cap</i> ...	105	<i>frovatriptan</i> .....	55
FANAPT.....	70	<i>fluocinonide</i> .....	105, 106	FRUZAQLA.....	33
FARXIGA.....	116	<i>fluocinonide-e</i> .....	106	<i>fulvestrant</i> .....	33
FARYDAK.....	33	<i>fluocinonide-emollient</i> .....	106	<i>furosemide</i> .....	83, 84
FASENRA.....	167	<i>fluoride (sodium)</i> .....	112, 178	FUROSEMIDE.....	84
FASENRA PEN.....	167	FLUORIDEX DAILY		FUZEON.....	13
<i>febuxostat</i> .....	144	DEFENSE.....	112	FYARRO.....	33
<i>felbamate</i> .....	47	<i>fluorometholone</i> .....	163	<i>fyavolv</i> .....	149
<i>felodipine</i> .....	83	<i>fluorouracil</i> .....	33, 97	FYCOMPA.....	47
<i>fem ph</i> .....	150	FLUOROURACIL.....	97	<b>G</b>	
FEMARA.....	33	<i>fluoxetine</i> .....	71	<i>gabapentin</i> .....	48
FEMRING.....	149	<i>fluoxetine (pmd)</i> .....	71	<i>galantamine</i> .....	57
<i>fenofibrate</i> .....	91	<i>fluphenazine decanoate</i> .....	71	<i>gallifrey</i> .....	149
FENOFIBRATE.....	91	<i>fluphenazine hcl</i> .....	71	GAMASTAN.....	137
<i>fenofibrate micronized</i> .....	91	<i>flurandrenolide</i> .....	106	GAMMAGARD LIQUID.....	137
<i>fenofibrate nanocrystallized</i> .....	91			GAMMAGARD S-D (IGA < 1	
<i>fenofibric acid</i> .....	91			MCG/ML).....	138

GAMMAKED.....	138	<i>glyburide-metformin</i> .....	117	<i>hpr plus</i> .....	97
GAMMAPLEX.....	138	<i>glycopyrrolate</i> .....	127	HUMALOG JUNIOR	
GAMMAPLEX (WITH		<i>glycopyrrolate (pf)</i> .....	127	KWIKPEN U-100.....	117
SORBITOL).....	138	<i>glycopyrrolate (pf) in water</i> .....	127	HUMALOG KWIKPEN	
GAMUNEX-C.....	138	GLYCOPYRROLATE (PF) IN		INSULIN.....	117
GARDASIL 9 (PF).....	138	WATER.....	126	HUMALOG MIX 50-50	
<i>gatifloxacin</i> .....	158	<i>glydo</i> .....	97	KWIKPEN.....	117
GATTEX 30-VIAL.....	129	GLYXAMBI.....	117	HUMALOG MIX 75-25	
GATTEX ONE-VIAL.....	129	GRALISE.....	48	KWIKPEN.....	117
GAUZE PAD.....	142	<i>granisetron hcl</i> .....	129	HUMALOG MIX 75-25(U-	
<i>gavilyte-c</i> .....	129	<i>griseofulvin microsize</i> .....	11	100)INSULN.....	117
<i>gavilyte-g</i> .....	129	<i>griseofulvin ultramicrosize</i> .....	11	HUMALOG TEMPO PEN(U-	
GAVRETO.....	33	<i>guanfacine</i> .....	72, 84	100)INSULN.....	118
GAZYVA.....	33	GVOKE.....	117	HUMALOG U-100 INSULIN ....	118
<i>gefitinib</i> .....	33	GVOKE HYOPEN 1-PACK ...	117	HUMIRA.....	145
<i>gemcitabine</i> .....	33, 34	GVOKE HYOPEN 2-PACK ..	117	HUMIRA PEN.....	145
GEMCITABINE.....	34	GVOKE PFS 1-PACK		HUMIRA(CF).....	146
<i>gemfibrozil</i> .....	91	SYRINGE.....	117	HUMIRA(CF) PEN.....	146
<i>gemmily</i> .....	153	GVOKE PFS 2-PACK		HUMIRA(CF) PEN CROHNS-	
GEMTESA.....	172	SYRINGE.....	117	UC-HS.....	145
<i>generlac</i> .....	129	GYNAZOLE-1.....	150	HUMIRA(CF) PEN	
<i>gengraf</i> .....	34	<b>H</b>		PEDIATRIC UC.....	145
GENOTROPIN.....	135	HAEGARDA.....	168	HUMIRA(CF) PEN PSOR-UV-	
GENOTROPIN MINIQUICK ....	135	<i>hailey</i> .....	153	ADOL HS.....	146
<i>gentamicin</i> .....	21, 102, 158	<i>hailey 24 fe</i> .....	153	HUMULIN 70/30 U-100	
<i>gentamicin in nacl (iso-osm)</i> .....	21	<i>hailey fe 1.5/30 (28)</i> .....	153	INSULIN.....	118
GENTAMICIN IN NACL		<i>hailey fe 1/20 (28)</i> .....	153	HUMULIN 70/30 U-100	
(ISO-OSM).....	21	HALAVEN.....	34	KWIKPEN.....	118
<i>gentamicin sulfate (ped) (pf)</i> .....	21	<i>halobetasol propionate</i> .....	106	HUMULIN N NPH INSULIN	
GENVOYA.....	13	<i>haloperidol</i> .....	72	KWIKPEN.....	118
GEODON.....	71, 72	<i>haloperidol decanoate</i> .....	72	HUMULIN N NPH U-100	
GILENYA.....	57	<i>haloperidol lactate</i> .....	72	INSULIN.....	118
GILOTRIF.....	34	HAVRIX (PF).....	138	HUMULIN R REGULAR	
GLASSIA.....	109	<i>heather</i> .....	149	U-100 INSULN.....	118
<i>glatiramer</i> .....	57	<i>hemmorex-hc</i> .....	129	HUMULIN R U-500 (CONC)	
<i>glatopa</i> .....	57	<i>heparin (porcine)</i> .....	89	INSULIN.....	118
GLEOSTINE.....	34	<i>heparin (porcine) in 5 % dex</i> .....	89	HUMULIN R U-500 (CONC)	
<i>glimepiride</i> .....	116	<i>heparin (porcine) in nacl (pf)</i> .....	89	KWIKPEN.....	118
<i>glipizide</i> .....	116	HEPARIN (PORCINE) IN		<i>hydralazine</i> .....	84
<i>glipizide-metformin</i> .....	116	NACL (PF).....	89	HYDREA.....	34
GLUCAGON (HCL)		<i>heparin, porcine (pf)</i> .....	89	HYDRO 35.....	97
EMERGENCY KIT.....	117	HEPARIN, PORCINE (PF).....	89	HYDRO 40.....	97
GLUCAGON EMERGENCY		<i>heparin(porcine) in 0.45%</i>		<i>hydrochlorothiazide</i> .....	84
KIT (HUMAN).....	117	nacl.....	89	<i>hydrocodone bitartrate</i> .....	60
GLUMETZA.....	117	HEPLISAV-B (PF).....	138	<i>hydrocodone-acetaminophen</i> ....	60
<i>glutamine (sickle cell)</i> .....	109	HETLIOZ.....	72	HYDROCODONE-	
<i>glyburide</i> .....	117	HIBERIX (PF).....	138	ACETAMINOPHEN.....	60
<i>glyburide micronized</i> .....	117	HORIZANT.....	57	<i>hydrocodone-ibuprofen</i> .....	60
		<i>hpr</i> .....	97	<i>hydrocortisone</i> .....	106, 114, 129

<i>hydrocortisone acetate</i> .....	129	IMOVAX RABIES VACCINE		<i>isosorbide dinitrate</i> .....	93
<i>hydrocortisone butyrate</i> .....	106	(PF) .....	138	<i>isosorbide mononitrate</i> .....	93
<i>hydrocortisone sod</i>		INBRIJA .....	54	<i>isosorbide-hydralazine</i> .....	84
<i>succinate</i> .....	114	<i>incassia</i> .....	149	<i>isotretinoin</i> .....	101
<i>hydrocortisone valerate</i> .....	106	INCONTROL PEN NEEDLE ...	142	<i>isradipine</i> .....	84
<i>hydrocortisone-acetic acid</i> .....	113	INCRELEX .....	109	ITOVEBI .....	35
<i>hydrocortisone-iodoquinol-</i>		INCRUSE ELLIPTA .....	168	<i>itraconazole</i> .....	11
<i>aloe2</i> .....	102	<i>indapamide</i> .....	84	IV PREP WIPES .....	119
<i>hydrocortisone-iodoquinol</i> .....	102	INDERAL LA .....	84	<i>ivabradine</i> .....	93
<i>hydrocortisone-iodoquinol-</i>		INDERAL XL .....	84	<i>ivermectin</i> .....	21
<i>aloe</i> .....	103	<i>indomethacin</i> .....	64	IWILFIN .....	35
<i>hydrocortisone-</i>		INFANRIX (DTAP) (PF) .....	138	IXCHIQ (PF) .....	138
<i>pramoxine</i> .....	94, 129	INFLECTRA .....	129	IXEMPRA .....	35
<i>hydromorphone</i> .....	60, 61	INFUMORPH P/F .....	61	IXIARO (PF) .....	138
<i>hydroxychloroquine</i> .....	21	INGREZZA .....	57	<b>J</b>	
<i>hydroxyurea</i> .....	34	INGREZZA INITIATION		<i>jaimiess</i> .....	153
<i>hydroxyzine hcl</i> .....	165	PK(TARDIV) .....	57	JAKAFI .....	35
HYDROXYZINE HCL .....	165	INGREZZA SPRINKLE .....	57	<i>jantoven</i> .....	89
<i>hydroxyzine pamoate</i> .....	165	INLYTA .....	35	JANUMET .....	119
<i>hyoscyamine sulfate</i> .....	127	INQOVI .....	35	JANUMET XR .....	119
<i>hyosyne</i> .....	127	INREBIC .....	35	JANUVIA .....	119
HYPER-SAL .....	168	INSULIN LISPRO .....	118	JARDIANCE .....	119
HYSINGLA ER .....	61	INSULIN LISPRO PROTAMIN-		<i>jasmiel (28)</i> .....	153
HYZAAR .....	84	LISPRO .....	118	<i>javygtor</i> .....	123
<b>I</b>		INSULIN SYRINGE-NEEDLE		JAYPIRCA .....	35
<i>ibandronate</i> .....	144	U-100 .....	142	JEMPERLI .....	35
IBRANCE .....	34	INTELENCE .....	13	<i>jencycla</i> .....	149
<i>ibu</i> .....	63	<i>intralipid</i> .....	177	JENTADUETO .....	119
<i>ibuprofen</i> .....	63, 64	INTRALIPID .....	177	JENTADUETO XR .....	119
<i>ibuprofen-famotidine</i> .....	64	INTRAROSA .....	151	JEVTANA .....	35
<i>icatibant</i> .....	168	INVEGA HAFYERA .....	72	<i>jinteli</i> .....	149
<i>iclevia</i> .....	153	INVEGA SUSTENNA .....	72	<i>jolessa</i> .....	154
ICLUSIG .....	34	INVEGA TRINZA .....	72, 73	<i>joyeaux</i> .....	154
<i>icosapent ethyl</i> .....	91	INVELTYS .....	163	JUBLIA .....	103
<i>idarubicin</i> .....	34	INVOKAMET .....	118	<i>juleber</i> .....	154
IDHIFA .....	34	INVOKAMET XR .....	119	JULUCA .....	14
<i>ifosfamide</i> .....	34	INVOKANA .....	119	<i>junel 1.5/30 (21)</i> .....	154
ILEVRO .....	161	IOPIDINE .....	164	<i>junel 1/20 (21)</i> .....	154
<i>imatinib</i> .....	34	IPOL .....	138	<i>junel fe 1.5/30 (28)</i> .....	154
IMBRUVICA .....	34	<i>ipratropium bromide</i> .....	112, 168	<i>junel fe 1/20 (28)</i> .....	154
IMDELLTRA .....	34	<i>ipratropium-albuterol</i> .....	168	<i>junel fe 24</i> .....	154
IMFINZI .....	34	<i>irbesartan</i> .....	84	JYLAMVO .....	35
<i>imipenem-cilastatin</i> .....	21	<i>irbesartan-</i>		JYNNEOS (PF) .....	139
<i>imipramine hcl</i> .....	72	<i>hydrochlorothiazide</i> .....	84	<b>K</b>	
<i>imipramine pamoate</i> .....	72	<i>irinotecan</i> .....	35	KABIVEN .....	177
<i>imiquimod</i> .....	97, 98	ISENTRESS .....	13, 14	KADCYLA .....	35
IMJUDO .....	35	ISENTRESS HD .....	13	<i>kaitlib fe</i> .....	154
IMKELDI .....	35	<i>isibloom</i> .....	153	KALETRA .....	14
		<i>isoniazid</i> .....	21	<i>kalliga</i> .....	154

KALYDECO .....	168	LAMICTAL STARTER (BLUE) KIT .....	48	LEVICYN ANTIPRURITIC .....	98
KAPSPARGO SPRINKLE .....	84	LAMICTAL STARTER (GREEN) KIT .....	48	LEVICYN ANTIPRURITIC SG ...	98
<i>kariva</i> (28) .....	154	LAMICTAL STARTER (ORANGE) KIT .....	49	<i>levobunolol</i> .....	159
<i>kelnor 1/35</i> (28) .....	154	LAMICTAL XR .....	49	<i>levocarnitine</i> .....	109
<i>kelnor 1/50</i> (28) .....	154	LAMICTAL XR STARTER (BLUE) .....	49	<i>levocarnitine (with sugar)</i> .....	109
KENALOG .....	114	LAMICTAL XR STARTER (GREEN) .....	49	<i>levocetirizine</i> .....	165
KENALOG-80 .....	114	LAMICTAL XR STARTER (ORANGE) .....	49	<i>levofloxacin</i> .....	25, 158
KEPPRA .....	48	<i>lamivudine</i> .....	14	<i>levofloxacin in d5w</i> .....	25
KEPPRA XR .....	48	<i>lamivudine-zidovudine</i> .....	14	<i>levonest</i> (28) .....	155
<i>keralyt</i> .....	96	<i>lamotrigine</i> .....	49	<i>levonorgest-eth.estradiol-</i> <i>iron</i> .....	155
KERALYT RX .....	96	LANOXIN .....	93	<i>levonorgestrel-ethinyl estrad</i> ...	155
KERALYT SCALP .....	96	LANOXIN PEDIATRIC .....	93	<i>levonorg-eth estrad triphasic</i> ...	155
KERENDIA .....	84	<i>lansoprazole</i> .....	133	<i>levora-28</i> .....	155
KESIMPTA PEN .....	57	LANTUS SOLOSTAR U-100 INSULIN .....	119	<i>levo-t</i> .....	125
<i>ketoconazole</i> .....	11, 103	LANTUS U-100 INSULIN .....	119	<i>levothyroxine</i> .....	125
<i>ketorolac</i> .....	64, 161	<i>lapatinib</i> .....	36	LEVOTHYROXINE .....	125
KEYTRUDA .....	35	<i>larin 1.5/30</i> (21) .....	154	<i>levoxyol</i> .....	125
KIMMTRAK .....	35	<i>larin 1/20</i> (21) .....	154	LEVSIN .....	127
KINRIX (PF) .....	139	<i>larin 24 fe</i> .....	154	LEVSIN/SL .....	127
<i>kionex (with sorbitol)</i> .....	109	<i>larin fe 1.5/30</i> (28) .....	154	LEXAPRO .....	73
KISQALI .....	35	<i>larin fe 1/20</i> (28) .....	154	LIBERVANT .....	50
KISQALI FEMARA CO-PACK ...	35	LASIX .....	84	LIBRAX (WITH CLIDINIUM) ...	127
<i>klayesta</i> .....	103	<i>latanoprost</i> .....	162	LIBTAYO .....	36
KLISYRI .....	35	<i>layolis fe</i> .....	154	<i>lidocaine</i> .....	98
<i>klor-con</i> .....	174	LAZCLUZE .....	36	<i>lidocaine (pf)</i> .....	80, 98
<i>klor-con 10</i> .....	174	LDO PLUS .....	98	<i>lidocaine hcl</i> .....	98
<i>klor-con 8</i> .....	174	<i>leflunomide</i> .....	146	LIDOCAINE HCL .....	98
<i>klor-con m10</i> .....	174	<i>lenalidomide</i> .....	36	<i>lidocaine hcl-</i> <i>hydrocortison ac</i> .....	98, 129
<i>klor-con m15</i> .....	174	LENVIMA .....	36	LIDOCAINE HCL- HYDROCORTISON AC .....	129
<i>klor-con m20</i> .....	174	LESCOL XL .....	92	<i>lidocaine viscous</i> .....	98
<i>klor-con/ef</i> .....	174	<i>lessina</i> .....	154	<i>lidocaine-hydrocortison-</i> <i>aloe</i> .....	130
KLOXXADO .....	64	<i>letrozole</i> .....	36	<i>lidocaine-prilocaine</i> .....	98
KOSELUGO .....	35, 36	<i>leucovorin calcium</i> .....	27	<i>lido-k</i> .....	98
<i>kourzeq</i> .....	112	LEUKINE .....	135	<i>lidopin</i> .....	98
K-PHOS NO 2 .....	173	<i>leuprolide</i> .....	36	LIDOPIN .....	98
K-PHOS ORIGINAL .....	173	LEUPROLIDE (3 MONTH) .....	36	LIDORX .....	98
<i>k-phos-neutral</i> .....	175	<i>levabuterol hcl</i> .....	168	LIDOTRAL .....	98
KRAZATI .....	36	LEVALBUTEROL TARTRATE .....	168	<i>lidozion</i> .....	98
<i>kurvelo</i> (28) .....	154	LEVBID .....	127	LILETTA .....	151
KYPROLIS .....	36	<i>levetiracetam</i> .....	49	<i>lincomycin</i> .....	21
<b>L</b>		<i>levetiracetam in nacl (iso-os)</i> .....	49	<i>linezolid</i> .....	21
<i>l norgest/e.estradiol-e.estrad</i> ...	154			<i>linezolid in dextrose 5%</i> .....	21
<i>labetalol</i> .....	84			LINEZOLID-0.9% SODIUM CHLORIDE .....	21
LABETALOL .....	84			LINZESS .....	130
<i>lacosamide</i> .....	48				
<i>lactated ringers</i> .....	107, 175				
<i>lactulose</i> .....	129				
LAMICTAL .....	48				

<i>liothyronine</i> .....	125	<i>lutea (28)</i> .....	155	<i>meperidine</i> .....	61
LIPITOR.....	92	LYBALVI .....	73	<i>meprobamate</i> .....	58
LIQUID E-Z PAQUE .....	109	LYNPARZA.....	37	<i>mercaptapurine</i> .....	37
LIQUID POLIBAR PLUS.....	109	LYRICA.....	50	<i>meropenem</i> .....	21
<i>liraglutide</i> .....	119	LYRICA CR .....	50	MEROPENEM-0.9% SODIUM	
<i>lisdexamfetamine</i> .....	73	LYSODREN.....	37	CHLORIDE.....	21
<i>lisinopril</i> .....	84	LYTGOBI.....	37	<i>merzee</i> .....	155
<i>lisinopril-hydrochlorothiazide</i> .....	85	LYUMJEV KWIKPEN U-100		<i>mesalamine</i> .....	130
<i>lithium carbonate</i> .....	73	INSULIN .....	119	<i>mesalamine with cleansing</i>	
<i>lithium citrate</i> .....	73	LYUMJEV KWIKPEN U-200		<i>wipe</i> .....	130
LITHOSTAT.....	109	INSULIN.....	119	<i>mesna</i> .....	27
LIVALO.....	92	LYUMJEV TEMPO PEN(U-		MESNEX .....	27
LIVTENCITY.....	14	100)INSULN.....	119	<i>metadate er</i> .....	73
<i>lojaimiess</i> .....	155	LYUMJEV U-100 INSULIN .....	119	<i>metaxalone</i> .....	58
LOKELMA.....	109	<i>lyza</i> .....	149	<i>metformin</i> .....	120
LONSURF .....	36	<b>M</b>		<i>methadone</i> .....	61
<i>loperamide</i> .....	127	<i>magnesium sulfate</i> .....	175	<i>methadone intensol</i> .....	61
<i>lopinavir-ritonavir</i> .....	14	MAGNESIUM SULFATE IN		<i>methazolamide</i> .....	161
LOPROX KIT .....	103, 104	D5W .....	175	<i>methenamine hippurate</i> .....	27
LOQTORZI .....	36	<i>magnesium sulfate in water</i> .....	175	<i>methenamine mandelate</i> .....	27
<i>lorazepam</i> .....	73	<i>malathion</i> .....	107	<i>methen-sod phos-meth blue-</i>	
<i>lorazepam intensol</i> .....	73	<i>maraviroc</i> .....	14	<i>hyos</i> .....	173
LORBRENA.....	36	MARGENZA .....	37	<i>methimazole</i> .....	115
<i>loryna (28)</i> .....	155	<i>marlissa (28)</i> .....	155	METHITEST .....	123
<i>losartan</i> .....	85	MARPLAN .....	73	<i>methocarbamol</i> .....	58
<i>losartan-hydrochlorothiazide</i> .....	85	MATULANE .....	37	<i>methotrexate sodium</i> .....	38
LOTEMAX .....	163	<i>matzim la</i> .....	85	<i>methotrexate sodium (pf)</i> .....	37, 38
LOTEMAX SM .....	164	MAVYRET .....	14	<i>methoxsalen</i> .....	98
<i>loteprednol etabonate</i> .....	164	MAXICOMFORT SAFETY		<i>methscopolamine</i> .....	127
LOTREL.....	85	PEN NEEDLE .....	142	<i>methsuximide</i> .....	50
<i>lovastatin</i> .....	92	MAXIDEX .....	164	<i>methylergonovine</i> .....	158
LOVAZA .....	92	<i>meclizine</i> .....	130	<i>methylphenidate hcl</i> .....	73, 74
<i>low-ogestrel (28)</i> .....	155	<i>meclofenamate</i> .....	64	<i>methylprednisolone</i> .....	114, 115
<i>loxapine succinate</i> .....	73	MEDROL .....	114	<i>methylprednisolone acetate</i> .....	114
<i>lo-zumandimine (28)</i> .....	155	<i>medroxyprogesterone</i> .....	149	<i>methylprednisolone sodium</i>	
<i>lubiprostone</i> .....	130	<i>mefloquine</i> .....	21	<i>succ</i> .....	115
<i>ludent fluoride</i> .....	178	<i>megestrol</i> .....	37	<i>metoclopramide hcl</i> .....	130
LUMAKRAS.....	36	MEKINIST.....	37	<i>metolazone</i> .....	85
LUMIGAN .....	162	MEKTOVI .....	37	<i>metoprolol succinate</i> .....	85
LUMIZYME.....	123	<i>meloxicam</i> .....	64	<i>metoprolol ta-</i>	
LUNSUMIO.....	36	<i>melfalan hcl</i> .....	37	<i>hydrochlorothiaz</i> .....	85
LUPRON DEPOT .....	37	<i>memantine</i> .....	57	<i>metoprolol tartrate</i> .....	85
LUPRON DEPOT (3 MONTH)...	37	MEMANTINE .....	57	<i>metro i.v.</i> .....	21
LUPRON DEPOT (4 MONTH)...	37	MENACTRA (PF) .....	139	<i>metronidazole</i> .....	21, 22, 101, 151
LUPRON DEPOT (6 MONTH)...	37	MENEST.....	149	<i>metronidazole in nacl (iso-os)</i> ...	21
LUPRON DEPOT-PED.....	37	MENOSTAR .....	150	<i>metyrosine</i> .....	85
LUPRON DEPOT-PED (3		MENQUADFI (PF).....	139	<i>mexiletine</i> .....	80
MONTH).....	37	MENVEO A-C-Y-W-135-DIP		MIACALCIN .....	123
<i>lurasidone</i> .....	73	(PF) .....	139	<i>micafungin</i> .....	11

MICAFUNGIN IN 0.9 %		
SODIUM CHL.....	11	
MICARDIS HCT.....	85	
<i>miconazole-3</i> .....	151	
<i>microgestin 1.5/30 (21)</i> .....	155	
<i>microgestin 1/20 (21)</i> .....	155	
<i>microgestin fe 1.5/30 (28)</i> .....	155	
<i>microgestin fe 1/20 (28)</i> .....	155	
<i>midodrine</i> .....	109	
MIEBO (PF).....	160	
<i>mifepristone</i> .....	123	
<i>migergot</i> .....	55	
<i>miglitol</i> .....	120	
<i>miglustat</i> .....	123	
<i>mili</i> .....	155	
<i>mimvey</i> .....	150	
MIMYX.....	98	
<i>minocycline</i> .....	26	
<i>minoxidil</i> .....	85	
<i>minzoya</i> .....	155	
<i>mirtazapine</i> .....	74	
<i>misoprostol</i> .....	133	
MITIGARE.....	144	
<i>mitomycin</i> .....	38	
<i>mitoxantrone</i> .....	38	
M-M-R II (PF).....	139	
<i>m-natal plus</i> .....	178	
<i>modafinil</i> .....	74	
<i>moexipril</i> .....	85	
<i>molindone</i> .....	74	
<i>mometasone</i> .....	106	
MOMETASONE.....	168	
<i>mondoxyne nl</i> .....	26	
MONJUVI.....	38	
<i>mono-lyyah</i> .....	155	
<i>montelukast</i> .....	169	
MORGIDOX 1X 50.....	26	
MORGIDOX 1X100.....	26	
MORGIDOX 2X100.....	26	
<i>morphine</i> .....	61, 62	
MORPHINE.....	61	
<i>morphine (pf)</i> .....	61	
<i>morphine concentrate</i> .....	61	
MOTPOLY XR.....	50	
MOUNJARO.....	120	
MOVANTIK.....	130	
<i>moxifloxacin</i> .....	25, 158, 159	
MOXIFLOXACIN-SOD.ACE, SUL-WATER.....	25	
<i>moxifloxacin-sod.chloride(iso)</i> ...	25	
MRESVIA (PF).....	139	
MULTAQ.....	80	
<i>mupirocin</i> .....	103	
<i>mupirocin calcium</i> .....	103	
MYCAMINE.....	11	
<i>mycophenolate mofetil</i> .....	38	
<i>mycophenolate mofetil (hcl)</i> .....	38	
<i>mycophenolate sodium</i> .....	38	
MYDRIACYL.....	160	
MYFORTIC.....	38	
MYLOTARG.....	38	
MYRBETRIQ.....	172	
<b>N</b>		
<i>nabumetone</i> .....	64	
<i>nadolol</i> .....	85	
<i>nafcillin</i> .....	24	
<i>nafcillin in dextrose iso-osm</i> .....	24	
<i>naftifine</i> .....	104	
NAGLAZYME.....	123	
<i>naloxone</i> .....	64	
<i>naltrexone</i> .....	64	
NAMENDA TITRATION PAK ....	57	
NAMZARIC.....	57	
NAPRELAN CR.....	64	
<i>naproxen</i> .....	64	
<i>naproxen sodium</i> .....	64	
<i>naratriptan</i> .....	55	
NATAL PNV.....	178	
<i>nateglinide</i> .....	120	
NAYZILAM.....	50	
<i>nebivolol</i> .....	85	
<i>nebusal</i> .....	169	
NEBUSAL.....	169	
<i>necon 0.5/35 (28)</i> .....	155	
<i>nefazodone</i> .....	74	
<i>nelarabine</i> .....	38	
<i>neomycin</i> .....	22	
<i>neomycin-bacitracin-poly-hc</i> ....	163	
<i>neomycin-bacitracin-     polymyxin</i> .....	159	
<i>neomycin-polymyxin b gu</i> .....	107	
<i>neomycin-polymyxin b-     dexameth</i> .....	163	
<i>neomycin-polymyxin-     gramicidin</i> .....	159	
<i>neomycin-polymyxin-hc</i> ...	114, 163	
<i>neo-polycin</i> .....	159	
<i>neo-polycin hc</i> .....	163	
NEORAL.....	38	
NEOSALUS.....	99	
NEO-SYNALAR KIT.....	103	
NERLYNX.....	38	
<i>neuac</i> .....	101	
NEUPRO.....	54	
NEURONTIN.....	50	
NEVANAC.....	161	
<i>nevirapine</i> .....	14	
NEXAVAR.....	38	
NEXIUM.....	133	
NEXIUM PACKET.....	133	
NEXLETOL.....	92	
NEXLIZET.....	92	
NEXPLANON.....	151	
<i>niacin</i> .....	92	
NIACOR.....	92	
<i>nicardipine</i> .....	85	
NICOTROL NS.....	112	
<i>nifedipine</i> .....	85	
<i>nikki (28)</i> .....	155	
<i>nilutamide</i> .....	38	
<i>nimodipine</i> .....	85	
NINLARO.....	38	
NIPENT.....	38	
<i>nisoldipine</i> .....	86	
<i>nitazoxanide</i> .....	22	
<i>nitisinone</i> .....	110	
<i>nitro-bid</i> .....	93	
NITRO-DUR.....	93	
<i>nitrofurantoin macrocrystal</i> .....	27	
<i>nitrofurantoin monohyd/     m-cryst</i> .....	27	
<i>nitroglycerin</i> .....	94, 130	
<i>nitro-time</i> .....	94	
NIVESTYM.....	135	
<i>nizatidine</i> .....	134	
<i>nora-be</i> .....	150	
<i>norelgestromin-ethin.     estradiol</i> .....	151	
<i>noreth-ethinyl estradiol-iron</i> ....	155	
<i>norethindrone     (contraceptive)</i> .....	150	
<i>norethindrone acetate</i> .....	150	
<i>norethindrone ac-eth     estradiol</i> .....	150, 156	
<i>norethindrone-e.estradiol-     iron</i> .....	156	



<i>norgestimate-ethinyl</i>			
<i>estradiol</i> .....	156		
NORPACE CR.....	80		
NORTHERA .....	110		
<i>nortrel 0.5/35 (28)</i> .....	156		
<i>nortrel 1/35 (21)</i> .....	156		
<i>nortrel 1/35 (28)</i> .....	156		
<i>nortrel 7/7/7 (28)</i> .....	156		
<i>nortriptyline</i> .....	74		
NORVASC.....	86		
NORVIR.....	14		
NOURIANZ.....	54		
NOVACORT .....	130		
NOVAREL .....	123		
NOVOFINE 32.....	142		
NOVOFINE PLUS .....	142		
<i>np thyroid</i> .....	125		
NUBEQA .....	38		
NUCALA.....	169		
NUDEXTA.....	58		
NULEV.....	127		
NULOJIX.....	38		
NUMOISYN .....	110		
NUPLAZID.....	74		
NURTEC ODT.....	55		
NUTRASEB.....	99		
NUTRILIPID.....	177		
NUZYRA.....	26		
<i>nyamyc</i> .....	104		
<i>nylia 1/35 (28)</i> .....	156		
<i>nylia 7/7/7 (28)</i> .....	156		
<i>nystatin</i> .....	11, 104		
<i>nystatin-triamcinolone</i> .....	104		
<i>nystop</i> .....	104		
NYVEPRIA .....	135		
<b>O</b>			
OCALIVA.....	130		
<i>ocella</i> .....	156		
OCREVUS.....	58		
OCREVUS ZUNOVO .....	58		
OCTAGAM .....	139		
<i>octreotide acetate</i> .....	38, 39		
<i>octreotide, microspheres</i> .....	39		
ODEFSEY .....	14		
ODOMZO .....	39		
OFEV.....	169		
<i>ofloxacin</i> .....	25, 113, 159		
OGSIVEO.....	39		
OHTUVAYRE .....	169		
OJEMDA.....	39		
OJJAARA .....	39		
<i>olanzapine</i> .....	74		
<i>olanzapine-fluoxetine</i> .....	75		
<i>olmesartan</i> .....	86		
<i>olmesartan-amlodipin-</i> <i>hcthiazid</i> .....	86		
<i>olmesartan-</i> <i>hydrochlorothiazide</i> .....	86		
<i>olopatadine</i> .....	113, 160		
<i>omega-3 acid ethyl esters</i> .....	92		
<i>omeprazole</i> .....	134		
<i>omeprazole-sodium</i> <i>bicarbonate</i> .....	134		
OMEPRAZOLE-SODIUM BICARBONATE .....	134		
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	142		
OMNIPOD 5 G6-G7 INTRO KT (GEN5) .....	142		
OMNIPOD 5 G6-G7 PODS (GEN 5).....	142		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)...	142		
OMNIPOD DASH INTRO KIT (GEN 4) .....	142		
OMNIPOD DASH PODS (GEN 4).....	142		
ONCASPASPAR .....	39		
<i>ondansetron</i> .....	130		
<i>ondansetron hcl</i> .....	130		
<i>ondansetron hcl (pf)</i> .....	130		
ONGENTYS .....	54		
ONIVYDE .....	39		
ONUREG.....	39		
OPDIVO.....	39		
OPDUALAG.....	39		
<i>opium tincture</i> .....	127		
OPSUMIT .....	169		
ORACEA .....	26		
ORACIT.....	173		
<i>oralone</i> .....	113		
ORBACTIV .....	22		
ORENCIA.....	146		
ORENCIA CLICKJECT.....	146		
ORENITRAM.....	86		
ORENITRAM MONTH 1 TITRATION KT.....	86		
ORENITRAM MONTH 2 TITRATION KT.....	86		
ORENITRAM MONTH 3 TITRATION KT.....	86		
ORGOVYX .....	39		
ORKAMBI .....	169		
ORLISTAT .....	111		
<i>orphenadrine citrate</i> .....	58		
ORSERDU.....	39		
<i>oscimin</i> .....	127		
<i>oscimin sl</i> .....	127		
<i>oseltamivir</i> .....	14		
OSPHENA.....	151		
OTEZLA.....	146		
OTEZLA STARTER.....	146		
OVACE.....	95		
OVACE PLUS.....	95		
OVACE PLUS SHAMPOO .....	94		
OVACE PLUS WASH.....	95		
<i>oxacillin</i> .....	24		
<i>oxaliplatin</i> .....	39		
<i>oxaprozin</i> .....	64		
<i>oxazepam</i> .....	75		
<i>oxcarbazepine</i> .....	50		
OXERVATE .....	160		
<i>oxiconazole</i> .....	104		
<i>oxybutynin chloride</i> .....	172		
OXYBUTYNIN CHLORIDE.....	172		
<i>oxycodone</i> .....	62		
OXYCODONE .....	62		
<i>oxycodone-acetaminophen</i> .....	62		
<i>oxymorphone</i> .....	62		
OZEMPIC .....	120		
<b>P</b>			
<i>pacerone</i> .....	80		
<i>paclitaxel</i> .....	39		
PACLITAXEL PROTEIN- BOUND .....	40		
PACNEX.....	101		
PADCEV.....	40		
<i>paliperidone</i> .....	75		
<i>palonosetron</i> .....	131		
<i>pamidronate</i> .....	123		
PANCREAZE.....	131		
PANDEL .....	106		
PANRETIN .....	99		
<i>pantoprazole</i> .....	134		
PANZYGA .....	139		
<i>paricalcitol</i> .....	124		

<i>paroxetine hcl</i> .....	75	PHEXXI .....	151	POTASSIUM
PAXIL .....	75	<i>philith</i> .....	156	CHLORIDE.....
PAXIL CR .....	75	<i>phospha 250 neutral</i> .....	175	175, 176
PAXLOVID.....	14	<i>phosphorous</i> .....	175	<i>potassium chloride in</i>
<i>pazopanib</i> .....	40	<i>phospho-trin 250 neutral</i> .....	175	0.9%nacl .....
PEDIARIX (PF).....	139	PIFELTRO .....	14	175
PEDVAX HIB (PF).....	139	<i>pilocarpine hcl</i> .....	110, 160	<i>potassium chloride in</i>
<i>peg 3350-electrolytes</i> .....	131	<i>pimecrolimus</i> .....	99	5 % dex .....
<i>peg3350-sod sul-nacl-kcl-</i>		<i>pimozide</i> .....	75	175
<i>asb-c</i> .....	131	<i>pimtrea (28)</i> .....	156	<i>potassium chloride in lr-d5</i> .....
PEGASYS .....	136	<i>pinololol</i> .....	86	175
<i>peg-electrolyte soln</i> .....	131	<i>pioglitazone</i> .....	120	<i>potassium chloride in water</i> ....
PEMAZYRE.....	40	<i>pioglitazone-glimepiride</i> .....	120	175
<i>pemetrexed disodium</i> .....	40	<i>pioglitazone-metformin</i> .....	120	<i>potassium chloride-0.45 %</i>
PEMETREXED DISODIUM.....	40	<i>piperacillin-tazobactam</i> .....	25	nacl.....
PEN NEEDLE, DIABETIC .....	142	PIPERACILLIN-		176
PENBRAYA (PF).....	139	TAZOBACTAM.....	25	<i>potassium chloride-d5-0.2%</i>
<i>penciclovir</i> .....	104	PIQRAY .....	40	nacl.....
<i>penicillamine</i> .....	146	<i>pirfenidone</i> .....	169	176
<i>penicillin g potassium</i> .....	24	PIRFENIDONE .....	169	<i>potassium chloride-d5-0.9%</i>
<i>penicillin v potassium</i> .....	25	<i>piroxicam</i> .....	64	nacl.....
PENTACEL (PF).....	139	<i>pitavastatin calcium</i> .....	92	176
<i>pentamidine</i> .....	22	PLAQUENIL .....	22	<i>potassium citrate</i> .....
<i>pentazocine-naloxone</i> .....	64	PLAVIX .....	89	173
PENTIPS PEN NEEDLE .....	142	PLENAMINE.....	177	<i>potassium citrate-citric acid</i> ....
<i>pentoxifylline</i> .....	89	PLENVU .....	131	174
PERFOROMIST .....	169	<i>plerixafor</i> .....	136	POTELIGEO .....
PERIKABIVEN.....	177	PLEXION .....	101	40
<i>perindopril erbumine</i> .....	86	PLEXION CLEANSING		PR BENZOYL PEROXIDE .....
<i>periogard</i> .....	113	CLOTHS.....	101	101
PERJETA .....	40	<i>pnv-dha</i> .....	178	<i>pr natal 400</i> .....
<i>permethrin</i> .....	107	<i>pnv-omega</i> .....	178	178
<i>perphenazine</i> .....	75	<i>pnv-select</i> .....	178	<i>pr natal 400 ec</i> .....
<i>perphenazine-amitriptyline</i> .....	75	PODOCON .....	96	178
PERSERIS .....	75	<i>podofilox</i> .....	99	PRADAXA .....
PERTZYE .....	131	POLIVY.....	40	40
<i>pfizerpen-g</i> .....	25	<i>polycin</i> .....	159	<i>pramipexole</i> .....
<i>phenazopyridine</i> .....	174	<i>polymyxin b sulfate</i> .....	22	54
<i>phenelzine</i> .....	75	<i>polymyxin b sulf-</i>		PRAMOSONE .....
<i>phenobarbital</i> .....	50	<i>trimethoprim</i> .....	159	95
<i>phenobarbital sodium</i> .....	50	POMALYST .....	40	<i>prasugrel hcl</i> .....
<i>phenohydro</i> .....	127	<i>portia 28</i> .....	156	90
<i>phenoxybenzamine</i> .....	86	PORTRAZZA.....	40	<i>pravastatin</i> .....
<i>phenylephrine hcl</i> .....	164	<i>posaconazole</i> .....	12	92
PHENYTEK .....	50	<i>pot,sodium citrate-citric acid</i> ...	173	<i>praziquantel</i> .....
<i>phenytoin</i> .....	50, 51	<i>potassium chlorid-d5-</i>		22
<i>phenytoin sodium</i> .....	51	0.45%nacl .....	175	<i>prazosin</i> .....
<i>phenytoin sodium extended</i> .....	51	<i>potassium chloride</i> .....	176	86
PHESGO .....	40			PRED MILD .....
				164
				<i>prednicarbate</i> .....
				106
				<i>prednisolone</i> .....
				115
				<i>prednisolone acetate</i> .....
				164
				<i>prednisolone sodium</i>
				<i>phosphate</i> .....
				115, 164
				<i>prednisone</i> .....
				115
				<i>prednisone intensol</i> .....
				115
				<i>pregabalin</i> .....
				51
				PREGNYL .....
				124
				PREMARIN.....
				150
				<i>premasol 10 %</i> .....
				177
				PREMPHASE .....
				150
				PREMPRO .....
				150
				<i>prenatal plus (calcium carb)</i> ...
				178
				<i>prenatal vitamin plus low iron</i> ..
				179
				PRESERA .....
				99
				PREVACID .....
				134
				PREVACID SOLUTAB .....
				134

<i>prevalite</i> .....	92	PROSCAR.....	173	REBIF TITRATION PACK .....	136
PREVIDENT.....	113	PROSOL 20 % .....	177	<i>reclipsen (28)</i> .....	156
PREVIDENT 5000 BOOSTER PLUS.....	113	PROTONIX.....	134	RECOMBIVAX HB (PF).....	140
PREVIDENT 5000 DRY MOUTH.....	113	<i>protriptyline</i> .....	75	RECTIV .....	131
PREVIDENT 5000 ORTHO DEFENSE .....	113	PROVIGIL.....	75, 76	REGRANEX .....	99
PREVIDENT 5000 PLUS.....	113	PROZAC.....	76	RELENZA DISKHALER.....	15
PREVIDENT KIDS.....	113	<i>pruclair</i> .....	99	RELISTOR.....	131, 132
PREVYMIS.....	14	<i>prumyx</i> .....	99	REMERON .....	76
PREZCOBIX.....	14	PULMICORT .....	169	REMICADE.....	132
PREZISTA.....	15	PULMICORT FLEXHALER .....	169	RENACIDIN .....	174
PRIFTIN.....	22	<i>pulmosal</i> .....	169	RENFLEXIS.....	132
PRIMAQUINE.....	22	PULMOZYME.....	169	<i>repaglinide</i> .....	121
<i>primidone</i> .....	51	PURE COMFORT ALCOHOL PADS .....	121	REPATHA PUSHTRONEX.....	92
PRIMIDONE .....	51	PURIXAN.....	40	REPATHA SURECLICK .....	92
PRIORIX (PF).....	139	<i>pyrazinamide</i> .....	22	REPATHA SYRINGE .....	92
PRISTIQ .....	75	PYRIDIDIUM .....	174	RESTASIS.....	160
PRIVIGEN .....	139	<i>pyridostigmine bromide</i> .....	59	RESTASIS MULTIDOSE.....	160
PRO COMFORT ALCOHOL PADS .....	120	<i>pyrimethamine</i> .....	22	RETACRIT.....	136
PROAIR RESPICLICK .....	169	PYRUKYND.....	110	RETEVMO.....	41
<i>probenecid</i> .....	144	<b>Q</b>		RETROVIR .....	15
<i>probenecid-colchicine</i> .....	144	QINLOCK .....	40	REVLIMID.....	41
<i>prochlorperazine</i> .....	131	QUADRACEL (PF) .....	139, 140	REVUFORJ .....	41
<i>prochlorperazine edisylate</i> .....	131	<i>quetiapine</i> .....	76	REXULTI .....	76
<i>prochlorperazine maleate</i> .....	131	QUETIAPINE.....	76	REYATAZ .....	15
PROCORT.....	131	QUILLIVANT XR.....	76	REZDIFFRA .....	110
PROCRIT .....	136	<i>quinapril</i> .....	86	REZLIDHIA .....	41
PROCTOCORT.....	131	<i>quinapril-hydrochlorothiazide</i> .....	86	REZUROCK .....	41
PROCTOFOAM HC.....	131	<i>quinidine gluconate</i> .....	80	RHOPRESSA .....	162
<i>procto-med hc</i> .....	131	<i>quinidine sulfate</i> .....	80	<i>ribavirin</i> .....	15
<i>proctosol hc</i> .....	131	<i>quinine sulfate</i> .....	22	RIDAURA .....	146
<i>proctozone-hc</i> .....	131	QUINJA .....	103	<i>rifabutin</i> .....	22
<i>progesterone micronized</i> .....	150	QVAR REDIHALER.....	170	<i>rifampin</i> .....	22
PROGRAF.....	40	<b>R</b>		<i>riluzole</i> .....	110
PROLASTIN-C .....	110	RABAVERT (PF).....	140	<i>rimantadine</i> .....	15
PROLENSA.....	161	<i>rabeprazole</i> .....	134	<i>ringer's</i> .....	107, 176
PROLIA .....	144	RADIAGEL .....	99	RINVOQ .....	146
PROMACTA .....	90	RADICAVA .....	58	RINVOQ LQ.....	146
<i>promethazine</i> .....	165	<i>raloxifene</i> .....	144	<i>risedronate</i> .....	110, 144, 145
<i>promethegan</i> .....	165	<i>ramelteon</i> .....	76	RISPERDAL .....	76
PROMISEB.....	99	<i>ramipril</i> .....	87	RISPERDAL CONSTA .....	76
<i>propafenone</i> .....	80	<i>ranolazine</i> .....	93	<i>risperidone</i> .....	76, 77
<i>proparacaine</i> .....	160	RAPAMUNE .....	41	RITALIN.....	77
<i>propranolol</i> .....	86	<i>rasagiline</i> .....	54	RITALIN LA .....	77
<i>propylthiouracil</i> .....	115	RAVICTI .....	110	<i>ritonavir</i> .....	15
PROQUAD (PF) .....	139	RAYALDEE .....	124	<i>rivastigmine</i> .....	58
		READI-CAT 2 .....	110	<i>rivastigmine tartrate</i> .....	58
		REBIF (WITH ALBUMIN) .....	136	<i>rivelsa</i> .....	156
		REBIF REBIDOSE .....	136	<i>rizatriptan</i> .....	55
				ROCKLATAN.....	162

<i>roflumilast</i> .....	170	<i>se-natal-19</i> .....	179	<i>solifenacin</i> .....	172
<i>romidepsin</i> .....	41	SEREVENT DISKUS.....	170	SOLQUA 100/33.....	121
ROMIDEPSIN.....	41	SEROQUEL.....	77	SOLTAMOX.....	42
<i>ropinirole</i> .....	54	SEROQUEL XR.....	77	SOLU-CORTEF ACT-O-	
ROSULA.....	101	<i>sertraline</i> .....	77	VIAL (PF).....	115
<i>rosula cleansing cloths</i> .....	101	<i>setlakin</i> .....	156	SOMATULINE DEPOT.....	42
<i>rosuvastatin</i> .....	92	SEZABY.....	51	SOMAVERT.....	124
ROTARIX.....	140	<i>sf</i> 113.....		<i>sorafenib</i> .....	42
ROTATEQ VACCINE.....	140	<i>sf 5000 plus</i> .....	113	<i>sotalol</i> .....	80
<i>roweepra</i> .....	51	<i>sharobel</i> .....	150	<i>sotalol af</i> .....	80
ROZLYTREK.....	41	SHINGRIX (PF).....	140	SOTYLIZE.....	80
RUBRACA.....	41	SIGNIFOR.....	41	<i>spinosad</i> .....	107
<i>rufinamide</i> .....	51	<i>sildenafil (pulm.</i> <i>hypertension)</i> .....	170	SPIRIVA RESPIMAT.....	170
RUKOBIA.....	15	<i>silodosin</i> .....	173	<i>spironolactone</i> .....	87
RUXIENCE.....	41	<i>silver nitrate applicators</i> .....	99	<i>spironolacton-</i> <i>hydrochlorothiaz</i> .....	87
RYALTRIS.....	170	<i>silver sulfadiazine</i> .....	99	SPRAVATO.....	77
RYBELSUS.....	121	SIMBRINZA.....	162	<i>sprintec (28)</i> .....	156
RYBREVANT.....	41	<i>simliya (28)</i> .....	156	SPRITAM.....	51
RYDAPT.....	41	<i>simpesse</i> .....	156	SPRYCEL.....	42
RYLAZE.....	41	SIMPONI.....	147	<i>sps (with sorbitol)</i> .....	110
RYNODERM.....	99	SIMPONI ARIA.....	147	<i>sronyx</i> .....	157
RYTARY.....	54	SIMULECT.....	42	<i>ssd</i> .....	99
<b>S</b>		<i>simvastatin</i> .....	92	<i>sss 10-5</i> .....	101
<i>sajazir</i> .....	170	SINGULAIR.....	170	STAMARIL (PF).....	140
<i>salicylic acid</i> .....	96	<i>sirolimus</i> .....	42	STELARA.....	95
<i>salicylic acid-ceramides no.1</i> .....	96	SIRTURO.....	22	STIOLTO RESPIMAT.....	170
<i>salimez</i> .....	96	SIVEXTRO.....	22	STIVARGA.....	42
SALIMEZ FORTE.....	96	SKYRIZI.....	95, 132	STREPTOMYCIN.....	22
<i>salsalate</i> .....	64	<i>sodium bicarbonate</i> .....	176	STRIBILD.....	15
<i>salvax</i> .....	96	<i>sodium chloride</i> .....	110, 170, 176	SUBLOCADE.....	62
SALVAX DUO PLUS.....	96	SODIUM CHLORIDE.....	177	<i>subvenite</i> .....	51
SAMSCA.....	124	<i>sodium chloride 0.45 %</i> .....	176	<i>subvenite starter (blue) kit</i> .....	51
SANCUSO.....	132	<i>sodium chloride 0.9 %</i> .....	110	<i>subvenite starter (green) kit</i> .....	51
SANDOSTATIN LAR DEPOT....	41	<i>sodium chloride 3 %</i> <i>hypertonic</i> .....	176	<i>subvenite starter (orange) kit</i> ....	51
SANTYL.....	99	<i>sodium chloride 5 %</i> <i>hypertonic</i> .....	176	SUCRAID.....	132
<i>sapropterin</i> .....	124	<i>sodium citrate-citric acid</i> .....	174	<i>sucrafate</i> .....	134
SARCLISA.....	41	<i>sodium fluoride 5000 dry</i> <i>mouth</i> .....	113	SUFLAVE.....	132
SAVELLA.....	147	<i>sodium fluoride 5000 plus</i> .....	113	<i>sulfacetamide</i> <i>sodium</i> .....	95, 160, 161
<i>saxagliptin</i> .....	121	<i>sodium fluoride-pot nitrate</i> .....	113	SULFACETAMIDE SODIUM....	95
<i>saxagliptin-metformin</i> .....	121	SODIUM OXYBATE.....	77	<i>sulfacetamide sodium (acne)</i> ...	103
SCALACORT DK.....	106	<i>sodium phenylbutyrate</i> .....	110	<i>sulfacetamide sodium-</i> <i>sulfur</i> .....	101, 102
SCSEMBLIX.....	41	<i>sodium polystyrene</i> <i>sulfonate</i> .....	110	<i>sulfacetamide-prednisolone</i> ....	161
<i>scopolamine base</i> .....	132	<i>sodium,potassium,mag</i> <i>sulfates</i> .....	132	<i>sulfacleanse 8-4</i> .....	102
SEBUDERM.....	99			<i>sulfadiazine</i> .....	25
SECUADO.....	77			<i>sulfamethoxazole-</i> <i>trimethoprim</i> .....	25, 26
<i>selegiline hcl</i> .....	54				
<i>selenium sulfide</i> .....	95				
SELZENTRY.....	15				
<i>se-natal 19 chewable</i> .....	179				

<i>sulfasalazine</i> .....	132	TASIGNA.....	42	TEXACORT.....	106
<i>sulindac</i> .....	64	<i>tasimelteon</i> .....	77	THALOMID.....	43
SUMADAN.....	102	<i>tavaborole</i> .....	104	THEO-24.....	170
SUMADAN XLT.....	102	<i>tazarotene</i> .....	102	<i>theophylline</i> .....	170, 171
<i>sumatriptan</i> .....	55	<i>tazicef</i> .....	18	<i>thioridazine</i> .....	77
<i>sumatriptan succinate</i> .....	55	TAZORAC.....	102	<i>thiotepa</i> .....	43
SUMAXIN.....	102	TAZVERIK.....	42	<i>thiothixene</i> .....	77
SUMAXIN CP.....	102	TDVAX.....	140	<i>tiadylt er</i> .....	87
SUMAXIN TS.....	102	TECENTRIQ.....	43	<i>tiagabine</i> .....	52
<i>sunitinib malate</i> .....	42	TECENTRIQ HYBREZA.....	43	TIBSOVO.....	43
SUNLENCA.....	15	TECHLITE INSULIN		TICE BCG.....	140
SUTAB.....	132	SYRINGE.....	143	TICOVAC.....	140
SUTENT.....	42	TECHLITE INSULN SYR		TIGAN.....	132
<i>syeda</i> .....	157	(HALF UNIT).....	143	<i>tigecycline</i> .....	22
SYLVANT.....	42	TECHLITE PEN NEEDLE.....	143	<i>tilia fe</i> .....	157
<i>symax fastabs</i> .....	127	TECVAYLI.....	43	<i>timolol</i> .....	159
<i>symax-sl</i> .....	127	TEFLARO.....	18	<i>timolol maleate</i> .....	87, 159
<i>symax-sr</i> .....	127	TEGRETOL.....	51	<i>timolol maleate (pf)</i> .....	159
SYMDEKO.....	170	TEGRETOL XR.....	52	TIMOPTIC OCUDOSE (PF)....	160
SYMFI.....	15	TEKURNA.....	87	<i>tinidazole</i> .....	22
SYMFI LO.....	15	<i>telmisartan</i> .....	87	<i>tiotropium bromide</i> .....	171
SYMLINPEN 120.....	121	<i>telmisartan-amlo地平ine</i> .....	87	TIROSINT.....	126
SYMLINPEN 60.....	121	<i>telmisartan-</i>		TIROSINT-SOL.....	126
SYMPAZAN.....	51	<i>hydrochlorothiazid</i> .....	87	<i>tis-u-sol pentalyte</i> .....	107
SYMTUZA.....	15	<i>temazepam</i> .....	77	TIVDAK.....	43
SYNAREL.....	124	TEMODAR.....	43	TIVICAY.....	15
SYNJARDY.....	121	<i>temsirolimus</i> .....	43	TIVICAY PD.....	15
SYNJARDY XR.....	121	<i>tencon</i> .....	62	<i>tizanidine</i> .....	59
SYNTHROID.....	125	TENIVAC (PF).....	140	TOBI PODHALER.....	22
<b>T</b>		<i>tenofovir disoproxil fumarate</i> ....	15	TOBRADEX.....	163
TABRECTA.....	42	TENORMIN.....	87	<i>tobramycin</i> .....	159
<i>tacrolimus</i> .....	42, 99	TEPMETKO.....	43	<i>tobramycin in 0.225 % nacl</i> .....	22
<i>ta dalafil</i> .....	174	<i>terazosin</i> .....	87	<i>tobramycin sulfate</i> .....	22, 23
<i>ta dalafil (pulm.</i>		<i>terbinafine hcl</i> .....	12	<i>tobramycin-dexamethasone</i> ....	163
<i>hypertension)</i> .....	170	<i>terbutaline</i> .....	170	TOBEX.....	159
TADLIQ.....	170	<i>terconazole</i> .....	151	<i>tolcapone</i> .....	54
TAFINLAR.....	42	<i>teriflunomide</i> .....	58	<i>tolterodine</i> .....	172
<i>tafluprost (pf)</i> .....	162	<i>teriparatide</i> .....	145	<i>tolvaptan</i> .....	124
TAGITOL V.....	110	TERIPARATIDE.....	145	TOPAMAX.....	52
TAGRISSO.....	42	TERSI FOAM.....	95	<i>topiramate</i> .....	52
TALICIA.....	134	<i>testosterone</i> .....	124	<i>topotecan</i> .....	43
TALVEY.....	42	TESTOSTERONE.....	124	TOPROL XL.....	87
TALZENNA.....	42	<i>testosterone cypionate</i> .....	124	<i>toremifene</i> .....	43
<i>tamoxifen</i> .....	42	<i>testosterone enanthate</i> .....	124	<i>torse mide</i> .....	87
<i>tamsulosin</i> .....	173	<i>tetrabenazine</i> .....	58	TOUJEO MAX U-300	
TARGRETIN.....	42	<i>tetracaine hcl</i> .....	161	SOLOSTAR.....	121
<i>tarina 24 fe</i> .....	157	TETRACAINE HCL (PF).....	161	TOUJEO SOLOSTAR U-300	
<i>tarina fe 1-20 eq (28)</i> .....	157	<i>tetracycline</i> .....	26	INSULIN.....	121
<i>taron-c dha</i> .....	179	TEVIMBRA.....	43	TOVIAZ.....	172

TPN ELECTROLYTES .....	177	<i>tri-lo-estarylla</i> .....	157	TZIELD .....	110
TRADJENTA .....	121	<i>tri-lo-marzia</i> .....	157	<b>U</b>	
<i>tramadol</i> .....	64, 65	<i>tri-lo-mili</i> .....	157	ULORIC .....	144
<i>tramadol-acetaminophen</i> .....	65	<i>tri-lo-sprintec</i> .....	157	ULTRASAL-ER .....	96
<i>trandolapril</i> .....	87	<i>trimethobenzamide</i> .....	132	UNIFINE PENTIPS .....	143
<i>trandolapril-verapamil</i> .....	87	<i>trimethoprim</i> .....	27	UNIFINE PENTIPS	
<i>tranexamic acid</i> .....	151	<i>tri-mili</i> .....	157	MAXFLOW .....	143
<i>tranylcypromine</i> .....	77	<i>trimipramine</i> .....	78	UNIFINE PENTIPS PLUS .....	143
TRANZAREL .....	99	<i>trinatal rx 1</i> .....	179	UNIFINE PENTIPS PLUS	
<i>travasol 10 %</i> .....	178	TRINTELLIX .....	78	MAXFLOW .....	143
TRAVATAN Z .....	162	TRIPTODUR .....	43	<i>unithroid</i> .....	126
<i>travoprost</i> .....	162	<i>tri-sprintec (28)</i> .....	157	UNITUXIN .....	44
TRAZIMERA .....	43	TRIUMEQ .....	15	UPTRAVI .....	88
<i>trazodone</i> .....	77	TRIUMEQ PD .....	15	URAMAXIN .....	99
TRECTOR .....	23	<i>trivora (28)</i> .....	157	<i>urea</i> .....	99
TRELEGY ELLIPTA .....	171	<i>tri-vylibra</i> .....	157	UREA .....	99
TRELSTAR .....	43	<i>tri-vylibra lo</i> .....	157	<i>urea nail stick</i> .....	99
TREMFYA .....	95	TRODELVY .....	43	<i>ure-k</i> .....	99
TREMFYA PEN .....	95	TROGARZO .....	16	URELLE .....	174
TRESIBA FLEXTOUCH		TROKENDI XR .....	52	<i>uretron d-s</i> .....	174
U-100 .....	121	TROPHAMINE 10 % .....	178	<i>urogesic-blue</i> .....	174
TRESIBA FLEXTOUCH		<i>tropicamide</i> .....	161	<i>uro-mp</i> .....	174
U-200 .....	121	<i>trospium</i> .....	172	UROXATRAL .....	173
TRESIBA U-100 INSULIN .....	121	TRUE COMFORT ALCOHOL		<i>ursodiol</i> .....	132
<i>tretinoin</i> .....	102	PADS .....	122	<i>uryl</i> .....	174
<i>tretinoin (antineoplastic)</i> .....	43	TRUE COMFORT PRO		UZEDY .....	78
<i>tretinoin microspheres</i> .....	102	ALCOHOL PADS .....	122	<b>V</b>	
TREXALL .....	43	TRUEPLUS INSULIN .....	143	<i>valacyclovir</i> .....	16
<i>triamcinolone</i>		TRUEPLUS PEN NEEDLE .....	143	VALCHLOR .....	99
<i>acetonide</i> .....	106, 107, 113, 115	TRULANCE .....	132	<i>valganciclovir</i> .....	16
<i>triamterene</i> .....	87	TRULICITY .....	122	<i>valproate sodium</i> .....	52
<i>triamterene-</i>		TRUMENBA .....	140	<i>valproic acid</i> .....	52
<i>hydrochlorothiazid</i> .....	87	TRUQAP .....	43	<i>valproic acid (as sodium salt)</i> .....	52
<i>trianex</i> .....	107	TUKYSA .....	43	<i>valrubicin</i> .....	44
<i>triazolam</i> .....	77	TURALIO .....	44	<i>valsartan</i> .....	88
TRIBENZOR .....	87	<i>turqoz (28)</i> .....	157	<i>valsartan-hydrochlorothiazide</i> .....	88
<i>tricitrates</i> .....	174	TWINRIX (PF) .....	140	VALTOCO .....	52
<i>triderm</i> .....	107	TYBOST .....	16	VALTREX .....	16
<i>trientine</i> .....	110	<i>tydemy</i> .....	157	<i>vancomycin</i> .....	23
<i>tri-estarylla</i> .....	157	TYKERB .....	44	VANCOMYCIN .....	23
<i>trifluoperazine</i> .....	78	TYMLOS .....	145	VANCOMYCIN IN 0.9 %	
<i>trifluridine</i> .....	159	TYPHIM VI .....	140	SODIUM CHL .....	23
<i>trihexyphenidyl</i> .....	54	TYSABRI .....	58	VANCOMYCIN IN DEXTROSE	
TRIJARDY XR .....	122	TYVASO .....	171	5 % .....	23
TRIKAFTA .....	171	TYVASO DPI .....	171	VANCOMYCIN-DILUENT	
<i>tri-legest fe</i> .....	157	TYVASO INSTITUTIONAL		COMBO NO.1 .....	23
TRILEPTAL .....	52	START KIT .....	171	<i>vandazole</i> .....	151
<i>tri-linyah</i> .....	157	TYVASO REFILL KIT .....	171	VANFLYTA .....	44
TRILIPIX .....	92	TYVASO STARTER KIT .....	171	VAQTA (PF) .....	141

<i>varenicline tartrate</i> .....	112	VIREAD .....	16	XCOPRI TITRATION PACK .....	53
VARENICLINE TARTRATE.....	112	VITRAKVI .....	44	XDEMZY .....	161
VARIBAR HONEY .....	111	VIVELLE-DOT .....	150	XELJANZ.....	147
VARIBAR NECTAR.....	111	VIVITROL .....	65	XELJANZ XR.....	147
VARIBAR PUDDING .....	111	VIZIMPRO .....	44	XEMBIFY .....	141
VARIBAR THIN HONEY.....	111	<i>volnea (28)</i> .....	158	XENICAL .....	111
VARIBAR THIN LIQUID .....	111	VONJO .....	44	XERMELO .....	45
VARIVAX (PF).....	141	VORANIGO .....	44	XGEVA .....	27
VASCEPA.....	92	<i>voriconazole</i> .....	12	XHANCE.....	171
VAXCHORA VACCINE .....	141	VOSEVI .....	16	XIAFLEX.....	111
VECTIBIX .....	44	VOWST .....	132	XIFAXAN .....	23
VEKLURY.....	16	VRAYLAR.....	78	XIGDUO XR .....	122
<i>velivet triphasic regimen (28)</i> ...	157	VUMERITY .....	58	XIIDRA.....	161
VELTASSA.....	111	<i>vyfemla (28)</i> .....	158	XOFLUZA .....	16
VEMLIDY.....	16	<i>vylibra</i> .....	158	XOLAIR .....	171, 172
VENCLEXTA .....	44	VYLOY.....	44	XOSPATA.....	45
VENCLEXTA STARTING		VYNDAMAX .....	93	XPOVIO.....	45
PACK .....	44	VYNDAQEL .....	93	XTAMPZA ER.....	62
<i>venlafaxine</i> .....	78	VYTONE.....	103	XTANDI .....	45
VENTAVIS.....	171	VYVANSE.....	78	<i>xulane</i> .....	151
VENTOLIN HFA .....	171	VYVGART HYTRULO .....	59	XULTOPHY 100/3.6 .....	122
<i>verapamil</i> .....	88	VYXEOS.....	44	<b>Y</b>	
VERIFINE PLUS PEN		VYZULTA .....	162	YERVOY.....	45
NEEDLE-SHARP .....	143	<b>W</b>		YF-VAX (PF).....	141
VERQUVO.....	93	<i>warfarin</i> .....	90	YONDELIS .....	45
VERSACLOZ.....	78	<i>water for irrigation, sterile</i> .....	111	YUFLYMA(CF) .....	147
VERZENIO .....	44	WEGOVI .....	111	YUFLYMA(CF) AI CROHN'S-	
VESICARE .....	172	WELCHOL.....	93	UC-HS.....	147
<i>vestura (28)</i> .....	158	WELIREG .....	44	YUFLYMA(CF)	
V-GO 20 .....	143	WELLBUTRIN SR .....	79	AUTOINJECTOR .....	147
V-GO 30 .....	143	WELLBUTRIN XL .....	79	YUPELRI .....	172
V-GO 40 .....	143	<i>wera (28)</i> .....	158	<i>yuvafem</i> .....	150
VIBERZI.....	132	<i>wescap-pn dha</i> .....	179	<b>Z</b>	
VICTOZA 2-PAK.....	122	<i>wesnate dha</i> .....	179	<i>zafemy</i> .....	151
VICTOZA 3-PAK.....	122	<i>westab plus</i> .....	179	<i>zafirlukast</i> .....	172
<i>vienna</i> .....	158	<i>westgel dha</i> .....	179	<i>zaleplon</i> .....	79
<i>vigabatrin</i> .....	52	<i>wixela inhub</i> .....	171	ZALTRAP .....	45
<i>vigadrone</i> .....	52	<i>wymzya fe</i> .....	158	ZANOSAR .....	45
VIGAFYDE .....	52	<b>X</b>		ZARXIO .....	136
<i>vigpoder</i> .....	53	XALATAN .....	162	ZEJULA .....	45
<i>vilazodone</i> .....	78	XALIX .....	96	ZELBORAF.....	45
VIMPAT .....	53	XALKORI .....	44	ZEMAIRA.....	111
<i>vinblastine</i> .....	44	XARELTO.....	90	<i>zenatane</i> .....	102
<i>vincristine</i> .....	44	XARELTO DVT-PE TREAT 30D		ZENPEP .....	133
<i>vinorelbine</i> .....	44	START .....	90	ZEPBOUND.....	111
VIOKACE.....	132	XATMEP .....	45	ZEPZELCA .....	45
<i>viorele (28)</i> .....	158	XCOPRI.....	53	<i>zidovudine</i> .....	16
VIRACEPT.....	16	XCOPRI MAINTENANCE		ZIEXTENZO .....	136
VIRASAL .....	96	PACK .....	53	ZIIHERA .....	45

<i>zileuton</i> .....	172	ZOLEDRONIC AC-	ZTLIDO .....	100
ZIMHI .....	65	MANNITOL-0.9NACL .....	ZUBSOLV .....	65
ZIOPTAN (PF) .....	162	ZOLINZA .....	<i>zumandimine (28)</i> .....	158
<i>ziprasidone hcl</i> .....	79	zolmitriptan .....	ZURZUVAE .....	79
<i>ziprasidone mesylate</i> .....	79	ZOLOFT .....	ZYDELIG .....	45
ZIRABEV .....	45	<i>zolpidem</i> .....	ZYKADIA .....	45
ZIRGAN .....	159	ZONISADE .....	ZYLET .....	163
ZITHRANOL .....	95	<i>zonisamide</i> .....	ZYNLONTA .....	45
ZOCOR .....	93	ZORTRESS .....	ZYNYZ .....	45
ZOLADEX .....	45	ZOSYN IN DEXTROSE	ZYPREXA .....	79
<i>zoledronic acid</i> .....	125	(ISO-OSM) .....	ZYPREXA RELPREVV .....	79
<i>zoledronic acid-mannitol-</i>		<i>zovia 1-35 (28)</i> .....		
<i>water</i> .....	111, 125	ZTALMY .....		





**Cigna Rx Medicare (PDP)**

1-800-558-9562 (TTY 711)

[CignaMedicare.com/Group/PDPResources](https://CignaMedicare.com/Group/PDPResources)

**Cigna True Choice Medicare (PPO)**

1-888-281-7867 (TTY 711)

[CignaMedicare.com/Group/MAResources](https://CignaMedicare.com/Group/MAResources)

8 a.m. – 8 p.m. local time, 7 days a week.  
Our automated phone system may  
answer your call during weekends  
from April 1 - September 30.

This formulary was updated on 03/01/2025. For more recent information or other questions, please contact Cigna Healthcare Customer Service, at the numbers listed above (TTY users should call 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30, or visit the websites under the plan name. Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE are owned by Cigna Intellectual Property, Inc. © 2025 Cigna Healthcare.