

Medicare Prescription Drug Plan

2026 HealthSpringSM Formulary

(List of Covered Drugs
or “Drug List”)

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

Plan Covered
HealthSpring Assurance Rx (PDP)



HPMS Approved Formulary File Submission ID 00026089

This formulary was updated on 09/19/2025. For more recent information or other questions, please contact HealthSpring Customer Service, at **1-800-222-6700** (TTY users 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 **www.healthspring.com**. The formulary and pharmacy network may change at any time.

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

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

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means HealthSpring. When it refers to “plan” or “our plan,” it means HealthSpring Assurance Rx (PDP).

This document includes a Drug List (formulary) for our plans, which is current as of 09/19/2025. For a complete updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

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

Can the formulary change?

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

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

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

certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. 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 members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed drug list is current as of 09/19/2025. To get updated information about the drugs covered by HealthSpring, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Drug List?

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

Medical Condition

The formulary begins on page 8. 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 page 8. Then look under the category name for your drug.

Covered Drug Index

If you are not sure what category to look under, you should look for your drug in the Covered Drug Index that begins on page 79. The Covered Drug Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Covered Drug Index and find the name of your drug in the drug name column of the list.

What are generic drugs?

HealthSpring 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 3, Section 3.1, “The Drug List” will tell which Part D drugs are covered.

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover. For example, HealthSpring 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, HealthSpring 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, HealthSpring may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSpring will then cover Drug B.
- **Non-Extended Days' Supply:** For certain drugs, HealthSpring limits the amount of the drug that HealthSpring will cover to only a 30-day supply or less, at one time. For example, members 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. Members 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 8. 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 HealthSpring 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 HealthSpring formulary?" on page 3 for information about how to request an exception.

Options for Maintenance Medications

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

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance

medications. There are several ways we can work together to accomplish this goal:

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

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

There may be opportunities for you to save money on your medications using your HealthSpring 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 generic drugs filled at a preferred retail and/or mail-order pharmacy. Refer to your Evidence of Coverage (EOC) for your plan's specific cost-sharing amounts.
- Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- If your medication is not covered in the HealthSpring drug list, talk with your doctor about alternative medications which are covered on the drug list.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the HealthSpring formulary?

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

that you can ask us to make.

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

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

Generally, HealthSpring will only approve your request for an exception if the alternative drug is included in our formulary, 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

tiering exception, including an exception to a coverage restriction.

When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or existing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover up to a 30-day supply of your drug, in certain cases during the first 90 days you are a member of our plan.

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

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



For more information

For more detailed information about your HealthSpring prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials. To access a copy of your EOC, go to **www.HealthSpring.com/Resources**.

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

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

In order to accommodate unexpected transitions of our members 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, HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

HealthSpring's formulary

The drug list that begins on page 8 provides coverage information about all the drugs covered by HealthSpring. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins on page 79.

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 HealthSpring has any special requirements for coverage of your drug.

We have quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 8 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).

What is a preferred network pharmacy?

Our plan includes preferred network pharmacies. You may save money by using these pharmacies. If you need help finding a network pharmacy, please call Customer Service at **1-800-222-6700** (TTY users call 711), 8 a.m. – 8 p.m. local time, 7 days a week October - March, Monday to Friday April - September. Messaging service used weekends, after hours and on federal holidays, or visit www.healthspring.com, or you can visit www.HealthSpring.com/Resources for the most current Pharmacy Directory.

Drug Tier and Cost-Sharing

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

For insulins that are covered by our plans, you will pay no more than \$35 for each 30-day script and \$0 for each covered adult vaccine.

For long-term care (LTC) you can get up to a 31-day supply. At an out-of-network pharmacy you will pay the in-network pharmacy copay or percentage of the cost plus the amount that the out of network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges. If you receive Extra Help, these costs do not apply. You typically pay only a low copay.

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

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

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

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

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

Cost-sharing for each tier varies by plan. Refer to your Evidence of Coverage (EOC) for your plan’s specific cost-sharing amounts. To access your EOC, visit www.HealthSpring.com/Resources.

We are not always able to keep all generic medications in the Preferred Generic and Generic drug tiers. Some generic medications may be in Tier 3, Tier 4, or Tier 5. Keep in mind that the name “Tier 3: Preferred Brand Drugs” is just a description of the majority of the drugs in the tier. It does not mean that there are only brand drugs in that tier.

For members 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 information on your copay levels or call Customer Service.

Drug List Table of Contents:

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

	Page
ANTI – INFECTIVES	8
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	17
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH	28
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	43
DERMATOLOGICALS/TOPICAL THERAPY	48
DIAGNOSTICS / MISCELLANEOUS AGENTS	52
EAR, NOSE / THROAT MEDICATIONS	54
ENDOCRINE/DIABETES	55
GASTROENTEROLOGY	60
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	62
MISCELLANEOUS SUPPLIES	64
MUSCULOSKELETAL / RHEUMATOLOGY	66
OBSTETRICS / GYNECOLOGY	67
OPHTHALMOLOGY	71
RESPIRATORY AND ALLERGY	73
UROLOGICALS	75
VITAMINS, HEMATINICS / ELECTROLYTES	76

Drug List Key:

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

LA – Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at **1-800-222-6700 (TTY users 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 **www.healthspring.com**.

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

PA – This drug requires prior authorization

QL – This drug has quantity limits

ST – This drug has step therapy requirements

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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA; NDS
<i>caspofungin</i>	4	PA
<i>clotrimazole mucous membrane</i>	3	
CRESEMBA ORAL	5	NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole oral suspension for reconstitution</i>	3	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine</i>	5	NDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120/30)
<i>ketokonazole oral</i>	3	
<i>miconazole</i>	4	
<i>nystatin oral</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	QL (96/30); NDS
<i>terbinafine hcl oral</i>	2	
<i>voriconazole intravenous</i>	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole oral suspension for reconstitution</i>	5	NDS
<i>voriconazole oral tablet</i>	4	
<i>voriconazole-hpbc</i>	5	PA; NDS
ANTIVIRALS		
<i>abacavir oral solution</i>	3	QL (960/30)
<i>abacavir oral tablet</i>	4	QL (60/30)
<i>abacavir-lamivudine</i>	3	QL (30/30)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>amantadine hcl</i>	3	
APTIVUS	5	QL (120/30); NDS
<i>atazanavir oral capsule 150 mg, 300 mg</i>	4	QL (30/30)
<i>atazanavir oral capsule 200 mg</i>	4	QL (60/30)
BARACLUDE ORAL SOLUTION	5	QL (630/30); NDS
BIKTARVY	5	NDS
CABENUVA	5	NDS
CIMDUO	5	NDS
COMPLERA	5	QL (30/30); NDS
<i>darunavir oral tablet 600 mg</i>	4	QL (60/30)
<i>darunavir oral tablet 800 mg</i>	5	QL (30/30); NDS

CAPITALIZED = BRAND NAME DRUG

Lowercase *italic* = Generic drug

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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
DELSTRIGO	5	NDS
DESCOVY	5	QL (30/30); NDS
DOVATO	5	NDS
EDURANT	5	QL (30/30); NDS
EDURANT PED	5	QL (180/30); NDS
<i>efavirenz oral tablet</i>	4	QL (30/30)
<i>efavirenz-emtricitabin- tenofov</i>	4	QL (30/30)
<i>efavirenz-lamivu- tenofov disop oral tablet 400-300-300 mg</i>	5	QL (30/30); NDS
<i>efavirenz-lamivu- tenofov disop oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine</i>	3	QL (30/30)
<i>emtricitabine-tenofov (tdf) oral tablet 100- 150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30/30)
<i>emtricitabine-tenofov (tdf) oral tablet 133- 200 mg</i>	5	QL (30/30); NDS
<i>emtricitabine-tenofov (tdf) oral tablet 133- 200 mg</i>	5	QL (30/30); NDS
EMTRIVA ORAL SOLUTION	3	QL (680/28)
<i>entecavir</i>	4	QL (30/30)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; QL (28/28); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; QL (56/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (56/28); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (28/28); NDS
<i>etravirine</i>	4	QL (60/30)
EVOTAZ	5	QL (30/30); NDS
<i>famciclovir</i>	4	QL (60/30)
<i>fosamprenavir</i>	4	QL (120/30)
FUZEON SUBCUTANEOUS RECON SOLN	5	QL (60/30); NDS
GENVOYA	5	QL (30/30); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (28/28); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (56/28); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28/28); NDS
INTELENCE ORAL TABLET 25 MG	4	QL (120/30)
ISENTRESS HD	5	NDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (60/30); NDS
ISENTRESS ORAL TABLET	5	QL (120/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (180/30); NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (180/30)

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

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

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
JULUCA	5	NDS
KALETRA ORAL SOLUTION	4	
<i>lamivudine oral solution</i>	3	QL (900/30)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	3	QL (30/30)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60/30)
<i>lamivudine-zidovudine</i>	3	QL (60/30)
LIVTENCITY	5	PA; LA; QL (120/30); NDS
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300/30)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120/30)
<i>maraviroc oral tablet 150 mg</i>	5	QL (60/30); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (120/30); NDS
<i>nevirapine oral suspension</i>	4	QL (1200/30)
<i>nevirapine oral tablet</i>	3	QL (60/30)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	QL (30/30)
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	5	QL (30/30); NDS
<i>oseltamivir oral capsule</i>	3	
<i>oseltamivir oral suspension for reconstitution</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	5	QL (20/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	5	QL (11/90); NDS
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	5	QL (30/90); NDS
PIFELTRO	5	NDS
PREVYMIS INTRAVENOUS	5	QL (30/30); NDS
PREVYMIS ORAL PELLETS IN PACKET	5	QL (120/30); NDS
PREVYMIS ORAL TABLET	5	QL (30/30); NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	QL (30/30); NDS
PREZISTA ORAL SUSPENSION	5	QL (400/30); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (240/30)
PREZISTA ORAL TABLET 75 MG	4	QL (480/30)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL POWDER IN PACKET	5	QL (240/30); NDS
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>ritonavir</i>	3	QL (360/30)
RUKOBIA	5	NDS
SELZENTRY ORAL SOLUTION	5	NDS
STRIBILD	5	QL (30/30); NDS
SUNLENCA	5	NDS
SYMTUZA	5	NDS
<i>tenofovir disoproxil fumarate</i>	4	QL (30/30)
TIVICAY ORAL TABLET 50 MG	5	QL (60/30); NDS
TIVICAY PD	4	QL (180/30)
TRIUMEQ	5	QL (30/30); NDS
TRIUMEQ PD	4	QL (300/30)
TROGARZO	5	NDS
<i>valacyclovir oral tablet 1 gram</i>	3	QL (120/30)
<i>valacyclovir oral tablet 500 mg</i>	3	QL (60/30)
<i>valganciclovir oral recon soln</i>	5	NDS
<i>valganciclovir oral tablet</i>	3	
VEKLURY	5	QL (4/180); NDS
VEMLIDY	5	NDS
VIRACEPT ORAL TABLET 250 MG	4	QL (270/30)
VIRACEPT ORAL TABLET 625 MG	4	QL (120/30)
VIREAD ORAL POWDER	5	QL (240/30); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
VOSEVI	5	PA; QL (28/28); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
<i>zidovudine oral capsule</i>	4	QL (180/30)
<i>zidovudine oral syrup</i>	4	QL (1680/28)
<i>zidovudine oral tablet</i>	2	QL (60/30)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	4	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr</i>	4	
<i>cefadroxil oral capsule</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 3 gram, 300 gram, 500 mg</i>	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	4	
<i>cefdinir</i>	4	
CEFEPIME IN DEXTROSE 5 %	4	
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	
CEFEPIME INTRAVENOUS	4	PA
<i>cefixime</i>	4	
<i>cefotetan injection</i>	4	
<i>cefoxitin</i>	4	PA
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefpodoxime</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA
<i>cefuroxime sodium intravenous</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	2	
<i>tazicef</i>	4	PA
TEFLARO	5	PA; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA
<i>azithromycin oral packet</i>	3	
<i>azithromycin oral suspension for reconstitution</i>	4	
<i>azithromycin oral tablet</i>	2	
<i>clarithromycin</i>	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	5	QL (136/10); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
DIFICID ORAL TABLET	5	QL (20/10); NDS
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	4	
<i>erythromycin lactobionate</i>	4	PA
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	
<i>erythromycin oral tablet</i>	4	
<i>fidaxomicin</i>	5	QL (20/10); NDS
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	
<i>atovaquone-proguanil</i>	4	
<i>aztreonam</i>	4	PA
CAYSTON	5	PA; LA; QL (84/28); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl</i>	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR	4	PA
CLINDAMYCIN IN 5 % DEXTROSE	4	PA
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	
<i>clindamycin phosphate injection</i>	4	PA
COARTEM	4	QL (24/30)
<i>colistin (colistimethate na)</i>	4	PA
<i>cycloserine</i>	5	NDS
<i>dapsone oral</i>	3	
DAPTOMYCIN IN 0.9 % SOD CHLOR	5	NDS
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	NDS
EMVERM	5	NDS
<i>ertapenem</i>	4	
<i>ethambutol</i>	4	
<i>gentamicin in nacl (iso- osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	PA
<i>gentamicin injection</i>	4	PA
<i>gentamicin sulfate (ped) (pf)</i>	4	PA
<i>hydroxychloroquine</i>	3	
<i>imipenem-cilastatin</i>	4	
IMPAVIDO	5	PA; NDS
<i>isoniazid oral solution</i>	4	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral</i>	3	PA
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	QL (1800/30); NDS
<i>linezolid oral tablet</i>	3	QL (60/30)
LINEZOLID-0.9% SODIUM CHLORIDE	4	PA
<i>mefloquine</i>	3	
<i>meropenem</i>	3	
MEROPENEM-0.9% SODIUM CHLORIDE	3	
<i>metro i.v.</i>	4	PA
<i>metronidazole in nacl (iso-os)</i>	4	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>neomycin</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitazoxanide</i>	5	QL (20/10); NDS
<i>pentamidine inhalation</i>	3	B/D PA; QL (1/28)
<i>pentamidine injection</i>	4	
<i>praziquantel</i>	4	
PRIFTIN	4	
PRIMAQUINE	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	PA; NDS
<i>quinine sulfate</i>	4	PA; QL (42/30)
<i>rifabutin</i>	4	
<i>rifampin</i>	4	
SIRTURO ORAL TABLET 100 MG	5	PA; LA; NDS
SIRTURO ORAL TABLET 20 MG	4	PA; LA
SIVEXTRO INTRAVENOUS	5	PA; QL (6/28); NDS
SIVEXTRO ORAL	5	QL (6/28); NDS
STREPTOMYCIN	5	PA; NDS
<i>tigecycline</i>	4	PA
<i>tinidazole</i>	4	
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; QL (280/28); NDS
<i>tobramycin sulfate</i>	4	PA
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
VANCOMYCIN INJECTION	4	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 1.75 GRAM, 2 GRAM, 750 MG	4	
<i>vancomycin oral capsule 125 mg</i>	4	PA; QL (40/10)
<i>vancomycin oral capsule 250 mg</i>	4	PA; QL (80/10)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	4	QL (450/10)
<i>vancomycin oral recon soln 50 mg/ml</i>	4	QL (450/10)
VANCOMYCIN-DILUENT COMBO NO.1	4	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9/30)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90/30); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium</i>	4	PA
<i>ampicillin-sulbactam</i>	4	PA
BICILLIN L-A	4	PA
<i>dicloxacillin</i>	2	
EXTENCILLINE	4	PA

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection</i>	4	PA
<i>oxacillin</i>	4	PA
<i>penicillin g potassium</i>	4	PA
<i>penicillin v potassium</i>	2	
<i>pfizerpen-g</i>	4	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in 5 % dextrose</i>	4	PA
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w</i>	4	PA
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin oral</i>	4	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
TETRACYCLINES		
<i>doxy-100</i>	4	PA
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	4	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	3	
<i>minocycline oral capsule</i>	2	
<i>tetracycline oral capsule</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst</i>	3	
<i>trimethoprim</i>	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	3	
<i>mesna intravenous</i>	4	B/D PA
<i>mesna oral</i>	5	NDS
XGEVA	5	PA; QL (1.7/28); NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120/30); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60/30); NDS
ADCETRIS	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60/30); NDS
ALECENSA	5	PA; QL (240/30); NDS
ALIQOPA	5	PA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30/30); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60/30); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30/180); NDS
<i>anastrozole</i>	2	
ANKTIVA	5	PA; NDS
<i>arsenic trioxide</i>	4	B/D PA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60/30); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240/30); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66/28); NDS
AYVAKIT	5	PA; LA; QL (30/30); NDS
<i>azacitidine</i>	4	B/D PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>azathioprine sodium</i>	4	B/D PA
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	PA; NDS
BELEODAQ	4	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements/ Limits
BENDAMUSTINE INTRAVENOUS SOLUTION	5	B/D PA; NDS
BENDEKA	5	B/D PA; NDS
BESPO NSA	5	PA; NDS
<i>bexarotene</i>	5	PA; NDS
<i>bicalutamide</i>	2	
BIZENGRI	5	PA; NDS
<i>bleomycin</i>	4	B/D PA
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	PA; NDS
BORUZU	5	PA; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180/30); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (330/30); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90/30); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30/30); NDS
BRAFTOVI	5	PA; LA; QL (180/30); NDS
BRUKINSA ORAL CAPSULE	5	PA; LA; NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX	5	PA; LA; QL (30/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60/30); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30/30); NDS
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA
<i>cisplatin intravenous solution</i>	4	B/D PA
<i>cladribine</i>	4	B/D PA
<i>clofarabine</i>	4	B/D PA
COLUMVI	5	PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56/28); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112/28); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84/28); NDS
COPIKTRA	5	PA; LA; QL (60/30); NDS
COTELLIC	5	PA; LA; QL (63/28); NDS
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; NDS
CYCLOPHOSPHAMID E INTRAVENOUS SOLUTION	5	B/D PA; NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide oral capsule</i>	3	B/D PA
CYCLOPHOSPHAMID E ORAL TABLET	3	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
CYRAMZA	5	PA; NDS
<i>cytarabine</i>	4	B/D PA
<i>cytarabine (pf)</i>	4	B/D PA
<i>dacarbazine</i>	4	B/D PA
<i>dactinomycin</i>	4	B/D PA
DANYELZA	4	PA
DANZITEN	5	PA; QL (112/28); NDS
DARZALEX	5	PA; NDS
DARZALEX FASPRO	5	PA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; QL (30/30); NDS
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; QL (60/30); NDS
DATROWAY	5	PA; NDS
<i>daunorubicin</i>	4	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60/30); NDS
<i>decitabine</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA
DOCIVYX	5	B/D PA; NDS
<i>doxorubicin intravenous recon soln 50 mg</i>	4	B/D PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 50 mg/25 ml</i>	4	B/D PA
<i>doxorubicin intravenous solution 20 mg/10 ml</i>	5	B/D PA; NDS
<i>doxorubicin, peg-liposomal</i>	4	B/D PA
DROXIA	4	
ELAHERE	5	PA; LA; NDS
ELREXFIO	5	PA; NDS
ELZONRIS	5	PA; NDS
EMPLICITI	5	PA; NDS
EMRELIS	5	PA; NDS
ENHERTU	5	PA; NDS
ENVARSUS XR	4	B/D PA
<i>epirubicin intravenous solution</i>	4	B/D PA
EPKINLY	4	PA
ERBITUX	5	B/D PA; NDS
<i>eribulin</i>	5	PA; NDS
ERIVEDGE	5	PA; QL (30/30); NDS

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Drug Name	Drug Tier	Requirements/ Limits
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30/30); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120/30); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30/30); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60/30); NDS
ETOPOPHOS	4	B/D PA
<i>etoposide intravenous</i>	3	B/D PA
EULEXIN	5	NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; QL (30/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (330/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (240/30); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (180/30); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	4	B/D PA
<i>everolimus (immunosuppressive) oral tablet 0.75 mg, 1 mg</i>	5	B/D PA; NDS
EVOMELA	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>exemestane</i>	4	
FARYDAK	5	PA; QL (6/21); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA
<i>floxuridine</i>	4	B/D PA
<i>fludarabine</i>	4	B/D PA
<i>fluorouracil intravenous</i>	4	B/D PA
FOLOTYN	5	B/D PA; NDS
FOTIVDA	5	PA; LA; QL (21/28); NDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84/28); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21/28); NDS
<i>fulvestrant</i>	5	B/D PA; NDS
FYARRO	4	PA
GAVRETO	5	PA; LA; QL (120/30); NDS
GAZYVA	5	PA; NDS
<i>gefitinib</i>	5	PA; QL (30/30); NDS
<i>gemcitabine intravenous recon soln</i>	4	B/D PA

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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>	4	B/D PA
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
<i>gengraf</i>	4	B/D PA
GILOTRIF	5	PA; QL (30/30); NDS
GLEOSTINE	4	
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126/28); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84/28); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168/28); NDS
GRAFAPEX	5	B/D PA; NDS
HERNEXEOS	5	PA; QL (90/30); NDS
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL (21/28); NDS
IBTROZI	5	PA; QL (90/30); NDS
ICLUSIG	5	PA; QL (30/30); NDS
<i>idarubicin</i>	4	B/D PA
IDHIFA	5	PA; LA; QL (30/30); NDS
<i>ifosfamide</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
<i>imatinib oral tablet 100 mg</i>	3	PA; QL (180/30)
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60/30); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120/30); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30/30); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324/30); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30/30); NDS
IMDELLTRA	5	PA; NDS
IMFINZI	5	PA; NDS
IMJUDO	5	PA; NDS
IMKELDI	5	PA; QL (280/28); NDS
INLYTA ORAL TABLET 1 MG	5	PA; QL (180/30); NDS
INLYTA ORAL TABLET 5 MG	5	PA; QL (120/30); NDS
INQOVI	5	PA; QL (5/28); NDS
INREBIC	5	PA; LA; QL (120/30); NDS
<i>irinotecan</i>	4	B/D PA
ITOVEBI	5	PA; QL (60/30); NDS
IWILFIN	5	PA; LA; QL (240/30); NDS
IXEMPRA	4	B/D PA
JAKAFI	5	PA; QL (60/30); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
JAYPIRCA	5	PA; NDS
JEMPERLI	5	PA; NDS
JEVTANA	5	B/D PA; NDS
JYLAMVO	4	
KADCYLA	5	PA; NDS
KANJINTI	5	PA; NDS
KEYTRUDA	5	PA; NDS
KIMMTRAK	4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)- 2.5 MG	5	PA; QL (70/28); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)- 2.5 MG	5	PA; QL (91/28); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21/28); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42/28); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63/28); NDS
KLISYRI (250 MG)	4	ST; QL (5/30)
KLISYRI (350 MG)	4	ST; QL (5/30)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; QL (240/30); NDS
KOSELUGO ORAL CAPSULE 25 MG	5	PA; QL (120/30); NDS
KRAZATI	5	PA; QL (180/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
KYPROLIS	5	B/D PA; NDS
<i>lapatinib</i>	5	PA; QL (180/30); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30/30); NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60/30); NDS
<i>lenalidomide</i>	5	PA; LA; QL (28/28); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; QL (30/30); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; QL (90/30); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; QL (60/30); NDS
<i>letrozole</i>	2	
LEUKERAN	4	
LEUPROLIDE ACETATE (3 MONTH)	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA
LIBTAYO	5	PA; NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100/28); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80/28); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
LOQTORZI	5	PA; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30/30); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90/30); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240/30); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120/30); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90/30); NDS
LUNSUMIO	5	PA; NDS
LUPRON DEPOT	5	PA; NDS
LUPRON DEPOT (3 MONTH)	4	PA
LUPRON DEPOT (4 MONTH)	4	PA
LUPRON DEPOT (6 MONTH)	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA
LUTRATE DEPOT (3 MONTH)	4	PA

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

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>mercaptopurine oral tablet</i>	4	
<i>methotrexate sodium (pf)</i>	4	B/D PA
<i>methotrexate sodium injection</i>	4	B/D PA
<i>methotrexate sodium oral</i>	3	
<i>mitomycin intravenous</i>	5	B/D PA; NDS
<i>mitoxantrone</i>	4	B/D PA
MODEYSO	5	PA; QL (20/28); NDS
MONJUVI	5	PA; NDS
MVASI	5	PA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; NDS
<i>mycophenolate mofetil oral tablet</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
MYLOTARG	5	PA; NDS
<i>nelarabine</i>	4	B/D PA
NERLYNX	5	PA; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; QL (112/28); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; QL (120/28); NDS
<i>nilutamide</i>	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
NINLARO	5	PA; QL (3/28); NDS
NIPENT	4	B/D PA
NUBEQA	5	PA; LA; QL (120/30); NDS
NULOJIX	5	B/D PA; NDS
<i>octreotide acetate</i>	4	PA
ODOMZO	5	PA; LA; QL (30/30); NDS
OGIVRI	5	PA; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56/28); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180/30); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96/28); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16/28); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20/28); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24/28); NDS
OJJAARA	5	PA; QL (30/30); NDS
ONCASPAR	4	B/D PA
ONIVYDE	5	PA; NDS
ONUREG	5	PA; QL (14/28); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
OPDIVO	5	PA; NDS
OPDIVO QVANTIG	5	PA; NDS
OPDUALAG	5	PA; NDS
ORGOVYX	5	PA; LA; QL (30/28); NDS
ORSERDU	5	PA; LA; NDS
<i>oxaliplatin</i>	4	B/D PA
<i>paclitaxel</i>	4	B/D PA
<i>paclitaxel protein-bound</i>	5	PA; NDS
PADCEV	5	PA; NDS
<i>pazopanib</i>	5	PA; QL (120/30); NDS
PEMAZYRE	5	PA; LA; QL (14/21); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	PA; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	PA
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
PERJETA	5	PA; NDS
PHESGO	5	PA; NDS
PIQRAY	5	PA; NDS
POLIVY	5	PA; NDS
POMALYST	5	PA; LA; QL (21/28); NDS
POTELIGEO	5	PA; NDS
PRALATREXATE	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
QINLOCK	5	PA; LA; QL (90/30); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; LA; QL (60/30); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; LA; QL (180/30); NDS
RETEVMO ORAL TABLET 80 MG	5	PA; LA; QL (120/30); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120/30); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60/30); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240/30); NDS
REZLIDHIA	5	PA; QL (60/30); NDS
REZUROCK	5	PA; LA; QL (30/30); NDS
<i>romidepsin intravenous recon soln</i>	5	PA; NDS
ROMVIMZA	5	PA; LA; QL (8/28); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150/30); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90/30); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (360/30); NDS
RUBRACA	5	PA; LA; QL (120/30); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
RUXIENCE	5	PA; NDS
RYBREVA	4	PA
RYDAPT	5	PA; QL (224/28); NDS
RYLAZE	4	B/D PA
SARCLISA	5	PA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600/30); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300/30); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	5	B/D PA; NDS
<i>sirolimus</i>	4	B/D PA
SOLTAMOX	5	NDS
SOMATULINE DEPOT	5	PA; NDS
<i>sorafenib</i>	5	PA; QL (120/30); NDS
STIVARGA	5	PA; QL (84/28); NDS
<i>sunitinib malate</i>	5	PA; QL (30/30); NDS
SYLVANT	5	B/D PA; NDS
TABLOID	4	
TABRECTA	5	PA; NDS
<i>tacrolimus oral capsule</i>	4	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120/30); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
TAGRIS	5	PA; LA; QL (30/30); NDS
TALVEY	4	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30/30); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90/30); NDS
<i>tamoxifen</i>	2	
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	PA; NDS
TECENTRIQ HYBREZA	5	PA; LA; NDS
TECVAYLI	4	PA
TEMODAR INTRAVENOUS	4	B/D PA
<i>temsirolimus</i>	5	B/D PA; NDS
TEPMETKO	5	PA; LA; QL (60/30); NDS
TEVIMBRA	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112/28); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (56/28); NDS
<i>thiotepa</i>	4	PA
TIBSOVO	5	PA; NDS
TIVDAK	4	PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; NDS
<i>topotecan intravenous solution</i>	4	B/D PA
<i>toremifene</i>	4	
TRAZIMERA	5	PA; NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin</i> (antineoplastic)	5	NDS
TRIPTODUR	4	PA; QL (1/168)
TRODELVY	5	PA; NDS
TRUQAP	5	PA; QL (64/28); NDS
TRUXIMA	5	PA; NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120/30); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300/30); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120/30); NDS
UNITUXIN	5	PA; NDS
<i>valrubicin</i>	4	B/D PA
VANFLYTA	5	PA; QL (56/28); NDS
VECTIBIX	5	PA; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60/30)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120/30); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30/30); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (84/365); NDS
VERZENIO	5	PA; LA; QL (60/30); NDS
<i>vinblastine</i>	4	B/D PA
<i>vincristine</i>	4	B/D PA
<i>vinorelbine</i>	4	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180/30); NDS
VITRAKVI ORAL SOLUTION	5	PA; LA; QL (300/30); NDS
VIZIMPRO	5	PA; QL (30/30); NDS
VONJO	5	PA; QL (120/30); NDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60/30); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30/30); NDS
VYLOY	5	PA; NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; QL (90/30); NDS
XALKORI ORAL CAPSULE	5	PA; QL (60/30); NDS
XALKORI ORAL PELLET 150 MG	5	PA; QL (180/30); NDS
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; QL (120/30); NDS
XATMEP	4	
XERMELO	5	PA; LA; QL (84/28); NDS
XOSPATA	5	PA; LA; NDS
XPOVIO	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 40 MG	5	PA; QL (120/30); NDS
XTANDI ORAL TABLET 80 MG	5	PA; QL (60/30); NDS

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Covered Drugs by Category

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

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	5	QL (600/30); NDS
BRIVIACT ORAL TABLET	5	QL (60/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	
<i>carbamazepine oral suspension</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet extended release 12 hr</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
<i>clobazam oral suspension</i>	4	PA; QL (480/30)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120/30)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60/30)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300/30)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	4	QL (90/30)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	4	QL (120/30)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	QL (300/30)
DIACOMIT	5	LA; NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam rectal</i>	4	
DILANTIN	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	
<i>divalproex oral tablet extended release 24 hr</i>	4	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	3	
EPIDIOLEX	5	PA; LA; NDS
EPRONTIA	4	PA
<i>eslicarbazepine oral tablet 200 mg</i>	5	QL (180/30); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	5	QL (90/30); NDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	QL (60/30); NDS
<i>ethosuximide</i>	4	
<i>felbamate</i>	4	
FINTEPLA	5	PA; LA; QL (360/30); NDS
<i>fosphenytoin</i>	3	
FYCOMPA ORAL SUSPENSION	5	QL (720/30); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30/30); NDS
FYCOMPA ORAL TABLET 2 MG	4	QL (60/30)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60/30); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>gabapentin oral capsule 400 mg</i>	2	QL (270/30)
<i>gabapentin oral solution</i>	4	QL (2160/30)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180/30)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120/30)
<i>lacosamide intravenous</i>	5	QL (1200/30); NDS
<i>lacosamide oral solution</i>	4	QL (1200/30)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	QL (60/30)
<i>lacosamide oral tablet 50 mg</i>	3	QL (120/30)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	3	
<i>lamotrigine oral tablets, dose pack</i>	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	4	
<i>levetiracetam intravenous</i>	3	
<i>levetiracetam oral solution</i>	3	
<i>levetiracetam oral tablet</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	3	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	4	
<i>methsuximide</i>	3	
NAYZILAM	4	PA; QL (10/30)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	QL (30/30); NDS
<i>perampanel oral tablet 2 mg</i>	4	QL (60/30)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	QL (60/30); NDS
<i>phenobarbital oral elixir</i>	4	PA; QL (1500/30)
<i>phenobarbital oral tablet</i>	4	PA; QL (120/30)
<i>phenobarbital sodium injection solution</i>	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg</i>	2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium intravenous solution</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	QL (120/30)
<i>pregabalin oral capsule 200 mg</i>	4	QL (90/30)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	QL (60/30)
<i>pregabalin oral solution</i>	3	QL (900/30)
PRIMIDONE ORAL TABLET 125 MG	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension</i>	5	PA; NDS
<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA; NDS
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN	5	PA; QL (60/30); NDS
<i>tiagabine</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	3	PA
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	3	PA
<i>topiramate oral solution</i>	4	PA
<i>topiramate oral tablet</i>	2	PA
<i>valproate sodium</i>	3	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt)</i>	2	
VALTOCO	5	PA; QL (10/30); NDS
<i>vigabatrin</i>	5	PA; LA; QL (180/30); NDS
<i>vigadrone</i>	5	PA; LA; QL (180/30); NDS
VIGAFYDE	5	PA; LA; QL (900/30); NDS
<i>vigpoder</i>	5	PA; LA; QL (180/30); NDS
XCOPRI MAINTENANCE PACK	5	PA; QL (56/28); NDS
XCOPRI ORAL TABLET 100 MG	5	PA; QL (120/30); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60/30); NDS
XCOPRI ORAL TABLET 25 MG	5	PA; QL (480/30); NDS
XCOPRI ORAL TABLET 50 MG	5	PA; QL (240/30); NDS

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	4	PA; QL (56/365)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (56/365); NDS
ZONISADE	5	PA; NDS
<i>zonisamide</i>	2	PA
ZTALMY	4	PA; LA; QL (1080/30)

ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	4	
<i>benztropine oral</i>	2	
<i>bromocriptine</i>	4	
<i>carbidopa</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	3	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	4	
<i>entacapone</i>	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300/30); NDS
ONGENTYS	3	
<i>pramipexole oral tablet</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>rasagiline</i>	4	
<i>ropinirole oral tablet</i>	2	
RYTARY	4	ST
<i>selegiline hcl</i>	3	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL (1/30)
<i>dihydroergotamine nasal</i>	5	PA; QL (8/28); NDS
<i>ergotamine-caffeine</i>	3	
<i>naratriptan</i>	3	QL (18/28)
NURTEC ODT	5	PA; QL (16/30); NDS
<i>rizatriptan oral tablet</i>	3	QL (36/28)
<i>rizatriptan oral tablet, disintegrating</i>	4	QL (36/28)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	QL (18/28)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	QL (36/28)
<i>sumatriptan succinate oral</i>	2	QL (18/28)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8/28)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8/28)

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120/30); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; QL (120/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60/30); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; QL (240/30); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; QL (56/365); NDS
<i>dalfampridine</i>	3	PA; QL (60/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; QL (14/30)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120/365)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60/30); NDS
<i>donepezil oral tablet 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet 5 mg</i>	2	QL (30/30)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	QL (60/30)
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	QL (30/30)
EDARAVONE	4	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	QL (30/30)
<i>galantamine oral solution</i>	4	QL (200/30)
<i>galantamine oral tablet</i>	3	QL (60/30)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30/30); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12/28); NDS
INGREZZA	5	PA; LA; QL (30/30); NDS
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (56/365); NDS

Drug Name	Drug Tier	Requirements/ Limits
INGREZZA SPRINKLE	5	PA; LA; QL (30/30); NDS
KESIMPTA PEN	5	PA; QL (1.6/28); NDS
<i>memantine oral solution</i>	4	PA; QL (300/30)
<i>memantine oral tablet 10 mg</i>	3	PA; QL (60/30)
<i>memantine oral tablet 5 mg</i>	3	PA; QL (90/30)
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA; QL (98/365)
<i>memantine-donepezil</i>	3	PA
NUDEXTA	5	PA; NDS
RADICAVA	4	PA
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	4	QL (60/30)
<i>teriflunomide</i>	5	PA; QL (30/30); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240/30)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120/30); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>baclofen oral tablet 15 mg</i>	3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA
<i>dantrolene oral</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
<i>tizanidine oral tablet</i>	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	3	QL (4500/30)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	3	QL (4500/30); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	QL (360/30); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180/30); NDS
<i>buprenorphine hcl injection solution</i>	5	NDS
<i>buprenorphine hcl injection syringe</i>	4	NDS
<i>buprenorphine hcl sublingual</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>endocet</i>	3	QL (360/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; QL (120/30); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120/30); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10/30); NDS
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml</i>	4	QL (5550/30); NDS
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 7.5-325 MG/15 ML	4	QL (5550/30); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (50/30); NDS
<i>hydromorphone oral liquid</i>	4	QL (2400/30); NDS
<i>hydromorphone oral tablet</i>	4	QL (180/30); NDS
INFUMORPH P/F	4	B/D PA; NDS
<i>methadone injection solution</i>	4	NDS
<i>methadone intensol</i>	4	QL (90/30); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone oral concentrate</i>	4	QL (90/30); NDS
<i>methadone oral solution 10 mg/5 ml</i>	4	QL (600/30); NDS
<i>methadone oral solution 5 mg/5 ml</i>	4	QL (1200/30); NDS
<i>methadone oral tablet 10 mg</i>	3	QL (120/30); NDS
<i>methadone oral tablet 5 mg</i>	3	QL (240/30); NDS
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	NDS
<i>morphine concentrate oral solution</i>	4	QL (900/30); NDS
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	NDS
<i>morphine injection solution 8 mg/ml</i>	4	NDS
MORPHINE INJECTION SYRINGE 2 MG/ML	4	NDS
<i>morphine injection syringe 4 mg/ml</i>	4	NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	NDS
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	4	NDS
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NDS
<i>morphine oral solution</i>	4	QL (900/30); NDS
<i>morphine oral tablet</i>	3	QL (180/30); NDS
<i>morphine oral tablet extended release</i>	3	QL (120/30); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180/30); NDS
<i>oxycodone oral tablet 5 mg</i>	3	QL (360/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG	3	QL (180/30); NDS
OXYCODONE ORAL TABLET, ORAL ONLY 5 MG	3	QL (360/30); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360/30); NDS
<i>oxymorphone oral tablet extended release 12 hr</i>	4	QL (90/30); NDS
SUBLOCADE	5	NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	4	
<i>buprenorphine-naloxone sublingual tablet</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>butorphanol nasal</i>	4	QL (10/28); NDS
<i>celecoxib</i>	4	QL (60/30)
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	4	PA; QL (300/28)
<i>diclofenac sodium topical gel 1 %</i>	3	QL (1000/28)
<i>diflunisal</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	4	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
KLOXXADO	3	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (60/30)
<i>nabumetone</i>	2	
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	3	
<i>naltrexone</i>	3	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet</i>	4	
<i>sulindac</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240/30); NDS
<i>tramadol-acetaminophen</i>	2	QL (240/30); NDS
VIVITROL	5	NDS
ZIMHI	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4/56); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2/56); NDS
ABILIFY MAINTENA	5	QL (1/28); NDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120/30)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150/30)
<i>amitriptyline</i>	4	
<i>amoxapine</i>	3	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	4	QL (60/30)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	QL (30/30)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	4	QL (60/30)
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (90/30)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60/30)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30/30)
AUVELITY	5	ST; QL (60/30); NDS
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (120/30)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180/30)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	QL (90/30)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	QL (30/30)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	3	QL (120/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	3	QL (60/30)
<i>buspirone</i>	2	
CAPLYTA	5	QL (30/30); NDS
<i>chlorpromazine</i>	4	
<i>citalopram oral solution</i>	4	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (60/30)
<i>citalopram oral tablet 40 mg</i>	1	QL (30/30)
<i>clomipramine</i>	4	
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180/30)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (90/30)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360/30)
<i>clozapine oral tablet 100 mg, 200 mg</i>	4	
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
COBENFY	5	ST; QL (60/30); NDS
COBENFY STARTER PACK	5	ST; QL (56/180); NDS
DAYVIGO	4	QL (30/30)
<i>desipramine</i>	4	

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Covered Drugs by Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	3	QL (360/30)
<i>diazepam injection</i>	2	
<i>diazepam intensol</i>	3	QL (360/30)
<i>diazepam oral concentrate</i>	3	QL (360/30)
<i>diazepam oral solution</i>	4	QL (1800/30)
<i>diazepam oral tablet</i>	2	QL (180/30)
<i>doxepin oral capsule</i>	4	
<i>doxepin oral concentrate</i>	4	
<i>doxepin oral tablet</i>	4	QL (30/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	4	QL (60/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	4	QL (120/30)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	3	QL (60/30)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	3	QL (120/30)
EMSAM	5	QL (30/30); NDS
<i>escitalopram oxalate oral solution</i>	4	QL (600/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	2	QL (60/30)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30/30)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	5	PA; QL (60/30); NDS
FANAPT ORAL TABLET 8 MG	5	PA; QL (90/30); NDS
FANAPT TITRATION PACK A	4	PA; QL (16/365)
FANAPT TITRATION PACK B	4	PA; QL (24/365)
FANAPT TITRATION PACK C	4	PA; QL (16/365)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (56/365)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST; QL (30/30)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (120/30)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	2	QL (90/30)
<i>fluoxetine oral solution</i>	2	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral concentrate</i>	4	
<i>fluphenazine hcl oral elixir</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl oral tablet</i>	3	
<i>fluvoxamine oral tablet 100 mg</i>	3	QL (90/30)
<i>fluvoxamine oral tablet 25 mg</i>	2	QL (90/30)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (120/30)
<i>guanfacine oral tablet extended release 24 hr</i>	4	QL (30/30)
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	
<i>haloperidol oral tablet 0.5 mg, 2 mg, 20 mg</i>	2	
<i>haloperidol oral tablet 1 mg, 10 mg, 5 mg</i>	3	
<i>imipramine hcl</i>	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5/180); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5/180); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1/28); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5/28); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25/28)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5/28); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75/90); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63/90); NDS
<i>lisdexamfetamine oral tablet, chewable</i>	4	QL (30/30)
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam injection</i>	4	
<i>lorazepam intensol</i>	3	QL (150/30)
<i>lorazepam oral concentrate</i>	3	QL (150/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90/30)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150/30)
<i>loxapine succinate</i>	4	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30/30)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60/30)
MARPLAN	4	QL (180/30)
<i>metadate er</i>	4	
<i>methylphenidate hcl oral tablet</i>	3	QL (90/30)
<i>methylphenidate hcl oral tablet extended release</i>	4	
<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>	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	3	QL (30/30)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30/30)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60/30)
<i>molindone</i>	4	
<i>nefazodone</i>	4	
<i>nortriptyline oral capsule</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline oral solution</i>	3	
NUPLAZID	5	PA; QL (30/30); NDS
<i>olanzapine intramuscular</i>	4	QL (30/30)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet 15 mg, 20 mg</i>	4	QL (30/30)
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	4	QL (60/30)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	4	QL (30/30)
OPIPZA ORAL FILM 10 MG	5	ST; QL (90/30); NDS
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (60/30); NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	4	PA; QL (30/30)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	4	PA; QL (60/30)
<i>paroxetine hcl oral suspension</i>	4	QL (900/30)
<i>paroxetine hcl oral tablet 10 mg</i>	2	QL (180/30)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	2	QL (30/30)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60/30)
<i>perphenazine</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine-amitriptyline</i>	4	
<i>phenelzine</i>	3	
<i>pimozide</i>	4	
<i>protriptyline</i>	4	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (120/30)
QUETIAPINE ORAL TABLET 150 MG	2	QL (90/30)
<i>quetiapine oral tablet 200 mg</i>	2	QL (90/30)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60/30)
RALDESY	5	NDS
REXULTI ORAL TABLET	5	QL (30/30); NDS
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	4	QL (2/28)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2/28); NDS
<i>risperidone oral solution</i>	4	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 4 mg</i>	2	QL (120/30)
<i>risperidone oral tablet 1 mg</i>	2	QL (180/30)
<i>risperidone oral tablet 2 mg</i>	2	QL (90/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone oral tablet 3 mg</i>	2	QL (60/30)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	4	QL (120/30)
<i>risperidone oral tablet, disintegrating 1 mg</i>	4	QL (180/30)
<i>risperidone oral tablet, disintegrating 2 mg</i>	4	QL (90/30)
<i>risperidone oral tablet, disintegrating 3 mg</i>	4	QL (60/30)
SECUADO	5	QL (30/30); NDS
<i>sertraline oral concentrate</i>	4	
<i>sertraline oral tablet</i>	1	QL (60/30)
SODIUM OXYBATE	5	PA; LA; QL (540/30); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (16/28)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (18/28)
<i>tasimelteon</i>	5	PA; QL (30/30); NDS
<i>thioridazine</i>	4	
<i>thiothixene</i>	4	
<i>tranylcypromine</i>	4	
<i>trazodone</i>	2	
<i>trifluoperazine oral tablet 1 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluoperazine oral tablet 10 mg, 2 mg, 5 mg</i>	4	
<i>trimipramine</i>	4	
TRINTELLIX	4	ST; QL (30/30)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (60/30)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg</i>	2	QL (90/30)
<i>venlafaxine oral tablet 50 mg, 75 mg</i>	2	QL (120/30)
VERSACLOZ	5	NDS
<i>vilazodone</i>	4	QL (30/30)
VRAYLAR ORAL CAPSULE	5	QL (30/30); NDS
<i>ziprasidone hcl oral capsule 20 mg</i>	4	QL (180/30)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	QL (120/30)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (60/30)
<i>ziprasidone mesylate</i>	4	QL (6/30)
<i>zolpidem oral tablet</i>	2	QL (30/30)
ZURZUVAE	4	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; QL (2/28)

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Covered Drugs by Category

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

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone intravenous solution</i>	4	B/D PA
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide</i>	4	
<i>lidocaine (pf) intravenous</i>	4	
<i>mexiletine</i>	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	
SOTYLIZE	4	

Drug Name	Drug Tier	Requirements/ Limits
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	
<i>aliskiren</i>	4	
<i>amiloride</i>	2	
<i>amiloride- hydrochlorothiazide</i>	2	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan- hcthiacid</i>	3	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril</i>	1	
<i>benazepril- hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	2	
<i>bisoprolol- hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	
<i>bumetanide oral tablet 2 mg</i>	3	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60/30)
<i>candesartan oral tablet 32 mg</i>	3	QL (30/30)

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Covered Drugs by Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>ethacrynate sodium</i>	4	
<i>felodipine</i>	2	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection solution</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
FUROSEMIDE ORAL SOLUTION 40 MG/4 ML	2	
<i>furosemide oral tablet</i>	1	
<i>hydralazine injection</i>	4	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>irbesartan</i>	1	QL (30/30)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>isosorbide-hydralazine</i>	3	QL (180/30)
KERENDIA	3	PA; QL (30/30)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	QL (60/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30/30)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60/30)
<i>matzim la</i>	3	
<i>metolazone</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol ta-hydrochlorothiaz</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine</i>	5	PA; NDS
<i>minoxidil oral</i>	2	
<i>moexipril</i>	1	
<i>nicardipine intravenous solution</i>	4	
<i>nicardipine oral</i>	4	
<i>nifedipine oral tablet extended release</i>	3	
<i>nifedipine oral tablet extended release 24hr</i>	3	
<i>nimodipine oral capsule</i>	4	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM MONTH 1 TITRATION KT	5	PA; NDS
ORENITRAM MONTH 2 TITRATION KT	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 3 TITRATION KT	5	PA; NDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NDS
<i>perindopril erbumine</i>	1	
<i>pindolol</i>	3	
<i>prazosin</i>	4	
<i>propranolol oral capsule, extended release 24 hr</i>	4	
<i>propranolol oral solution</i>	4	
<i>propranolol oral tablet</i>	2	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	2	
<i>spironolacton-hydrochlorothiaz</i>	2	
<i>telmisartan</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30/30)
<i>terazosin oral capsule 10 mg</i>	1	QL (60/30)
<i>tiadylt er</i>	3	
<i>timolol maleate oral</i>	4	
<i>torse mide oral</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>trandolapril</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan oral tablet</i> 160 mg, 40 mg, 80 mg	1	QL (60/30)
<i>valsartan oral tablet</i> 320 mg	1	QL (30/30)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30/30)
<i>verapamil intravenous solution</i>	4	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	3	
<i>verapamil oral capsule, ext rel. pellets</i> 24 hr 120 mg, 180 mg, 240 mg	3	
<i>verapamil oral capsule, ext rel. pellets</i> 24 hr 360 mg	4	
<i>verapamil oral tablet</i>	2	
<i>verapamil oral tablet extended release</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution</i>	5	NDS
<i>aminocaproic acid oral tablet</i>	4	
<i>cilostazol</i>	2	
<i>clopidogrel oral tablet</i> 300 mg	4	
<i>clopidogrel oral tablet</i> 75 mg	1	QL (30/30)
<i>dipyridamole oral</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>DOPTELET (10 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET (15 TAB PACK)</i>	5	PA; LA; NDS
<i>DOPTELET (30 TAB PACK)</i>	5	PA; LA; NDS
<i>ELIQUIS DVT-PE TREAT 30D START</i>	3	
<i>ELIQUIS ORAL TABLET</i>	3	
<i>eltrombopag olamine oral powder in packet</i> 12.5 mg	5	PA; QL (360/30); NDS
<i>eltrombopag olamine oral powder in packet</i> 25 mg	5	PA; QL (180/30); NDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg</i>	5	PA; QL (30/30); NDS
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60/30); NDS
<i>enoxaparin</i>	4	
<i>fondaparinux subcutaneous syringe</i> 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NDS
<i>fondaparinux subcutaneous syringe</i> 2.5 mg/0.5 ml	4	
<i>heparin (porcine) in 5 % dex</i>	4	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i> 1,000 unit/500 ml	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	4	
<i>heparin (porcine) injection solution</i>	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	4	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	2	
<i>rivaroxaban</i>	3	
<i>ticagrelor</i>	4	QL (60/30)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	3	
XARELTO ORAL TABLET	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	QL (30/30)
<i>cholestyramine (with sugar)</i>	3	
<i>cholestyramine light</i>	3	
<i>colestipol oral granules</i>	4	
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	3	
<i>ezetimibe</i>	2	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>ezetimibe-simvastatin</i>	1	QL (30/30)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline)</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30/30)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60/30)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	QL (30/30)
<i>gemfibrozil</i>	2	
<i>icosapent ethyl</i>	4	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30/30)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60/30)
NEXLETOL	3	PA; QL (30/30)
<i>niacin oral tablet extended release 24 hr</i>	4	
<i>pitavastatin calcium</i>	1	QL (30/30)
<i>pravastatin</i>	1	QL (30/30)
<i>prevalite</i>	3	
REPATHA PUSHTRONEX	3	PA; QL (7/28)
REPATHA SURECLICK	3	PA; QL (6/28)
REPATHA SYRINGE	3	PA; QL (6/28)
<i>rosuvastatin</i>	1	QL (30/30)
<i>simvastatin</i>	1	QL (30/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA; QL (30/30); NDS
<i>digoxin injection solution</i>	4	
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	3	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	4	
ENTRESTO SPRINKLE	3	QL (240/30)
<i>ivabradine</i>	4	PA; QL (60/30)
LANOXIN PEDIATRIC	4	
<i>ranolazine</i>	4	QL (60/30)
<i>sacubitril-valsartan</i>	3	QL (60/30)
VERQUVO	3	PA; QL (30/30)
VYNDAQEL	5	PA; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	4	
<i>isosorbide mononitrate</i>	2	
<i>nitroglycerin sublingual</i>	3	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGICALS/ TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA
<i>calcipotriene scalp</i>	3	QL (120/30)
<i>calcipotriene topical cream</i>	4	QL (120/30)
<i>calcipotriene topical ointment</i>	4	QL (120/30)
COSENTYX (2 SYRINGES)	5	PA; QL (10/28); NDS
COSENTYX INTRAVENOUS	5	PA; NDS
COSENTYX PEN	5	PA; QL (10/28); NDS
COSENTYX PEN (2 PENS)	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (10/28); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; QL (2.5/28); NDS
COSENTYX UNOREADY PEN	5	PA; QL (10/28); NDS
SELARSDI INTRAVENOUS	5	PA; QL (104/180); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5/28)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL (2/28); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; QL (2/28); NDS
STELARA INTRAVENOUS	5	PA; QL (104/180); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
TREMFYA INTRAVENOUS	5	PA; QL (20/28); NDS
TREMFYA PEN	5	PA; QL (2/28); NDS
TREMFYA PEN INDUCTION PK- CROHN	5	PA; QL (24/365); NDS
TREMFYA SUBCUTANEOUS	5	PA; QL (2/28); NDS
USTEKINUMAB INTRAVENOUS	5	PA; QL (104/180); NDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; QL (0.5/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5/28); NDS
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1/28); NDS
ZORYVE TOPICAL CREAM 0.15 %	4	PA; QL (60/30)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56/28); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8/28); NDS
<i>fluorouracil topical cream 5 %</i>	3	
<i>fluorouracil topical solution</i>	3	
<i>glydo</i>	3	QL (60/30)
<i>imiquimod topical cream in packet 5 %</i>	4	
<i>lidocaine (pf) injection solution</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl injection solution</i>	4	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	3	QL (60/30)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	4	PA; QL (90/30)
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (30/30)
<i>methoxsalen</i>	5	NDS
PANRETIN	5	NDS
<i>pimecrolimus</i>	4	PA; QL (100/30)
<i>podofilox topical solution</i>	4	
SANTYL	4	QL (180/30)
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>tacrolimus topical</i>	4	PA; QL (100/30)
VALCHLOR	5	PA; NDS
ZTLIDO	4	PA; QL (90/30)
THERAPY FOR ACNE		
<i>adapalene topical gel 0.3 %</i>	4	QL (45/30)

Drug Name	Drug Tier	Requirements/ Limits
<i>adapalene topical gel with pump</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	4	QL (120/30)
<i>clindamycin phosphate topical gel, once daily</i>	4	QL (120/30)
<i>clindamycin phosphate topical lotion</i>	3	QL (120/30)
<i>clindamycin phosphate topical solution</i>	4	QL (120/30)
<i>clindamycin phosphate topical swab</i>	4	QL (60/30)
<i>ery pads</i>	4	
<i>erythromycin with ethanol topical gel</i>	4	
<i>erythromycin with ethanol topical solution</i>	3	
<i>erythromycin-benzoyl peroxide</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	
<i>tazarotene topical cream</i>	3	PA
<i>tazarotene topical gel</i>	4	PA
<i>tretinoin microspheres topical gel 0.1 %</i>	4	PA
<i>tretinoin microspheres topical gel with pump 0.1 %</i>	4	PA
<i>tretinoin topical cream</i>	4	PA
<i>tretinoin topical gel 0.01 %</i>	3	PA

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin topical gel</i> 0.025 %, 0.05 %	4	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	QL (60/30)
<i>gentamicin topical ointment</i>	3	
<i>mupirocin</i>	2	QL (44/30)
<i>mupirocin calcium</i>	4	QL (30/30)
<i>sulfacetamide sodium (acne)</i>	4	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	4	
<i>ciclopirox topical cream</i>	4	QL (90/28)
<i>ciclopirox topical shampoo</i>	4	QL (120/28)
<i>ciclopirox topical solution</i>	4	QL (6.6/28)
<i>ciclopirox topical suspension</i>	4	QL (60/28)
<i>clotrimazole topical cream</i>	3	QL (45/28)
<i>clotrimazole topical solution</i>	3	QL (30/28)
<i>clotrimazole- betamethasone topical cream</i>	4	QL (45/28)
<i>econazole nitrate</i>	4	QL (85/28)
<i>ketoconazole topical cream</i>	2	QL (60/28)
<i>ketoconazole topical shampoo</i>	2	QL (120/28)

Drug Name	Drug Tier	Requirements/ Limits
<i>klayesta</i>	3	QL (180/30)
<i>nyamyc</i>	3	QL (180/30)
<i>nystatin topical cream</i>	2	QL (30/28)
<i>nystatin topical ointment</i>	2	QL (30/28)
<i>nystatin topical powder</i>	3	QL (180/30)
<i>nystatin-triamcinolone</i>	4	QL (60/28)
<i>nystop</i>	3	QL (180/30)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i> 1 %	2	
<i>alclometasone</i>	3	
<i>betamethasone dipropionate</i>	4	
<i>betamethasone valerate topical cream</i>	3	
<i>betamethasone valerate topical lotion</i>	4	
<i>betamethasone valerate topical ointment</i>	3	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	4	
<i>betamethasone, augmented topical lotion</i>	4	
<i>betamethasone, augmented topical ointment</i>	4	
<i>desoximetasone topical cream</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>fluocinolone and shower cap</i>	4	
<i>fluocinolone topical cream 0.01 %</i>	3	
<i>fluocinolone topical cream 0.025 %</i>	4	
<i>fluocinolone topical oil</i>	4	
<i>fluocinolone topical ointment</i>	4	
<i>fluocinolone topical solution</i>	4	
<i>fluocinonide topical cream 0.05 %</i>	3	QL (120/30)
<i>fluocinonide topical gel</i>	4	QL (120/30)
<i>fluocinonide topical ointment</i>	4	QL (120/30)
<i>fluocinonide topical solution</i>	4	QL (120/30)
<i>fluticasone propionate topical cream</i>	4	
<i>fluticasone propionate topical ointment</i>	3	
<i>halobetasol propionate topical cream</i>	4	
<i>halobetasol propionate topical ointment</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>mometasone topical</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	3	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	
<i>permethrin</i>	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	4	
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	
<i>anagrelide</i>	3	
<i>carglumic acid</i>	5	PA; LA; NDS
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
CUVRIOR	5	PA; LA; QL (300/30); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
D5 % (D-GLUCOSE)-0.9 % SODCHLR	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	
<i>d5 %-0.45 % sodium chloride</i>	4	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	
<i>dextrose 5 %-lactated ringers</i>	4	
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE 50 % IN WATER (D50W) INTRAVENOUS PARENTERAL SOLUTION	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram</i>	4	
<i>droxidopa oral capsule 100 mg</i>	5	PA; QL (90/30); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; QL (180/30); NDS
GLASSIA	5	PA; LA; NDS
<i>glutamine (sickle cell)</i>	5	PA; QL (180/30); NDS
INCRELEX	4	PA; LA
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	
<i>levocarnitine oral solution 100 mg/ml</i>	4	
<i>levocarnitine oral tablet</i>	4	
<i>midodrine</i>	4	
<i>nitisinone</i>	5	NDS
<i>pilocarpine hcl oral</i>	4	
REVCovi	5	PA; NDS
REZDIFFRA	5	PA; QL (30/30); NDS
<i>riluzole</i>	3	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	PA; QL (510/30)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	PA; QL (150/30)
<i>sevelamer carbonate oral tablet</i>	4	PA; QL (510/30)
<i>sodium chloride 0.9 % intravenous</i>	4	
SODIUM CHLORIDE IRRIGATION	4	
<i>sodium phenylbutyrate</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps (with sorbitol) oral</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; QL (240/30); NDS
TZIELD	4	PA; QL (14/999)
VELTASSA ORAL POWDER IN PACKET 1 GRAM	4	QL (120/30)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	QL (30/30)
<i>water for irrigation, sterile</i>	4	
XIAFLEX	5	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	B/D PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	3	QL (60/30)

Drug Name	Drug Tier	Requirements/ Limits
NICOTROL NS	4	
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG	4	
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets,dose pack</i>	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	3	QL (60/30)
<i>chlorhexidine gluconate mucous membrane</i>	2	
<i>fluoride (sodium) dental</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30/30)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	3	QL (30/30)
<i>oralone</i>	4	
<i>periogard</i>	2	
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
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*triamcinolone
acetonide dental*

4

MISCELLANEOUS OTIC PREPARATIONS

acetic acid otic (ear)

3

flac otic oil

4

*fluocinolone acetonide
oil*

4

*hydrocortisone-acetic
acid*

4

ofloxacin otic (ear)

4

OTIC STEROID / ANTIBIOTIC

*ciprofloxacin-
dexamethasone*

3

*neomycin-polymyxin-
hc otic (ear)*

4

ENDOCRINE/DIABETES

ADRENAL HORMONES

cortisone

4

DEPO-MEDROL

4

*dexamethasone
intensol*

4

*dexamethasone oral
elixir*

3

*dexamethasone oral
solution*

3

*dexamethasone oral
tablet*

2

*dexamethasone
sodium phos (pf)
injection solution 10
mg/ml*

4

*dexamethasone
sodium phosphate
injection solution*

4

Drug Name	Drug Tier	Requirements/ Limits
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fludrocortisone

2

hydrocortisone oral

3

*hydrocortisone sod
succinate*

4

methylprednisolone

2

*methylprednisolone
acetate*

4

*methylprednisolone
sodium succ injection
recon soln 125 mg, 40
mg*

4

*methylprednisolone
sodium succ
intravenous*

4

*prednisolone oral
solution*

4

*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)*

4

prednisone intensol

4

*prednisone oral
solution*

4

prednisone oral tablet

2

*prednisone oral
tablets, dose pack*

2

SOLU-CORTEF ACT-
O-VIAL (PF)

4

*triamcinolone
acetonide injection
suspension 40 mg/ml*

4

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil</i>	3	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	QL (90/30)
<i>acarbose oral tablet 25 mg</i>	1	QL (360/30)
<i>acarbose oral tablet 50 mg</i>	1	QL (180/30)
<i>alcohol pads</i>	3	PA
ALCOHOL PREP PADS	3	PA
ALCOHOL SWABS	3	PA
ALCOHOL WIPES	3	PA
BAQSIMI	3	
CARETOUCH ALCOHOL PREP PAD	3	PA
CURITY ALCOHOL SWABS	3	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	3	QL (30/30)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	3	QL (60/30)
<i>diazoxide</i>	4	
DROPSAFE ALCOHOL PREP PADS	3	PA
EASY COMFORT ALCOHOL PAD	3	PA

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH ALCOHOL PREP PADS	3	PA
FARXIGA ORAL TABLET 10 MG	3	QL (30/30)
FARXIGA ORAL TABLET 5 MG	3	QL (60/30)
FIASP FLEXTOUCH U-100 INSULIN	3	
FIASP PENFILL U-100 INSULIN	3	
FIASP U-100 INSULIN	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240/30)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120/30)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60/30)
<i>glipizide oral tablet 10 mg</i>	1	QL (120/30)
GLIPIZIDE ORAL TABLET 2.5 MG	3	QL (30/30)
<i>glipizide oral tablet 5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60/30)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240/30)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120/30)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120/30)
GLUCAGON (HCL) EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	3	
GVOKE	3	QL (0.8/30)
GVOKE HYPOPEN 1-PACK	3	QL (0.8/30)
GVOKE HYPOPEN 2-PACK	3	QL (0.8/30)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8/30)
HUMULIN R U-500 (CONC) INSULIN	5	NDS
HUMULIN R U-500 (CONC) KWIKPEN	5	NDS
INSULIN ASP PRT-INSULIN ASPART	3	
INSULIN ASPART U-100	3	
IV PREP WIPES	3	PA
JANUMET	3	QL (60/30)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60/30)
JANUVIA	3	QL (30/30)
JARDIANCE	3	QL (30/30)
JENTADUETO	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60/30)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30/30)
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
<i>metformin oral solution</i>	1	QL (765/30)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75/30)
<i>metformin oral tablet 500 mg</i>	1	QL (150/30)
<i>metformin oral tablet 850 mg</i>	1	QL (90/30)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120/30)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60/30)
MOUNJARO	3	PA; QL (2/28)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide oral tablet 60 mg</i>	1	QL (180/30)
NOVOLIN 70/30 U-100 INSULIN	3	
NOVOLIN 70-30 FLEXPEN U-100	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N NPH U-100 INSULIN	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R REGULAR U100 INSULIN	3	
NOVOLOG FLEXPEN U-100 INSULIN	3	
NOVOLOG MIX 70-30 U-100 INSULIN	3	
NOVOLOG MIX 70-30 FLEXPEN U-100	3	
NOVOLOG PENFILL U-100 INSULIN	3	
NOVOLOG U-100 INSULIN ASPART	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3/28)
<i>pioglitazone</i>	1	QL (30/30)
PRO COMFORT ALCOHOL PADS	3	PA
PURE COMFORT ALCOHOL PADS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960/30)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480/30)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240/30)
RYBELSUS	3	PA; QL (30/30)
SOLIQUA 100/33	3	QL (15/24)
TOUJEO MAX U-300 SOLOSTAR	3	
TOUJEO SOLOSTAR U-300 INSULIN	3	
TRADJENTA	3	QL (30/30)
TRUE COMFORT ALCOHOL PADS	3	PA
TRUE COMFORT PRO ALCOHOL PADS	3	PA
TRULICITY	3	PA; QL (2/28)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30/30)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60/30)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; NDS
<i>cabergoline</i>	3	
<i>calcitonin (salmon) nasal</i>	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	
<i>calcitriol oral capsule</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol oral solution</i>	3	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; NDS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	QL (60/30)
<i>cinacalcet oral tablet 90 mg</i>	4	QL (120/30)
<i>danazol</i>	4	
<i>desmopressin injection</i>	4	
<i>desmopressin nasal spray with pump</i>	4	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	
<i>doxercalciferol</i>	4	
ELAPRASE	5	PA; NDS
FABRAZYME	5	NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; NDS
LUMIZYME	5	PA; NDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120/30); NDS
NAGLAZYME	5	PA; NDS
<i>pamidronate</i>	4	
<i>paricalcitol oral</i>	4	
<i>sapropterin</i>	5	PA; NDS

Drug Name	Drug Tier	Requirements/ Limits
SOMAVERT	5	PA; QL (30/30); NDS
SYNAREL	5	NDS
<i>testosterone cypionate</i>	3	
<i>testosterone enanthate</i>	4	
<i>testosterone transdermal gel</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300/30)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	QL (150/30)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	4	PA; QL (300/30)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	4	PA; QL (300/30)
<i>tolvaptan (polycys kidney dis) oral tablet</i>	5	PA; NDS
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (120/30); NDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60/30); NDS
<i>zoledronic acid intravenous solution</i>	4	B/D PA
ZOLEDRONIC AC- MANNITOL-0.9NACL	4	B/D PA

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
THYROID HORMONES		
<i>levo-t</i>	3	
<i>levothyroxine oral tablet</i>	2	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine oral</i>	3	
SYNTHROID	4	
<i>unithroid</i>	4	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine</i>	4	
GLYCOPYRROLATE (PF) IN WATER INJECTION	4	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	4	
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	
<i>loperamide oral capsule</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	4	PA
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; NDS
<i>aprepitant oral capsule 40 mg, 80 mg</i>	4	B/D PA
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA
<i>balsalazide</i>	4	
<i>betaine</i>	5	NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	
<i>budesonide oral tablet, delayed and extended release</i>	5	NDS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	
<i>compro</i>	4	
<i>constulose</i>	2	
CORTIFOAM	5	NDS
<i>cromolyn oral</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (60/30)
<i>enulose</i>	2	

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Covered Drugs by Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl intravenous</i>	4	
<i>ondansetron hcl oral solution</i>	4	B/D PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>peg 3350-electrolytes</i>	2	
<i>peg-electrolyte soln</i>	2	
<i>prochlorperazine</i>	4	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>procto-med hc</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
REMICADE	5	PA; QL (20/30); NDS
SANCUSO	5	NDS
<i>scopolamine base</i>	4	QL (10/30)
SKYRIZI INTRAVENOUS	5	PA; QL (30/180); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2/56); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4/56); NDS
<i>sodium,potassium,mag sulfates</i>	3	
SUCRAID	5	PA; NDS
SUFLAVE	4	
<i>sulfasalazine</i>	2	
SUTAB	4	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	4	
VOWST	5	PA; LA; NDS
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	3	

Drug Name	Drug Tier	Requirements/ Limits
ULCER THERAPY		
<i>famotidine oral suspension for reconstitution</i>	4	
<i>famotidine oral tablet 20 mg</i>	4	
<i>famotidine oral tablet 40 mg</i>	3	
<i>misoprostol</i>	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	2	QL (60/30)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	2	QL (60/30)
<i>sucralfate oral tablet</i>	2	
TALICIA	4	QL (168/180)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; NDS
ARCALYST	5	PA; NDS
BESREMI	5	PA; LA; QL (2/28); NDS
GENOTROPIN	5	PA; NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
NIVESTYM	5	PA; NDS
NYVEPRIA	5	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	QL (4/28); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (2/28); NDS
<i>plerixafor</i>	5	B/D PA; NDS
RETACRIT	4	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	3	PA; V; QL (1/365)
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	V
AREXVY (PF)	3	PA; V; QL (1/365)
ATGAM	4	B/D PA
BCG VACCINE, LIVE (PF)	4	V
BEXSERO	3	V

Drug Name	Drug Tier	Requirements/ Limits
BOOSTRIX TDAP	3	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGRIX-B (PF)	3	B/D PA; V
ENGRIX-B PEDIATRIC (PF)	3	B/D PA; V
<i>fomepizole</i>	5	NDS
GARDASIL 9 (PF)	4	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	3	B/D PA; V
HIBERIX (PF)	3	
IMOVAX RABIES VACCINE (PF)	4	B/D PA; V; QL (5/365)
INFANRIX (DTAP) (PF)	3	
IPOL	3	V
IXIARO (PF)	4	V
JYNNEOS (PF)	3	V
KINRIX (PF)	3	
MENQUADFI (PF)	3	V
MENVEO A-C-Y-W- 135-DIP (PF)	3	V
M-M-R II (PF)	3	V
MRESVIA (PF)	3	PA; V; QL (1/365)
PANZYGA	5	B/D PA; NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	3	V
PENMENVY MEN A-B-C-W-Y (PF)	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF)	3	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	B/D PA; V; QL (5/365)
RECOMBIVAX HB (PF)	3	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	3	V; QL (2/999)
STAMARIL (PF)	4	V
TENIVAC (PF)	3	V
TICE BCG	4	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	3	V
TWINRIX (PF)	3	V
TYPHIM VI	3	V

Drug Name	Drug Tier	Requirements/ Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF)	3	V
VAXCHORA VACCINE	3	V
VIMKUNYA	3	V; QL (1/999)
VIVOTIF	3	V; QL (4/720)
XEMBIFY	5	B/D PA; NDS
YF-VAX (PF)	3	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

ADVOCATE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	PA; QL (200/30)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	PA; QL (200/30)
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	PA; QL (200/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
CURITY GAUZE TOPICAL SPONGE 2 X 2 "	3	PA
DROPLET MICRON PEN NEEDLE	3	PA; QL (200/30)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	PA; QL (200/30)
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; QL (200/30)
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; QL (200/30)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	PA
INCONTROL PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	PA; QL (200/30)
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	PA; QL (200/30)
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 5/16"	3	PA; QL (200/30)
NANO PEN NEEDLE	3	PA; QL (200/30)
NOVOFINE 32	3	PA; QL (200/30)
NOVOFINE PLUS	3	PA; QL (200/30)
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL (20/30)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	QL (1/365)

Drug Name	Drug Tier	Requirements/ Limits
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL (20/30)
OMNIPOD 5 INTRO(G6/LIBRE2PL US)	3	QL (1/365)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1/365)
OMNIPOD DASH PODS (GEN 4)	3	QL (20/30)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	PA; QL (200/30)
PENTIPS PEN NEEDLE	3	PA; QL (200/30)
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"	3	PA; QL (200/30)
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	PA; QL (200/30)
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	PA; QL (200/30)
TRUEPLUS INSULIN	3	PA; QL (200/30)

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS PEN NEEDLE	3	PA; QL (200/30)
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	PA; QL (200/30)
ULTRA-FINE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	3	PA; QL (200/30)
UNIFINE PENTIPS MAXFLOW	3	PA; QL (200/30)
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"	3	PA; QL (200/30)
UNIFINE PENTIPS PLUS	3	PA; QL (200/30)
UNIFINE PENTIPS PLUS MAXFLOW	3	PA; QL (200/30)
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; QL (200/30)
UNIFINE ULTRA PEN NEEDLE	3	PA; QL (200/30)
VERIFINE PLUS PEN NEEDLE-SHARP	3	PA; QL (200/30)
V-GO 20	3	QL (30/30)

Drug Name	Drug Tier	Requirements/ Limits
V-GO 30	3	QL (30/30)
V-GO 40	3	QL (30/30)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral tablet</i>	3	QL (120/30)
<i>febuxostat</i>	4	
<i>probenecid</i>	3	
<i>probenecid-colchicine</i>	3	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (30/30)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	QL (4/28)
<i>ibandronate oral</i>	3	QL (1/28)
PROLIA	4	QL (1/180)
<i>raloxifene</i>	3	QL (30/30)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; QL (2.48/28); NDS

OTHER RHEUMATOLOGICALS

BENLYSTA	5	PA; NDS
ENBREL MINI	5	PA; QL (8/28); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (8/28); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8/28); NDS
ENBREL SURECLICK	5	PA; QL (8/28); NDS
HADLIMA	5	PA; QL (4.8/28); NDS
HADLIMA PUSHTOUCH	5	PA; QL (4.8/28); NDS
HADLIMA(CF)	5	PA; QL (2.4/28); NDS
HADLIMA(CF) PUSHTOUCH	5	PA; QL (2.4/28); NDS
KINERET	5	PA; QL (20.1/30); NDS
<i>leflunomide</i>	3	QL (30/30)
OTEZLA	5	PA; QL (60/30); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (110/365); NDS
<i>penicillamine</i>	5	NDS
RINVOQ LQ	5	PA; QL (360/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30/30); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (168/365); NDS
TYENNE AUTOINJECTOR	5	PA; QL (3.6/28); NDS

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Drug Name	Drug Tier	Requirements/ Limits
TYENNE SUBCUTANEOUS	5	PA; QL (3.6/28); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	3	
<i>dotti</i>	4	QL (8/28)
DUAVEE	4	PA
<i>emzahh</i>	4	
<i>errin</i>	4	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch semiweekly</i>	4	QL (8/28)
<i>estradiol transdermal patch weekly</i>	4	QL (4/28)
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate</i>	4	
<i>gallifrey</i>	4	
<i>heather</i>	4	
<i>incassia</i>	4	
<i>jencycla</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	3	
<i>medroxyprogesterone oral</i>	2	
<i>meleya</i>	4	
<i>nora-be</i>	4	

Covered Drugs by Category

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amethyst (28)</i>	4	
<i>apri</i>	4	
<i>aranelle (28)</i>	4	
<i>ashlyna</i>	4	
<i>aubra eq</i>	4	
<i>aurovela 1.5/30 (21)</i>	4	
<i>aurovela 1/20 (21)</i>	4	
<i>aurovela 24 fe</i>	4	
<i>aurovela fe 1.5/30 (28)</i>	4	
<i>aurovela fe 1-20 (28)</i>	4	
<i>aviane</i>	4	
<i>ayuna</i>	4	
<i>azurette (28)</i>	4	
<i>balziva (28)</i>	4	
<i>blisovi 24 fe</i>	4	
<i>blisovi fe 1.5/30 (28)</i>	4	
<i>blisovi fe 1/20 (28)</i>	4	
<i>briellyn</i>	4	
<i>camrese</i>	4	
<i>camrese lo</i>	4	
<i>charlotte 24 fe</i>	4	
<i>chateal eq (28)</i>	4	
<i>cryselle (28)</i>	4	
<i>cyred eq</i>	4	
<i>dasetta 1/35 (28)</i>	4	
<i>dasetta 7/7/7 (28)</i>	4	
<i>daysee</i>	4	
<i>desog-e.estradiol/e.estradiol</i>	4	
<i>dolishale</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone- e.estradiol-lm.fa</i>	4	
<i>drospirenone-ethinyl estradiol</i>	4	
<i>elinest</i>	4	
<i>enpresse</i>	4	
<i>enskyce</i>	4	
<i>estarylla</i>	4	
<i>ethynodiol diac-eth estradiol</i>	4	
<i>falmina (28)</i>	4	
<i>feirza</i>	4	
<i>finzala</i>	4	
<i>galbriela</i>	4	
<i>gemmily</i>	4	
<i>hailey</i>	4	
<i>hailey 24 fe</i>	4	
<i>hailey fe 1.5/30 (28)</i>	4	
<i>hailey fe 1/20 (28)</i>	4	
<i>iclevia</i>	4	
<i>introvale</i>	4	
<i>isibloom</i>	4	
<i>jaimiess</i>	4	
<i>jasmiel (28)</i>	4	
<i>jolessa</i>	4	
<i>joyeaux</i>	4	
<i>juleber</i>	4	
<i>junel 1.5/30 (21)</i>	4	
<i>junel 1/20 (21)</i>	4	
<i>junel fe 1.5/30 (28)</i>	4	
<i>junel fe 1/20 (28)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>junel fe 24</i>	4	
<i>kaitlib fe</i>	4	
<i>kalliga</i>	4	
<i>kariva (28)</i>	4	
<i>kelnor 1/35 (28)</i>	4	
<i>kurvelo (28)</i>	4	
<i>l norgest/e.estradiol- e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	4	
<i>larin 1.5/30 (21)</i>	4	
<i>larin 1/20 (21)</i>	4	
<i>larin 24 fe</i>	4	
<i>larin fe 1.5/30 (28)</i>	4	
<i>larin fe 1/20 (28)</i>	4	
<i>lessina</i>	4	
<i>levonest (28)</i>	4	
<i>levonorgest- eth.estradiol-iron</i>	4	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1- 20 mg-mcg, 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	
<i>levonorg-eth estradiol triphasic</i>	4	
<i>levora-28</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>lojaimiess</i>	4	
<i>loryna (28)</i>	4	
<i>low-ogestrel (28)</i>	4	
<i>lo-zumandimine (28)</i>	4	
<i>lutra (28)</i>	4	
<i>marlissa (28)</i>	4	
<i>merzee</i>	4	
<i>microgestin 1.5/30 (21)</i>	4	
<i>microgestin 1/20 (21)</i>	4	
<i>microgestin fe 1.5/30 (28)</i>	4	
<i>microgestin fe 1/20 (28)</i>	4	
<i>mili</i>	4	
<i>minzoya</i>	4	
<i>mono-lyyah</i>	4	
<i>necon 0.5/35 (28)</i>	4	
<i>nikki (28)</i>	4	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	4	
<i>norethindrone-e.estradiol-iron oral capsule</i>	4	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	4	
<i>norgestimate-ethinyl estradiol</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35 (21)</i>	4	
<i>nortrel 1/35 (28)</i>	4	
<i>nortrel 7/7/7 (28)</i>	4	
<i>nylia 1/35 (28)</i>	4	
<i>nylia 7/7/7 (28)</i>	4	
<i>ocella</i>	4	
<i>philith</i>	4	
<i>pimtrea (28)</i>	4	
<i>portia 28</i>	4	
<i>reclipsen (28)</i>	4	
<i>rivelsa</i>	4	
<i>rosyrah</i>	4	
<i>setlakin</i>	4	
<i>simliya (28)</i>	4	
<i>simpesse</i>	4	
<i>sprintec (28)</i>	3	
<i>sronyx</i>	4	
<i>syeda</i>	4	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1-20 eq (28)</i>	4	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lyyah</i>	4	
<i>tri-lo-estarylla</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-lo-marzia</i>	4	
<i>tri-lo-mili</i>	4	
<i>tri-lo-sprintec</i>	4	
<i>tri-mili</i>	4	
<i>tri-sprintec (28)</i>	4	
<i>tri-vylibra</i>	4	
<i>tri-vylibra lo</i>	4	
<i>turqoz (28)</i>	4	
<i>tydemy</i>	4	
<i>valtya</i>	4	
<i>velivet triphasic regimen (28)</i>	4	
<i>vestura (28)</i>	4	
<i>vienva</i>	4	
<i>viorele (28)</i>	4	
<i>volnea (28)</i>	4	
<i>vyfemla (28)</i>	4	
<i>vylibra</i>	4	
<i>wera (28)</i>	4	
<i>wymzya fe</i>	4	
<i>xarah fe</i>	4	
<i>xelria fe</i>	4	
<i>zovia 1-35 (28)</i>	4	
<i>zumandimine (28)</i>	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	4	
<i>bacitracin-polymyxin b</i>	2	
BESIVANCE	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	4	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
<i>tobramycin ophthalmic (eye)</i>	2	
ANTIVIRALS		
<i>trifluridine</i>	3	
ZIRGAN	4	
BETA-BLOCKERS		
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	
ATROPINE SULFATE (PF)	3	
<i>azelastine ophthalmic (eye)</i>	3	
<i>cromolyn ophthalmic (eye)</i>	2	
<i>cyclosporine ophthalmic (eye)</i>	4	QL (60/30)
CYSTARAN	5	PA; NDS
EYLEA	5	PA; QL (0.1/28); NDS
OXERVATE	5	PA; QL (112/56); NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	3	
<i>sulfacetamide-prednisolone</i>	2	
XDEMY	4	PA; QL (10/42)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	4	
<i>acetazolamide oral tablet</i>	3	
<i>acetazolamide sodium</i>	4	
<i>methazolamide</i>	4	
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol</i>	4	
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA	4	
ROCKLATAN	4	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	
<i>tobramycin-dexamethasone</i>	3	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	3	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate</i>	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	4	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>desloratadine oral tablet</i>	3	QL (30/30)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	QL (2/30)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	3	QL (2/30)
<i>epinephrine injection solution</i>	4	
<i>hydroxyzine hcl oral tablet</i>	4	PA
<i>hydroxyzine pamoate</i>	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>levocetirizine oral tablet</i>	2	QL (30/30)
<i>promethazine oral syrup</i>	4	PA
<i>promethazine oral tablet</i>	2	PA
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	B/D PA
ADEMPAS	5	PA; LA; QL (90/30); NDS
ADVAIR HFA	3	QL (12/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (17/30)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	3	QL (17/30)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	QL (36/30)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (56/28); NDS

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (84/28); NDS
<i>ambrisentan</i>	5	PA; LA; QL (30/30); NDS
ANORO ELLIPTA	3	QL (60/30)
<i>arformoterol</i>	4	B/D PA
ARNUITY ELLIPTA	3	QL (30/30)
ATROVENT HFA	4	QL (25.8/30)
BREO ELLIPTA	3	QL (60/30)
<i>breyna</i>	4	QL (10.3/30)
<i>budesonide inhalation</i>	4	B/D PA; QL (120/30)
CINRYZE	5	PA; NDS
COMBIVENT RESPIMAT	4	QL (8/30)
<i>cromolyn inhalation</i>	3	B/D PA
FASENRA PEN	5	PA; QL (1/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; QL (0.5/28); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; QL (1/28); NDS
<i>flunisolide</i>	3	QL (50/30)
FLUTICASONE PROPIONATE NASAL	2	QL (16/30)
<i>icatibant</i>	5	PA; QL (18/30); NDS
INCRUSE ELLIPTA	3	QL (30/30)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium-albuterol</i>	2	B/D PA

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO ORAL TABLET	5	PA; QL (56/28); NDS
<i>montelukast oral granules in packet</i>	4	QL (30/30)
<i>montelukast oral tablet</i>	2	QL (30/30)
<i>montelukast oral tablet, chewable</i>	2	QL (30/30)
OFEV	5	PA; QL (60/30); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; QL (56/28); NDS
ORKAMBI ORAL TABLET	5	PA; QL (112/28); NDS
<i>pirfenidone oral capsule</i>	5	PA; QL (270/30); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270/30); NDS
PIRFENIDONE ORAL TABLET 534 MG	5	PA; QL (90/30); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90/30); NDS
PULMOZYME	5	B/D PA; QL (150/30); NDS
<i>roflumilast</i>	4	PA; QL (30/30)
RYALTRIS	4	ST
<i>sajazir</i>	5	PA; QL (18/30); NDS
SEREVENT DISKUS	3	QL (60/30)
<i>sildenafil (pulm.hypertension) oral tablet</i>	3	PA; QL (90/30)
SPIRIVA RESPIMAT	4	ST; QL (4/30)
<i>terbutaline</i>	4	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	4	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	3	
TRELEGY ELLIPTA	3	QL (60/30)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; QL (56/28); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; QL (84/28); NDS
TYVASO	4	B/D PA
TYVASO INSTITUTIONAL START KIT	4	B/D PA
TYVASO REFILL KIT	4	B/D PA
TYVASO STARTER KIT	4	B/D PA
VENTOLIN HFA	3	QL (36/30)
WINREVAIR	5	PA; QL (1/21); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1/28); NDS
<i>zafirlukast</i>	4	QL (60/30)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	4	QL (60/30)
<i>tolterodine</i>	4	

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	QL (30/30)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tamsulosin</i>	2	QL (60/30)
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	3	
CYSTAGON	4	LA
ELMIRON	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate oral tablet extended release</i>	4	
RENACIDIN	4	
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; QL (60/30)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30/30)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	4	PA; QL (360/30)
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m20</i>	2	
<i>lactated ringers intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	4	
<i>magnesium sulfate in water</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate injection</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 2 MEQ/ML	4	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral capsule, extended release</i>	3	
<i>potassium chloride oral liquid</i>	4	
<i>potassium chloride oral packet</i>	2	

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Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	
<i>sodium chloride intravenous solution 2.5 meq/ml</i>	4	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 4 MEQ/ML	4	

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA
<i>electrolyte-48 in d5w</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
KABIVEN	4	B/D PA
PERIKABIVEN	4	B/D PA
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	5	B/D PA; NDS
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>bal-care dha</i>	3	
<i>c-nate dha</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 7.

Covered Drugs by Category

Drug Name	Drug Tier	Requirements/ Limits
<i>complete natal dha</i>	3	
<i>elite-ob</i>	3	
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>folivane-ob</i>	3	
<i>ludent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>m-natal plus</i>	3	
<i>pnv-dha</i>	3	
<i>pnv-omega</i>	3	
<i>pnv-select</i>	3	
<i>pr natal 400</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pr natal 400 ec</i>	3	
<i>pr natal 430</i>	3	
<i>pr natal 430 ec</i>	3	
<i>prenatal plus (calcium carb)</i>	3	
<i>prenatal vitamin plus low iron</i>	3	
<i>se-natal 19</i>	3	
<i>se-natal 19 chewable</i>	3	
<i>taron-c dha</i>	3	
<i>trinatal rx 1</i>	3	
<i>wescap-pn dha</i>	3	
<i>wesnate dha</i>	3	
<i>westab plus</i>	3	
<i>westgel dha</i>	2	

CAPITALIZED = BRAND NAME DRUG

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Index

A

<i>abacavir</i>	8
<i>abacavir-lamivudine</i>	8
ABELCET	8
ABILIFY ASIMTUFII	36
ABILIFY MAINTENA.....	36
<i>abiraterone</i>	17
ABRYSVO (PF)	63
<i>acamprosate</i>	52
<i>acarbose</i>	56
<i>acebutolol</i>	43
<i>acetaminophen-codeine</i>	34
<i>acetazolamide</i>	72
<i>acetazolamide sodium</i>	72
<i>acetic acid</i>	55
<i>acetylcysteine</i>	73
<i>acitretin</i>	48
ACTHIB (PF)	63
ACTIMMUNE	62
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL(TDAP ADOLESN/ADULT)(PF).....	63
<i>adapalene</i>	50
ADCETRIS	17
ADEMPAS	73
ADSTILADRIN	17
ADVAIR HFA	73
ADVOCATE PEN NEEDLE	64
<i>afirmelle</i>	68
AIMOVIG AUTOINJECTOR	32
AKEEGA	17
<i>ala-cort</i>	51
<i>albendazole</i>	13
<i>albuterol sulfate</i>	73
ALBUTEROL SULFATE	73
<i>alclometasone</i>	51
<i>alcohol pads</i>	56
ALCOHOL PREP PADS	56
ALCOHOL SWABS	56
ALCOHOL WIPES	56
ALDURAZYME	58
ALECENSA	17
<i>alendronate</i>	66
<i>alfuzosin</i>	75
ALIQOPA	17
<i>aliskiren</i>	43
<i>allopurinol</i>	66
<i>alosetron</i>	60

<i>alprazolam</i>	36
<i>altavera (28)</i>	68
ALUNBRIG	17
<i>alyacen 1/35 (28)</i>	68
<i>alyacen 7/7/7 (28)</i>	68
ALYFTREK	73, 74
<i>amantadine hcl</i>	8
<i>ambrisentan</i>	74
<i>amethia</i>	68
<i>amethyst (28)</i>	68
<i>amikacin</i>	13
<i>amiloride</i>	43
<i>amiloride-</i> <i>hydrochlorothiazide</i>	43
<i>aminocaproic acid</i>	46
<i>amiodarone</i>	43
<i>amitriptyline</i>	36
<i>amlodipine</i>	43
<i>amlodipine-benazepril</i>	43
<i>amlodipine-valsartan</i>	43
<i>amlodipine-valsartan-</i> <i>hcthiacid</i>	43
<i>ammonium lactate</i>	49
<i>amoxapine</i>	36
<i>amoxicillin</i>	15
<i>amoxicillin-pot clavulanate</i>	15
<i>amphotericin b</i>	8
<i>amphotericin b liposome</i>	8
<i>ampicillin</i>	15
<i>ampicillin sodium</i>	15
<i>ampicillin-sulbactam</i>	15
<i>anagrelide</i>	52
<i>anastrozole</i>	17
ANKTIVA	17
ANORO ELLIPTA	74
<i>apraclonidine</i>	73
<i>aprepitant</i>	60
<i>apri</i>	68
APTIVUS	8
<i>aranella (28)</i>	68
ARCALYST	62
AREXVY (PF)	63
<i>arformoterol</i>	74
ARIKAYCE	13
<i>aripiprazole</i>	37
ARNUIITY ELLIPTA	74
<i>arsenic trioxide</i>	17
<i>asenapine maleate</i>	37
<i>ashlyna</i>	68

ASSURE ID INSULIN SAFETY	64
<i>atazanavir</i>	8
<i>atenolol</i>	43
<i>atenolol-chlorthalidone</i>	43
ATGAM	63
<i>atomoxetine</i>	37
<i>atorvastatin</i>	47
<i>atovaquone</i>	13
<i>atovaquone-proguanil</i>	13
<i>atropine</i>	72
ATROPINE SULFATE (PF)	72
ATROVENT HFA	74
<i>aubra eq</i>	68
AUGTYRO	17
<i>aurovela 1.5/30 (21)</i>	68
<i>aurovela 1/20 (21)</i>	68
<i>aurovela 24 fe</i>	68
<i>aurovela fe 1.5/30 (28)</i>	68
<i>aurovela fe 1-20 (28)</i>	68
AUSTEDO	32
AUSTEDO XR	32
AUSTEDO XR TITRATION KT(WK1-4)	32
AUVELITY	37
<i>aviane</i>	68
AVMAPKI-FAKZYNJA	17
<i>ayuna</i>	68
AYVAKIT	17
<i>azacitidine</i>	17
<i>azathioprine</i>	17
<i>azathioprine sodium</i>	17
<i>azelastine</i>	54, 72
<i>azithromycin</i>	12
<i>aztreonam</i>	13
<i>azurette (28)</i>	68

B

<i>bacitracin</i>	71
<i>bacitracin-polymyxin b</i>	71
<i>baclofen</i>	33
<i>bal-care dha</i>	77
<i>balsalazide</i>	60
BALVERSA	17
<i>balziva (28)</i>	68
BAQSIMI	56
BARACLUDE	8
BAVENCIO	17
BCG VACCINE, LIVE (PF)	63

BD SAFETYGLIDE			
INSULIN SYRINGE	64		
BELEODAQ	17		
benazepril	43		
benazepril- hydrochlorothiazide	43		
bendamustine	17		
BENDAMUSTINE	18		
BENDEKA	18		
BENLYSTA	66		
benztropine	31		
BESIVANCE	71		
BESPONSA	18		
BESREMI	62		
betaine	60		
betamethasone dipropionate	51		
betamethasone valerate	51		
betamethasone, augmented	51		
betaxolol	43		
bethanechol chloride	76		
bexarotene	18		
BEXSERO	63		
bicalutamide	18		
BICILLIN L-A	15		
BIKTARVY	8		
bisoprolol fumarate	43		
BISOPROLOL FUMARATE	43		
bisoprolol- hydrochlorothiazide	43		
BIZENGRI	18		
bleomycin	18		
BLINCYTO	18		
blisovi 24 fe	68		
blisovi fe 1.5/30 (28)	68		
blisovi fe 1/20 (28)	68		
BOOSTRIX TDAP	63		
bortezomib	18		
BORTEZOMIB	18		
BORUZU	18		
BOSULIF	18		
BRAFTOVI	18		
BREO ELLIPTA	74		
breynd	74		
briellin	68		
brimonidine	73		
brimonidine-timolol	72		
BRIVIACT	28		
bromocriptine	31		
BRUKINSA	18		
budesonide	60, 74		
bumetanide	43		
buprenorphine hcl	34		
buprenorphine-naloxone	35		
bupropion hcl	37		
bupropion hcl (smoking deter)	54		
buspirone	37		
busulfan	18		
butorphanol	36		
C			
CABENUVA	8		
cabergoline	58		
CABOMETYX	18		
calcipotriene	48		
calcitonin (salmon)	58		
calcitriol	58, 59		
calcium acetate(phosphat bind)	76		
CALQUENCE (ACALABRUTINIB MAL)	18		
camila	67		
camrese	68		
camrese lo	68		
CAMZYOS	48		
candesartan	43		
candesartan- hydrochlorothiazid	44		
CAPLYTA	37		
CAPRELSA	18		
captopril	44		
carbamazepine	28		
CARBAMAZEPINE	28		
carbidopa	31		
carbidopa-levodopa	31		
carboplatin	18		
CARETOUCH ALCOHOL PREP PAD	56		
carglumic acid	52		
carmustine	18		
carteolol	71		
cartia xt	44		
carvedilol	44		
caspofungin	8		
CAYSTON	13		
cefaclor	11		
cefadroxil	11		
cefazolin	12		
CEFAZOLIN	12		
cefazolin in dextrose (iso- os)	11		
CEFAZOLIN IN DEXTROSE (ISO-OS)	11		
cefdinir	12		
cefepime	12		
CEFEPIME	12		
CEFEPIME IN DEXTROSE 5 %	12		
cefepime in dextrose,iso- osm	12		
cefixime	12		
cefotetan	12		
cefoxitin	12		
cefoxitin in dextrose, iso- osm	12		
cefpodoxime	12		
cefprozil	12		
ceftazidime	12		
ceftriaxone	12		
CEFTRIAZONE	12		
ceftriaxone in dextrose,iso- os	12		
cefuroxime axetil	12		
cefuroxime sodium	12		
celecoxib	36		
cephalexin	12		
CEREZYME	59		
charlotte 24 fe	68		
chateal eq (28)	68		
CHEMET	52		
chloramphenicol sod succinate	13		
chlorhexidine gluconate	54		
chloroquine phosphate	13		
chlorothiazide sodium	44		
chlorpromazine	37		
chlorthalidone	44		
cholestyramine (with sugar)	47		
cholestyramine light	47		
CHORIONIC GONADOTROPIN, HUMAN	59		
ciclodan	51		
ciclopirox	51		
cilostazol	46		
CIMDUO	8		
cinacalcet	59		
CINRYZE	74		
ciprofloxacin	16		
ciprofloxacin hcl	16, 71		
ciprofloxacin in 5 % dextrose	16		
ciprofloxacin- dexamethasone	55		
cisplatin	18		

<i>citalopram</i>	37	<i>complete natal dha</i>	78	DAPAGLIFLOZIN	
<i>cladribine</i>	18	<i>compro</i>	60	PROPANEDIOL	56
<i>claravis</i>	50	<i>constulose</i>	60	<i>dapsone</i>	13
<i>clarithromycin</i>	12	COPIKTRA	18	DAPTACEL (DTAP	
CLENPIQ	60	CORTIFOAM	60	PEDIATRIC) (PF)	63
<i>clindamycin hcl</i>	13	<i>cortisone</i>	55	<i>daptomycin</i>	13
CLINDAMYCIN IN 0.9 %		COSENTYX	48	DAPTOMYCIN	13
SOD CHLOR	13	COSENTYX (2		DAPTOMYCIN IN 0.9 %	
CLINDAMYCIN IN 5 %		SYRINGES)	48	SOD CHLOR	13
DEXTROSE	13	COSENTYX PEN.....	48	<i>darunavir</i>	8
<i>clindamycin palmitate hcl</i>	13	COSENTYX PEN (2 PENS)	48	DARZALEX	19
<i>clindamycin pediatric</i>	13	COSENTYX UNOREADY		DARZALEX FASPRO	19
<i>clindamycin phosphate</i> . 13, 50, 68		PEN	48	<i>dasatinib</i>	19
CLINIMIX 5%/D15W		COTELLIC	18	<i>dasetta 1/35 (28)</i>	68
SULFITE FREE	77	CRESEMBA.....	8	<i>dasetta 7/7/7 (28)</i>	68
CLINIMIX 4.25%/D10W		<i>cromolyn</i>	60, 72, 74	DATROWAY	19
SULF FREE	77	<i>cryselle (28)</i>	68	<i>daunorubicin</i>	19
CLINIMIX 4.25%/D5W		CURITY ALCOHOL		DAURISMO	19
SULFIT FREE	52	SWABS	56	<i>daysee</i>	68
CLINIMIX 5%-		CURITY GAUZE	65	DAYVIGO	37
D20W(SULFITE-FREE)	77	CUVRIOR	52	<i>deblitane</i>	67
CLINIMIX 6%-D5W		<i>cyclobenzaprine</i>	33	<i>decitabine</i>	19
(SULFITE-FREE).....	77	<i>cyclophosphamide</i>	18, 19	<i>deferasirox</i>	53
CLINIMIX 8%-		CYCLOPHOSPHAMIDE	18, 19	DELSTRIGO	9
D10W(SULFITE-FREE).....	77	<i>cycloserine</i>	13	DENGVAIXA (PF)	63
CLINIMIX 8%-		<i>cyclosporine</i>	19, 72	DEPO-MEDROL	55
D14W(SULFITE-FREE).....	77	<i>cyclosporine modified</i>	19	DEPO-SUBQ PROVERA	
CLINISOL SF 15 %	77	CYRAMZA	19	104	67
<i>clobazam</i>	28	<i>cyred eq</i>	68	DESCOVY	9
<i>clofarabine</i>	18	CYSTAGON	76	<i>desipramine</i>	37
<i>clomipramine</i>	37	CYSTARAN	72	<i>desloratadine</i>	73
<i>clonazepam</i>	28	<i>cytarabine</i>	19	<i>desmopressin</i>	59
<i>clonidine</i>	44	<i>cytarabine (pf)</i>	19	<i>desog-</i>	
<i>clonidine hcl</i>	44	D		e.estradiol/e.estradiol	68
<i>clopidogrel</i>	46	<i>d10 %-0.45 % sodium</i>		<i>desoximetasone</i>	51, 52
<i>clorazepate dipotassium</i>	37	chloride	53	<i>desvenlafaxine succinate</i>	38
<i>clotrimazole</i>	8, 51	<i>d2.5 %-0.45 % sodium</i>		<i>dexamethasone</i>	55
<i>clotrimazole-</i>		chloride	53	<i>dexamethasone intensol</i>	55
<i>betamethasone</i>	51	D5 % (D-GLUCOSE)-0.9 %		<i>dexamethasone sodium</i>	
<i>clozapine</i>	37	SODCHLR	53	<i>phos (pf)</i>	55
<i>c-nate dha</i>	77	<i>d5 % and 0.9 % sodium</i>		<i>dexamethasone sodium</i>	
COARTEM.....	13	chloride	53	<i>phosphate</i>	55, 72
COBENFY	37	<i>d5 %-0.45 % sodium</i>		<i>dexmethylphenidate</i>	38
COBENFY STARTER		chloride	53	<i>dextroamphetamine sulfate</i>	38
PACK	37	<i>dacarbazine</i>	19	<i>dextroamphetamine-</i>	
<i>colchicine</i>	66	<i>dactinomycin</i>	19	<i>amphetamine</i>	38
<i>colestipol</i>	47	<i>dalfampridine</i>	32	<i>dextrose 10 % and 0.2 %</i>	
<i>colistin (colistimethate na)</i>	13	<i>danazol</i>	59	<i>nacl</i>	53
COLUMVI	18	<i>dantrolene</i>	33	<i>dextrose 10 % in water</i>	
COMBIVENT RESPIMAT	74	DANYELZA.....	19	(d10w)	53
COMETRIQ	18	DANZITEN.....	19	<i>dextrose 25 % in water</i>	
COMPLERA	8			(d25w)	53

<i>dextrose 5 % in water</i> (d5w).....	53	DOVATO.....	9	ELIQUIS DVT-PE TREAT 30D START	46
DEXTROSE 5 % IN WATER (D5W)	53	<i>doxazosin</i>	44	<i>elite-ob</i>	78
<i>dextrose 5 %-lactated</i> <i>ringers</i>	53	<i>doxepin</i>	38	ELMIRON	76
<i>dextrose 5%-0.2 % sod</i> <i>chloride</i>	53	<i>doxercalciferol</i>	59	ELREXFIO	19
<i>dextrose 5%-0.3 %</i> <i>sod.chloride</i>	53	<i>doxorubicin</i>	19	<i>eltrombopag olamine</i>	46
<i>dextrose 50 % in water</i> (d50w).....	53	<i>doxorubicin, peg-liposomal</i>	19	ELZONRIS	19
DEXTROSE 50 % IN WATER (D50W)	53	<i>doxy-100</i>	16	EMPLICITI	19
<i>dextrose 70 % in water</i> (d70w).....	53	<i>doxycycline hyclate</i>	16	EMRELIS	19
DIACOMIT	28	<i>doxycycline monohydrate</i>	16	EMSAM.....	38
<i>diazepam</i>	29, 38	DRIZALMA SPRINKLE.....	38	<i>emtricitabine</i>	9
<i>diazepam intensol</i>	38	<i>dronabinol</i>	60	<i>emtricitabine-tenofovir (tdf)</i>	9
<i>diazoxide</i>	56	DROPLET MICRON PEN NEEDLE	65	<i>emtricitabine-tenofovir (tdf)</i>	9
<i>diclofenac potassium</i>	36	DROPLET PEN NEEDLE	65	EMTRIVA.....	9
<i>diclofenac sodium</i>	36, 72	DROPSAFE ALCOHOL PREP PADS	56	EMVERM	13
<i>dicloxacillin</i>	15	DROPSAFE PEN NEEDLE	65	<i>emzahh</i>	67
<i>dicyclomine</i>	60	<i>drospirenone-e.estradiol-</i> <i>lm.fa</i>	69	<i>enalapril maleate</i>	44
DIFICID.....	12, 13	<i>drospirenone-ethinyl</i> <i>estradiol</i>	69	<i>enalapril-</i> <i>hydrochlorothiazide</i>	44
<i>diflunisal</i>	36	DROXIA.....	19	ENBREL	66, 67
<i>difluprednate</i>	72	<i>droxidopa</i>	53	ENBREL MINI.....	66
<i>digoxin</i>	48	DUAVEE.....	67	ENBREL SURECLICK.....	67
<i>dihydroergotamine</i>	32	<i>duloxetine</i>	38	<i>endocet</i>	34
DILANTIN	29	DUPIXENT PEN	49	ENERGIX-B (PF)	63
<i>diltiazem hcl</i>	44	DUPIXENT SYRINGE	49	ENERGIX-B PEDIATRIC (PF).....	63
<i>dilt-xr</i>	44	<i>dutasteride</i>	75	ENHERTU	19
<i>dimethyl fumarate</i>	32, 33	E EASY COMFORT ALCOHOL PAD	56	<i>enoxaparin</i>	46
<i>diphenhydramine hcl</i>	73	EASY COMFORT SAFETY PEN NEEDLE	65	<i>enpresse</i>	69
<i>diphenoxylate-atropine</i>	60	EASY TOUCH ALCOHOL PREP PADS	56	<i>enskyce</i>	69
<i>dipyridamole</i>	46	<i>econazole nitrate</i>	51	<i>entacapone</i>	31
<i>disulfiram</i>	53	EDARAVONE	33	<i>entecavir</i>	9
<i>divalproex</i>	29	EDARBI	44	ENTRESTO SPRINKLE	48
<i>docetaxel</i>	19	EDARBYCLOR	44	<i>enulose</i>	60
DOCIVYX	19	EDURANT	9	ENVARSUS XR	19
<i>dofetilide</i>	43	EDURANT PED	9	EPCLUSA	9
<i>dolishale</i>	68	<i>efavirenz</i>	9	EPIDIOLEX.....	29
<i>donepezil</i>	33	<i>efavirenz-emtricitabin-</i> <i>tenofov</i>	9	<i>epinephrine</i>	73
DOPTELET (10 TAB PACK).....	46	<i>efavirenz-lamivu-tenofov</i> <i>disop</i>	9	EPINEPHRINE	73
DOPTELET (15 TAB PACK).....	46	ELAHERE	19	<i>epirubicin</i>	19
DOPTELET (30 TAB PACK).....	46	ELAPRASE.....	59	EPKINLY	19
<i>dorzolamide</i>	72	<i>electrolyte-48 in d5w</i>	77	EPRONTIA	29
<i>dorzolamide-timolol</i>	72	<i>elinest</i>	69	ERBITUX	19
<i>dotti</i>	67	ELIQUIS.....	46	<i>ergotamine-caffeine</i>	32
				<i>eribulin</i>	19
				ERIVEDGE	19
				ERLEADA	20
				<i>erlotinib</i>	20
				<i>errin</i>	67
				<i>ertapenem</i>	13
				<i>ery pads</i>	50
				ERYTHROCIN	13

<i>erythrocin (as stearate)</i>	13	<i>felodipine</i>	44	<i>fosfomycin tromethamine</i>	17
<i>erythromycin</i>	13, 71	<i>fenofibrate</i>	47	<i>fosinopril</i>	44
<i>erythromycin ethylsuccinate</i>	13	<i>fenofibrate micronized</i>	47	<i>fosinopril-</i>	
<i>erythromycin lactobionate</i>	13	<i>fenofibrate nanocrystallized</i>	47	<i>hydrochlorothiazide</i>	44
<i>erythromycin with ethanol</i>	50	<i>fenofibric acid (choline)</i>	47	<i>fosphenytoin</i>	29
<i>erythromycin-benzoyl</i>		<i>fentanyl</i>	34	FOTIVDA	20
<i>peroxide</i>	50	<i>fentanyl citrate</i>	34	FRUZAQLA.....	20
<i>escitalopram oxalate</i>	38, 39	FETZIMA	39	<i>fulvestrant</i>	20
<i>eslicarbazepine</i>	29	FIASP FLEXTOUCH U-100		<i>furosemide</i>	44
<i>estarylla</i>	69	INSULIN.....	56	FUROSEMIDE	44
<i>estradiol</i>	67	FIASP PENFILL U-100		FUZEON	9
<i>estradiol valerate</i>	67	INSULIN.....	56	FYARRO	20
<i>ethacrynate sodium</i>	44	FIASP U-100 INSULIN	56	FYCOMPA	29
<i>ethambutol</i>	13	<i>fidaxomicin</i>	13	G	
<i>ethosuximide</i>	29	<i>finasteride</i>	75	<i>gabapentin</i>	29
<i>ethynodiol diac-eth</i>		FINTEPLA.....	29	<i>galantamine</i>	33
<i>estradiol</i>	69	<i>finzala</i>	69	<i>galbriela</i>	69
<i>etonogestrel-ethinyl</i>		FIRMAGON KIT W		<i>gallifrey</i>	67
<i>estradiol</i>	68	DILUENT SYRINGE	20	GARDASIL 9 (PF).....	63
ETOPOPHOS	20	<i>flac otic oil</i>	55	GATTEX 30-VIAL	61
<i>etoposide</i>	20	<i>flecainide</i>	43	GATTEX ONE-VIAL.....	61
<i>etravirine</i>	9	<i>floxuridine</i>	20	GAUZE PAD	65
EULEXIN	20	<i>fluconazole</i>	8	<i>gavilyte-c</i>	61
<i>everolimus (antineoplastic)</i>	20	<i>fluconazole in nacl (iso-</i>		GAVRETO	20
<i>everolimus</i>		<i>osm)</i>	8	GAZYVA	20
<i>(immunosuppressive)</i>	20	<i>flucytosine</i>	8	<i>gefitinib</i>	20
EVOMELA	20	<i>fludarabine</i>	20	<i>gemcitabine</i>	20, 21
EVOTAZ	9	<i>fludrocortisone</i>	55	GEMCITABINE	21
<i>exemestane</i>	20	<i>flunisolide</i>	74	<i>gemfibrozil</i>	47
EXTENCILLINE	15	<i>fluocinolone</i>	52	<i>gemmily</i>	69
EYLEA	72	<i>fluocinolone acetone oil</i>	55	<i>generlac</i>	61
<i>ezetimibe</i>	47	<i>fluocinolone and shower</i>		<i>engraf</i>	21
<i>ezetimibe-simvastatin</i>	47	<i>cap</i>	52	GENOTROPIN.....	62
F		<i>fluocinonide</i>	52	GENOTROPIN MINQUICK 62, 63	
FABRAZYME.....	59	<i>fluoride (sodium)</i>	54, 78	<i>gentamicin</i>	14, 51, 71
<i>falmina (28)</i>	69	<i>fluorometholone</i>	72	<i>gentamicin in nacl (iso-</i>	
<i>famciclovir</i>	9	<i>fluorouracil</i>	20, 49	<i>osm)</i>	13
<i>famotidine</i>	62	<i>fluoxetine</i>	39	GENTAMICIN IN NACL	
FANAPT	39	<i>fluphenazine decanoate</i>	39	(ISO-OSM).....	14
FANAPT TITRATION		<i>fluphenazine hcl</i>	39	<i>gentamicin sulfate (ped)</i>	
PACK A.....	39	<i>flurbiprofen</i>	36	(pf)	14
FANAPT TITRATION		<i>flurbiprofen sodium</i>	72	GENVOYA	9
PACK B.....	39	<i>fluticasone propionate</i>	52	GILOTRIF	21
FANAPT TITRATION		FLUTICASONE		GLASSIA	53
PACK C	39	PROPIONATE	74	<i>glatiramer</i>	33
FARXIGA	56	<i>fluvastatin</i>	47	<i>glatopa</i>	33
FARYDAK.....	20	<i>fluvoxamine</i>	39	GLEOSTINE	21
FASENRA.....	74	<i>folivane-ob</i>	78	<i>glimepiride</i>	56
FASENRA PEN	74	FOLOTYN.....	20	<i>glipizide</i>	56
<i>febuxostat</i>	66	<i>fomepizole</i>	63	GLIPIZIDE	56
<i>feirza</i>	69	<i>fondaparinux</i>	46	<i>glipizide-metformin</i>	56, 57
<i>felbamate</i>	29	<i>fosamprenavir</i>	9		

GLUCAGON (HCL)		<i>heparin, porcine (pf)</i> 47	<i>incassia</i> 67
EMERGENCY KIT 57		<i>heparin(porcine) in 0.45%</i>	INCONTROL PEN
GLUCAGON		<i>nacl</i> 47	NEEDLE 65
EMERGENCY KIT		HEPLISAV-B (PF)..... 63	INCRELEX..... 53
(HUMAN) 57		HERNEXEOS 21	INCRUSE ELLIPTA 74
<i>glutamine (sickle cell)</i> 53		HIBERIX (PF) 63	<i>indapamide</i> 44
<i>glycopyrrolate</i> 60		HUMULIN R U-500	INFANRIX (DTAP) (PF) 63
<i>glycopyrrolate (pf)</i> 60		(CONC) INSULIN..... 57	INFUMORPH P/F 34
GLYCOPYRROLATE (PF) 60		HUMULIN R U-500	INGREZZA..... 33
<i>glycopyrrolate (pf) in water</i> 60		(CONC) KWIKPEN 57	INGREZZA INITIATION
GLYCOPYRROLATE (PF)		<i>hydralazine</i> 44	PK(TARDIV) 33
IN WATER 60		<i>hydrochlorothiazide</i> 44	INGREZZA SPRINKLE 33
<i>glydo</i> 49		<i>hydrocodone-</i>	INLYTA 21
GOMEKLI 21		<i>acetaminophen</i> 34	INQOVI 21
GRAFAPEX 21		HYDROCODONE-	INREBIC 21
<i>granisetron hcl</i> 61		ACETAMINOPHEN 34	INSULIN ASP PRT-
<i>griseofulvin microsize</i> 8		<i>hydrocodone-ibuprofen</i> 34	INSULIN ASPART 57
<i>griseofulvin ultramicrosize</i> 8		<i>hydrocortisone</i> 52, 55, 61	INSULIN ASPART U-100 57
<i>guanfacine</i> 39		<i>hydrocortisone sod</i>	INSULIN SYRINGE-
GVOKE 57		<i>succinate</i> 55	NEEDLE U-100..... 65
GVOKE HYOPEN 1-		<i>hydrocortisone-acetic acid</i> 55	INTELENCE..... 9
PACK 57		<i>hydromorphone</i> 34	<i>intralipid</i> 77
GVOKE HYOPEN 2-		<i>hydroxychloroquine</i> 14	INTRALIPID 77
PACK 57		<i>hydroxyurea</i> 21	<i>introvale</i> 69
GVOKE PFS 1-PACK		<i>hydroxyzine hcl</i> 73	INVEGA HAFYERA 39
SYRINGE..... 57		<i>hydroxyzine pamoate</i> 73	INVEGA SUSTENNA..... 39, 40
GVOKE PFS 2-PACK		I	INVEGA TRINZA 40
SYRINGE..... 57		<i>ibandronate</i> 66	IPOL 63
H		IBRANCE 21	<i>ipratropium bromide</i> 54, 74
HADLIMA..... 67		IBTROZI..... 21	<i>ipratropium-albuterol</i> 74
HADLIMA PUSH TOUCH 67		<i>ibu36</i>	<i>irbesartan</i> 44
HADLIMA(CF) 67		<i>ibuprofen</i> 36	<i>irbesartan-</i>
HADLIMA(CF)		<i>icatibant</i> 74	<i>hydrochlorothiazide</i> 44
PUSH TOUCH 67		<i>iclevia</i> 69	<i>irinotecan</i> 21
<i>hailey</i> 69		ICLUSIG 21	ISENTRESS 9
<i>hailey 24 fe</i> 69		<i>icosapent ethyl</i> 47	ISENTRESS HD 9
<i>hailey fe 1.5/30 (28)</i> 69		<i>idarubicin</i> 21	<i>isibloom</i> 69
<i>hailey fe 1/20 (28)</i> 69		IDHIFA 21	<i>isoniazid</i> 14
<i>halobetasol propionate</i> 52		<i>ifosfamide</i> 21	<i>isosorbide dinitrate</i> 48
<i>haloperidol</i> 39		<i>imatinib</i> 21	<i>isosorbide mononitrate</i> 48
<i>haloperidol decanoate</i> 39		IMBRUVICA..... 21	<i>isosorbide-hydralazine</i> 44
<i>haloperidol lactate</i> 39		IMDELLTRA..... 21	<i>isotretinoin</i> 50
HARVONI 9		IMFINZI..... 21	ITOVEBI..... 21
HAVRIX (PF) 63		<i>imipenem-cilastatin</i> 14	<i>itraconazole</i> 8
<i>heather</i> 67		<i>imipramine hcl</i> 39	IV PREP WIPES 57
<i>heparin (porcine)</i> 47		<i>imiquimod</i> 49	<i>ivabradine</i> 48
<i>heparin (porcine) in 5 %</i>		IMJUDO 21	<i>ivermectin</i> 14
<i>dex</i> 46		IMKELDI 21	IWILFIN..... 21
<i>heparin (porcine) in nacl</i>		IMOVAX RABIES	IXEMPRA..... 21
<i>(pf)</i> 46		VACCINE (PF) 63	IXIARO (PF)..... 63
HEPARIN (PORCINE) IN		IMPAVIDO 14	J
NACL (PF) 47		INBRIJA 31	<i>jaimiess</i> 69

JAKAFI	21	<i>klor-con</i> 8	76	<i>levonorgest-eth.estradiol-</i>	
<i>jantoven</i>	47	<i>klor-con m10</i>	76	<i>iron</i>	69
JANUMET	57	<i>klor-con m20</i>	76	<i>levonorgestrel-ethinyl</i>	
JANUMET XR	57	KLOXXADO	36	<i>estrad</i>	69
JANUVIA	57	KOSELUGO	22	<i>levonorg-eth estrad</i>	
JARDIANCE	57	K-PHOS ORIGINAL	76	<i>triphasic</i>	69
<i>jasmiel</i> (28)	69	KRAZATI	22	<i>levora-28</i>	69
JAYPIRCA	22	<i>kurvelo</i> (28)	69	<i>levo-t</i>	60
JEMPERLI	22	KYPROLIS	22	<i>levothyroxine</i>	60
<i>jencycla</i>	67	L		<i>levoxyl</i>	60
JENTADUETO	57	<i>l norgest/e.estradiol-</i>		LIBTAYO	22
JENTADUETO XR	57	<i>e.estrad</i>	69	<i>lidocaine</i>	50
JEVTANA	22	<i>labetalol</i>	44	<i>lidocaine (pf)</i>	43, 49
<i>jolessa</i>	69	<i>lacosamide</i>	29	<i>lidocaine hcl</i>	50
<i>joyeaux</i>	69	<i>lactated ringers</i>	52, 76	<i>lidocaine viscous</i>	50
<i>juleber</i>	69	<i>lactulose</i>	61	<i>lidocaine-prilocaine</i>	50
JULUCA	10	<i>lamivudine</i>	10	LILETTA	68
<i>junel 1.5/30</i> (21)	69	<i>lamivudine-zidovudine</i>	10	<i>lincomycin</i>	14
<i>junel 1/20</i> (21)	69	<i>lamotrigine</i>	29	<i>linezolid</i>	14
<i>junel fe 1.5/30</i> (28)	69	LANOXIN PEDIATRIC	48	<i>linezolid in dextrose 5%</i>	14
<i>junel fe 1/20</i> (28)	69	LANTUS SOLOSTAR U-		LINEZOLID-0.9% SODIUM	
<i>junel fe 24</i>	69	<i>100 INSULIN</i>	57	<i>CHLORIDE</i>	14
JYLAMVO	22	LANTUS U-100 INSULIN	57	LINZESS	61
JYNARQUE	59	<i>lapatinib</i>	22	<i>liothyronine</i>	60
JYNNEOS (PF)	63	<i>larin 1.5/30</i> (21)	69	<i>lisdexamphetamine</i>	40
K		<i>larin 1/20</i> (21)	69	<i>lisinopril</i>	44
KABIVEN	77	<i>larin 24 fe</i>	69	<i>lisinopril-</i>	
KADCYLA	22	<i>larin fe 1.5/30</i> (28)	69	<i>hydrochlorothiazide</i>	44
<i>kaitlib fe</i>	69	<i>larin fe 1/20</i> (28)	69	<i>lithium carbonate</i>	40
KALETRA	10	<i>latanoprost</i>	72	<i>lithium citrate</i>	40
<i>kalliga</i>	69	LAZCLUZE	22	LIVTENCITY	10
KALYDECO	74	<i>leflunomide</i>	67	<i>lojaimiess</i>	70
KANJINTI	22	<i>lenalidomide</i>	22	LONSURF	22
<i>kariva</i> (28)	69	LENVIMA	22	<i>loperamide</i>	60
<i>kelnor 1/35</i> (28)	69	<i>lessina</i>	69	<i>lopinavir-ritonavir</i>	10
KERENDIA	44	<i>letrozole</i>	22	LOQTORZI	23
KESIMPTA PEN	33	<i>leucovorin calcium</i>	17	<i>lorazepam</i>	40
<i>ketoconazole</i>	8, 51	LEUKERAN	22	<i>lorazepam intensol</i>	40
<i>ketorolac</i>	72	<i>leuprolide</i>	22	LORBRENA	23
KEYTRUDA	22	LEUPROLIDE ACETATE		<i>loryna</i> (28)	70
KIMMTRAK	22	<i>(3 MONTH)</i>	22	<i>losartan</i>	44
KINERET	67	<i>levetiracetam</i>	29, 30	<i>losartan-</i>	
KINRIX (PF)	63	LEVETIRACETAM	30	<i>hydrochlorothiazide</i>	45
<i>kionex (with sorbitol)</i>	53	<i>levetiracetam in nacl (iso-</i>		<i>loteprednol etabonate</i>	73
KISQALI	22	<i>os)</i>	29	<i>lovastatin</i>	47
KISQALI FEMARA CO-		<i>levobunolol</i>	71	<i>low-ogestrel</i> (28)	70
<i>PACK</i>	22	<i>levocarnitine</i>	53	<i>loxapine succinate</i>	40
<i>klayesta</i>	51	<i>levocarnitine (with sugar)</i>	53	<i>lo-zumandimine</i> (28)	70
KLISYRI (250 MG)	22	<i>levocetirizine</i>	73	<i>lubiprostone</i>	61
KLISYRI (350 MG)	22	<i>levofloxacin</i>	16	<i>ludent fluoride</i>	78
<i>klor-con</i>	76	<i>levofloxacin in d5w</i>	16	LUMAKRAS	23
<i>klor-con 10</i>	76	<i>levonest</i> (28)	69	LUMIGAN	72

LUMIZYME	59	MEROPENEM-0.9%		<i>m-natal plus</i>	78
LUNSUMIO	23	SODIUM CHLORIDE	14	<i>modafinil</i>	40
LUPRON DEPOT	23	<i>merzee</i>	70	MODEYSO	24
LUPRON DEPOT (3		<i>mesalamine</i>	61	<i>moexipril</i>	45
MONTH)	23	<i>mesalamine with cleansing</i>		<i>molindone</i>	40
LUPRON DEPOT (4		<i>wipe</i>	61	<i>mometasone</i>	52
MONTH)	23	<i>mesna</i>	17	MONJUVI	24
LUPRON DEPOT (6		<i>metadate er</i>	40	<i>mono-lynyah</i>	70
MONTH)	23	<i>metformin</i>	57	<i>montelukast</i>	74
LUPRON DEPOT-PED	23	<i>methadone</i>	34, 35	<i>morphine</i>	35
LUPRON DEPOT-PED (3		<i>methadone intensol</i>	34	MORPHINE	35
MONTH)	23	<i>methazolamide</i>	72	<i>morphine (pf)</i>	35
<i>lurasidone</i>	40	<i>methenamine hippurate</i>	17	<i>morphine concentrate</i>	35
<i>lutra (28)</i>	70	<i>methimazole</i>	56	MOUNJARO	57
LUTRATE DEPOT (3		<i>methocarbamol</i>	34	MOVANTIK	61
MONTH)	23	<i>methotrexate sodium</i>	24	<i>moxifloxacin</i>	16, 71
LYNOZYFIC	23	<i>methotrexate sodium (pf)</i>	24	MOXIFLOXACIN-	
LYNPARZA	23	<i>methoxsalen</i>	50	SOD.ACE,SUL-WATER	16
LYSODREN	23	<i>methsuximide</i>	30	<i>moxifloxacin-</i>	
LYTGOBI	23	<i>methylphenidate hcl</i>	40	<i>sod.chloride(iso)</i>	16
<i>lyza</i>	67	<i>methylprednisolone</i>	55	MRESVIA (PF)	63
M		<i>methylprednisolone acetate</i>	55	<i>mupirocin</i>	51
<i>magnesium sulfate</i>	76	<i>methylprednisolone sodium</i>		<i>mupirocin calcium</i>	51
MAGNESIUM SULFATE IN		<i>succ</i>	55	MVASI	24
D5W	76	<i>metoclopramide hcl</i>	61	<i>mycophenolate mofetil</i>	24
<i>magnesium sulfate in water</i>	76	<i>metolazone</i>	45	<i>mycophenolate mofetil (hcl)</i>	24
<i>malathion</i>	52	<i>metoprolol succinate</i>	45	<i>mycophenolate sodium</i>	24
<i>maraviroc</i>	10	<i>metoprolol ta-</i>		MYLOTARG	24
MARGENZA	23	<i>hydrochlorothiaz</i>	45	MYRBETRIQ	75
<i>marlissa (28)</i>	70	<i>metoprolol tartrate</i>	45	N	
MARPLAN	40	<i>metro i.v.</i>	14	<i>nabumetone</i>	36
MATULANE	23	<i>metronidazole</i>	14, 50, 68	<i>nafcillin</i>	16
<i>matzim la</i>	45	<i>metronidazole in nacl (iso-</i>		<i>nafcillin in dextrose iso-osm</i>	16
MAXICOMFORT SAFETY		<i>os)</i>	14	NAGLAZYME	59
PEN NEEDLE	65	<i>metyrosine</i>	45	<i>naloxone</i>	36
<i>meclizine</i>	61	<i>mexiletine</i>	43	<i>naltrexone</i>	36
<i>medroxyprogesterone</i>	67	<i>micafungin</i>	8	NANO PEN NEEDLE	65
<i>mefloquine</i>	14	<i>microgestin 1.5/30 (21)</i>	70	<i>naproxen</i>	36
<i>megestrol</i>	23	<i>microgestin 1/20 (21)</i>	70	<i>naproxen sodium</i>	36
MEKINIST	23	<i>microgestin fe 1.5/30 (28)</i>	70	<i>naratriptan</i>	32
MEKTOVI	23	<i>microgestin fe 1/20 (28)</i>	70	NATACYN	71
<i>meleya</i>	67	<i>midodrine</i>	53	<i>nateglinide</i>	57, 58
<i>meloxicam</i>	36	<i>mifepristone</i>	59	NAYZILAM	30
<i>melphalan hcl</i>	23	<i>mili</i>	70	<i>necon 0.5/35 (28)</i>	70
<i>memantine</i>	33	<i>minocycline</i>	16	<i>nefazodone</i>	40
MEMANTINE	33	<i>minoxidil</i>	45	<i>nelarabine</i>	24
<i>memantine-donepezil</i>	33	<i>minzoya</i>	70	<i>neomycin</i>	14
MENQUADFI (PF)	63	<i>mirtazapine</i>	40	<i>neomycin-bacitracin-poly-</i>	
MENVEO A-C-Y-W-135-		<i>misoprostol</i>	62	<i>hc</i>	72
DIP (PF)	63	<i>mitomycin</i>	24	<i>neomycin-bacitracin-</i>	
<i>mercaptopurine</i>	23, 24	<i>mitoxantrone</i>	24	<i>polymyxin</i>	71
<i>meropenem</i>	14	M-M-R II (PF)	63	<i>neomycin-polymyxin b gu</i>	52

<i>neomycin-polymyxin b-dexameth</i>	72	NOVOLIN R FLEXPEN	58	OMNIPOD DASH INTRO KIT (GEN 4)	65
<i>neomycin-polymyxin-gramicidin</i>	71	NOVOLIN R REGULAR U100 INSULIN	58	OMNIPOD DASH PODS (GEN 4)	65
<i>neomycin-polymyxin-hc</i>	55, 72	NOVOLOG FLEXPEN U-100 INSULIN	58	ONCASPAR	24
NERLYNX	24	NOVOLOG MIX 70-30 U-100 INSULIN	58	<i>ondansetron</i>	61
<i>nevirapine</i>	10	NOVOLOG MIX 70-30FLEXPEN U-100	58	<i>ondansetron hcl</i>	61
NEXLETOL	47	NOVOLOG MIX 70-100 INSULIN	58	<i>ondansetron hcl (pf)</i>	61
NEXPLANON	68	NOVOLOG PENFILL U-100 INSULIN	58	ONGENTYS	31
<i>niacin</i>	47	NOVOLOG U-100 INSULIN ASPART	58	ONIVYDE	24
<i>nicardipine</i>	45	NUBEQA	24	ONUREG	24
NICOTROL NS	54	NUDEXTA	33	OPDIVO	25
<i>nifedipine</i>	45	NULOJIX	24	OPDIVO QVANTIG	25
<i>nikki (28)</i>	70	NUPLAZID	41	OPDUALAG	25
<i>nilotinib hcl</i>	24	NURTEC ODT	32	OPIPZA	41
<i>nilutamide</i>	24	<i>nyamyc</i>	51	<i>oralone</i>	54
<i>nimodipine</i>	45	<i>nylia 1/35 (28)</i>	70	ORENITRAM	45
NINLARO	24	<i>nylia 7/7/7 (28)</i>	70	ORENITRAM MONTH 1 TITRATION KT	45
NIPENT	24	<i>nystatin</i>	8, 51	ORENITRAM MONTH 2 TITRATION KT	45
<i>nitazoxanide</i>	14	<i>nystatin-triamcinolone</i>	51	ORENITRAM MONTH 3 TITRATION KT	45
<i>nitisinone</i>	53	<i>nystop</i>	51	ORGOVYX	25
<i>nitrofurantoin macrocrystal</i>	17	NYVEPRIA	63	ORKAMBI	74
<i>nitrofurantoin monohyd/m-cryst</i>	17	O		<i>orquidea</i>	68
<i>nitroglycerin</i>	48, 61	OCALIVA	61	ORSERDU	25
NIVESTYM	63	<i>ocella</i>	70	<i>oseltamivir</i>	10
<i>nora-be</i>	67	<i>octreotide acetate</i>	24	OTEZLA	67
<i>noreth-ethinyl estradiol-iron</i>	70	ODEFSEY	10	OTEZLA STARTER	67
<i>norethindrone (contraceptive)</i>	68	ODOMZO	24	<i>oxacillin</i>	16
<i>norethindrone acetate</i>	68	OFEV	74	<i>oxaliplatin</i>	25
<i>norethindrone ac-eth estradiol</i>	70	<i>ofloxacin</i>	55, 71	<i>oxaprozin</i>	36
<i>norethindrone-e.estradiol-iron</i>	70	OGIVRI	24	<i>oxcarbazepine</i>	30
<i>norgestimate-ethinyl estradiol</i>	70	OGSIVEO	24	OXERVATE	72
<i>nortrel 0.5/35 (28)</i>	70	OJEMDA	24	<i>oxybutynin chloride</i>	75
<i>nortrel 1/35 (21)</i>	70	OJJAARA	24	<i>oxycodone</i>	35
<i>nortrel 1/35 (28)</i>	70	<i>olanzapine</i>	41	OXYCODONE	35
<i>nortrel 7/7/7 (28)</i>	70	<i>olmesartan</i>	45	<i>oxycodone-acetaminophen</i>	35
<i>nortriptyline</i>	40, 41	<i>olmesartan-hydrochlorothiazide</i>	45	<i>oxymorphone</i>	35
NORVIR	10	<i>omeprazole</i>	62	OZEMPIC	58
NOVOFINE 32	65	OMNIPOD 5 (G6/LIBRE 2 PLUS)	65	P	
NOVOFINE PLUS	65	OMNIPOD 5 G6-G7 INTRO KT(GEN5)	65	<i>pacerone</i>	43
NOVOLIN 70/30 U-100 INSULIN	58	OMNIPOD 5 G6-G7 PODS (GEN 5)	65	<i>paclitaxel</i>	25
NOVOLIN 70-30 FLEXPEN U-100	58	OMNIPOD 5 INTRO(G6/LIBRE2PLU S)	65	<i>paclitaxel protein-bound</i>	25
NOVOLIN N FLEXPEN	58			PADCEV	25
NOVOLIN N NPH U-100 INSULIN	58			<i>paliperidone</i>	41
				<i>palonosetron</i>	61
				<i>pamidronate</i>	59
				PANRETIN	50
				<i>pantoprazole</i>	62
				PANZYGA	63

<i>paricalcitol</i>	59	PIRFENIDONE	74	<i>prenatal plus (calcium carb)</i>	78
<i>paroxetine hcl</i>	41	<i>pitavastatin calcium</i>	47	<i>prenatal vitamin plus low</i>	
PAXLOVID.....	10	PLENAMINE	77	<i>iron</i>	78
<i>pazopanib</i>	25	<i>plerixafor</i>	63	<i>prevalite</i>	47
PEDIARIX (PF)	64	<i>pnv-dha</i>	78	PREVYMIS	10
PEDVAX HIB (PF)	64	<i>pnv-omega</i>	78	PREZCOBIX	10
<i>peg 3350-electrolytes</i>	61	<i>pnv-select</i>	78	PREZISTA	10
PEGASYS	63	<i>podofilox</i>	50	PRIFTIN	14
<i>peg-electrolyte soln</i>	61	POLIVY	25	PRIMAQUINE	14
PEMAZYRE.....	25	<i>polycin</i>	71	<i>primidone</i>	30
<i>pemetrexed disodium</i>	25	<i>polymyxin b sulf-</i>		PRIMIDONE	30
PEMETREXED DISODIUM.....	25	<i>trimethoprim</i>	71	PRIORIX (PF)	64
PEN NEEDLE, DIABETIC	65	POMALYST	25	PRO COMFORT	
PENBRAYA (PF)	64	<i>portia 28</i>	70	ALCOHOL PADS	58
<i>penicillamine</i>	67	<i>posaconazole</i>	8	<i>probenecid</i>	66
<i>penicillin g potassium</i>	16	<i>potassium chlorid-d5-</i>		<i>probenecid-colchicine</i>	66
<i>penicillin v potassium</i>	16	0.45% <i>nacl</i>	76	<i>prochlorperazine</i>	61
PENMENVY MEN A-B-C-		<i>potassium chloride</i>	76, 77	<i>prochlorperazine edisylate</i>	61
W-Y (PF).....	64	POTASSIUM CHLORIDE ...	76, 77	<i>prochlorperazine maleate</i>	61
PENTACEL (PF).....	64	<i>potassium chloride in</i>		<i>procto-med hc</i>	61
<i>pentamidine</i>	14	0.9% <i>nacl</i>	76	<i>proctosol hc</i>	61
PENTIPS PEN NEEDLE	65	<i>potassium chloride in 5 %</i>		<i>proctozone-hc</i>	61
<i>pentoxifylline</i>	47	<i>dex</i>	76	<i>progesterone micronized</i>	68
<i>perampanel</i>	30	<i>potassium chloride in lr-d5</i>	76	PROGRAF	25
PERIKABIVEN.....	77	<i>potassium chloride in water</i>	76	PROLIA.....	66
<i>perindopril erbumine</i>	45	<i>potassium chloride-0.45 %</i>		<i>promethazine</i>	73
<i>periogard</i>	54	<i>nacl</i>	77	<i>propafenone</i>	43
PERJETA	25	<i>potassium chloride-d5-</i>		<i>propranolol</i>	45
<i>permethrin</i>	52	0.2% <i>nacl</i>	77	<i>propylthiouracil</i>	56
<i>perphenazine</i>	41	<i>potassium chloride-d5-</i>		PROQUAD (PF).....	64
<i>perphenazine-amitriptyline</i>	41	0.9% <i>nacl</i>	77	PROSOL 20 %.....	77
<i>pfizerpen-g</i>	16	<i>potassium citrate</i>	76	<i>protriptyline</i>	41
<i>phenelzine</i>	41	POTELIGEO	25	PULMOZYME	74
<i>phenobarbital</i>	30	<i>pr natal 400</i>	78	PURE COMFORT	
<i>phenobarbital sodium</i>	30	<i>pr natal 400 ec</i>	78	ALCOHOL PADS	58
<i>phenytoin</i>	30	<i>pr natal 430</i>	78	<i>pyrazinamide</i>	14
<i>phenytoin sodium</i>	30	<i>pr natal 430 ec</i>	78	<i>pyridostigmine bromide</i>	34
<i>phenytoin sodium extended</i>	30	PRALATREXATE	25	<i>pyrimethamine</i>	14
PHESGO	25	<i>pramipexole</i>	31	Q	
<i>philith</i>	70	<i>pravastatin</i>	47	QINLOCK.....	25
PIFELTRO	10	<i>praziquantel</i>	14	QUADRACEL (PF)	64
<i>pilocarpine hcl</i>	53, 72	<i>prazosin</i>	45	<i>quetiapine</i>	41
<i>pimecrolimus</i>	50	<i>prednisolone</i>	55	QUETIAPINE	41
<i>pimozide</i>	41	<i>prednisolone acetate</i>	73	<i>quinapril</i>	45
<i>pimtrea (28)</i>	70	<i>prednisolone sodium</i>		<i>quinapril-</i>	
<i>pindolol</i>	45	<i>phosphate</i>	55, 73	<i>hydrochlorothiazide</i>	45
<i>pioglitazone</i>	58	<i>prednisone</i>	55	<i>quinidine sulfate</i>	43
<i>piperacillin-tazobactam</i>	16	<i>prednisone intensol</i>	55	<i>quinine sulfate</i>	14
PIPERACILLIN-		<i>pregabalin</i>	30	R	
TAZOBACTAM	16	PREMARIN.....	68	RABAVERT (PF)	64
PIQRAY	25	<i>premasol 10 %</i>	77	RADICAVA	33
<i>pirfenidone</i>	74	PREMPRO.....	68	RALDESY	41

<i>raloxifene</i>	66	RUKOBIA.....	11	<i>sodium fluoride 5000 dry</i>	
<i>ramipril</i>	45	RUXIENCE	26	<i>mouth</i>	54
<i>ranolazine</i>	48	RYALTRIS	74	<i>sodium fluoride 5000 plus</i>	54
<i>rasagiline</i>	32	RYBELSUS.....	58	<i>sodium fluoride-pot nitrate</i>	54
<i>reclipsen (28)</i>	70	RYBREVANT	26	SODIUM OXYBATE	42
RECOMBIVAX HB (PF).....	64	RYDAPT	26	<i>sodium phenylbutyrate</i>	54
REMICADE	61	RYLAZE	26	<i>sodium polystyrene</i>	
RENACIDIN	76	RYTARY	32	<i>sulfonate</i>	54
<i>repaglinide</i>	58	S		<i>sodium,potassium,mag</i>	
REPATHA PUSHTRONEX.....	47	<i>sacubitril-valsartan</i>	48	<i>sulfates</i>	62
REPATHA SURECLICK	47	<i>sajazir</i>	74	SOLQUA 100/33	58
REPATHA SYRINGE	47	SANCUSO	61	SOLTAMOX.....	26
RETACRIT	63	SANTYL	50	SOLU-CORTEF ACT-O-	
RETEVMO	25	<i>sapropterin</i>	59	VIAL (PF)	55
RETROVIR	10	SARCLISA	26	SOMATULINE DEPOT	26
REVCovi	53	SCEMBLIX.....	26	SOMAVERT	59
REVUFORJ	25	<i>scopolamine base</i>	61	<i>sorafenib</i>	26
REXULTI	41	SECUADO	42	<i>sotalol</i>	43
REYATAZ	10	SELARSDI	48	<i>sotalol af</i>	43
REZDIFFRA	53	<i>selegiline hcl</i>	32	SOTYLIZE	43
REZLIDHIA	25	<i>selenium sulfide</i>	49	SPIRIVA RESPIMAT	74
REZUROCK	25	SELZENTRY	11	<i>spironolactone</i>	45
RHOPRESSA	72	<i>se-natal 19</i>	78	<i>spironolacton-</i>	
<i>ribavirin</i>	10	<i>se-natal 19 chewable</i>	78	<i>hydrochlorothiaz</i>	45
<i>rifabutin</i>	14	SEREVENT DISKUS	74	SPRAVATO	42
<i>rifampin</i>	14	<i>sertraline</i>	42	<i>sprintec (28)</i>	70
<i>riluzole</i>	53	<i>setlakin</i>	70	SPRITAM	30
<i>rimantadine</i>	10	<i>sevelamer carbonate</i>	54	<i>sps (with sorbitol)</i>	54
<i>ringer's</i>	52, 77	<i>sharobel</i>	68	<i>sronyx</i>	70
RINVOQ	67	SHINGRIX (PF)	64	<i>ssd</i>	50
RINVOQ LQ.....	67	SIGNIFOR	26	STAMARIL (PF)	64
<i>risperidone</i>	41, 42	<i>sildenafil</i>		STELARA	49
<i>risperidone microspheres</i>	41	(<i>pulm.hypertension</i>)	74	STIVARGA.....	26
<i>ritonavir</i>	11	<i>silver sulfadiazine</i>	50	STREPTOMYCIN	14
<i>rivaroxaban</i>	47	<i>simliya (28)</i>	70	STRIBILD.....	11
<i>rivastigmine</i>	33	<i>simpesse</i>	70	SUBLOCADE.....	35
<i>rivastigmine tartrate</i>	33	SIMULECT	26	<i>subvenite</i>	30
<i>rivelsa</i>	70	<i>simvastatin</i>	47	<i>subvenite starter (blue) kit</i>	30
<i>rizatriptan</i>	32	<i>sirolimus</i>	26	<i>subvenite starter (green) kit</i>	30
ROCKLATAN.....	72	SIRTURO.....	14	<i>subvenite starter (orange)</i>	
<i>roflumilast</i>	74	SIVEXTRO.....	14	<i>kit</i>	30
<i>romidepsin</i>	25	SKYRIZI.....	49, 61, 62	SUCRAID.....	62
ROMVIMZA	25	<i>sodium bicarbonate</i>	77	<i>sucrafate</i>	62
<i>ropinirole</i>	32	<i>sodium chloride</i>	77	SUFLAVE	62
<i>rosuvastatin</i>	47	SODIUM CHLORIDE	54, 77	<i>sulfacetamide sodium</i>	72
<i>rosyrah</i>	70	<i>sodium chloride 0.45 %</i>	77	<i>sulfacetamide sodium</i>	
ROTARIX.....	64	<i>sodium chloride 0.9 %</i>	54	(<i>acne</i>).....	51
ROTATEQ VACCINE	64	<i>sodium chloride 3 %</i>		<i>sulfacetamide-prednisolone</i>	72
<i>roweepra</i>	30	<i>hypertonic</i>	77	<i>sulfadiazine</i>	16
ROZLYTREK	25	<i>sodium chloride 5 %</i>		<i>sulfamethoxazole-</i>	
RUBRACA	25	<i>hypertonic</i>	77	<i>trimethoprim</i>	16
<i>rufinamide</i>	30			<i>sulfasalazine</i>	62

<i>sulindac</i>	36	TERIPARATIDE.....	66	<i>trazodone</i>	42
<i>sumatriptan</i>	32	<i>testosterone</i>	59	TRELEGY ELLIPTA.....	75
<i>sumatriptan succinate</i>	32	TESTOSTERONE	59	TREMFYA.....	49
<i>sunitinib malate</i>	26	<i>testosterone cypionate</i>	59	TREMFYA PEN	49
SUNLENCA	11	<i>testosterone enanthate</i>	59	TREMFYA PEN INDUCTION PK- CROHN	49
SUTAB.....	62	<i>tetrabenazine</i>	33	<i>tretinoin</i>	50, 51
<i>syeda</i>	70	<i>tetracycline</i>	16	<i>tretinoin (antineoplastic)</i>	27
SYLVANT	26	TEVIMBRA	26	<i>tretinoin microspheres</i>	50
SYMPAZAN.....	30	THALOMID	26	<i>triamcinolone acetonide</i>	52, 55
SYMTUZA	11	<i>theophylline</i>	75	<i>triamterene-</i> <i>hydrochlorothiazid</i>	46
SYNAREL	59	<i>thioridazine</i>	42	<i>trientine</i>	54
SYNTHROID	60	<i>thiotepa</i>	26	<i>tri-estarylla</i>	70
T		<i>thiothixene</i>	42	<i>trifluoperazine</i>	42
TABLOID	26	<i>tiadylt er</i>	45	<i>trifluridine</i>	71
TABRECTA	26	<i>tiagabine</i>	30	TRIKAFTA	75
<i>tacrolimus</i>	26, 50	TIBSOVO	26	<i>tri-legest fe</i>	70
<i>tadalafil</i>	76	<i>ticagrelor</i>	47	<i>tri-linyah</i>	70
TAFINLAR	26	TICE BCG.....	64	<i>tri-lo-estarylla</i>	70
TAGRISSO	26	TICOVAC	64	<i>tri-lo-marzia</i>	71
TALICIA	62	<i>tigecycline</i>	14	<i>tri-lo-mili</i>	71
TALVEY	26	<i>tilia fe</i>	70	<i>tri-lo-sprintec</i>	71
TALZENNA.....	26	<i>timolol maleate</i>	45, 71	<i>trimethoprim</i>	17
<i>tamoxifen</i>	26	<i>tinidazole</i>	14	<i>tri-mili</i>	71
<i>tamsulosin</i>	76	TIVDAK.....	26	<i>trimipramine</i>	42
<i>tarina 24 fe</i>	70	TIVICAY	11	<i>trinatal rx 1</i>	78
<i>tarina fe 1-20 eq (28)</i>	70	TIVICAY PD.....	11	TRINTELLIX	42
<i>taron-c dha</i>	78	<i>tizanidine</i>	34	TRIPTODUR.....	27
<i>tasimelteon</i>	42	<i>tobramycin</i>	71	<i>tri-sprintec (28)</i>	71
<i>tazarotene</i>	50	<i>tobramycin in 0.225 % nacl</i>	14	TRIUMEQ	11
<i>tazicef</i>	12	<i>tobramycin sulfate</i>	14	TRIUMEQ PD	11
TAZVERIK	26	<i>tobramycin-dexamethasone</i>	72	<i>tri-vylibra</i>	71
TECENTRIQ.....	26	<i>tolterodine</i>	75	<i>tri-vylibra lo</i>	71
TECENTRIQ HYBREZA.....	26	<i>tolvaptan</i>	59	TRODELVY	27
TECHLITE INSULIN SYRINGE.....	65	<i>tolvaptan (polycys kidney dis)</i>	59	TROGARZO	11
TECHLITE INSULN SYR(HALF UNIT)	65	<i>topiramate</i>	31	TROPHAMINE 10 %.....	77
TECHLITE PEN NEEDLE	65	TOPIRAMATE	31	TRUE COMFORT ALCOHOL PADS	58
TECVAYLI	26	<i>topotecan</i>	26	TRUE COMFORT PRO ALCOHOL PADS	58
TEFLARO	12	<i>toremifene</i>	26	TRUEPLUS INSULIN	65
<i>telmisartan</i>	45	<i>torsemide</i>	45	TRUEPLUS PEN NEEDLE	66
TEMODAR.....	26	TOUJEO MAX U-300 SOLOSTAR	58	TRULICITY	58
<i>temsirolimus</i>	26	TOUJEO SOLOSTAR U- 300 INSULIN.....	58	TRUMENBA.....	64
TENIVAC (PF)	64	TRADJENTA.....	58	TRUQAP	27
<i>tenofovir disoproxil fumarate</i>	11	<i>tramadol</i>	36	TRUXIMA.....	27
TEPMETKO.....	26	<i>tramadol-acetaminophen</i>	36	TUKYSA	27
<i>terazosin</i>	45	<i>trandolapril</i>	46	TURALIO	27
<i>terbinafine hcl</i>	8	<i>tranexamic acid</i>	68	<i>turqoz (28)</i>	71
<i>terbutaline</i>	74	<i>tranylcypromine</i>	42	TWINRIX (PF).....	64
<i>terconazole</i>	68	<i>travasol 10 %</i>	77		
<i>teriflunomide</i>	33	TRAZIMERA.....	26		

<i>tydemy</i>	71	VANFLYTA	27	<i>vyfemla (28)</i>	71
TYENNE	67	VAQTA (PF)	64	<i>vylibra</i>	71
TYENNE AUTOINJECTOR	67	<i>varenicline tartrate</i>	54	VYLOY	27
TYPHIM VI	64	VARENICLINE TARTRATE	54	VYND AQEL	48
TYVASO	75	VARIVAX (PF)	64	VYVGART HYTRULO	34
TYVASO INSTITUTIONAL START KIT	75	VAXCHORA VACCINE	64	VYXEOS	27
TYVASO REFILL KIT	75	VECTIBIX	27	W	
TYVASO STARTER KIT	75	VEKLURY	11	<i>warfarin</i>	47
TZIELD	54	<i>velivet triphasic regimen</i> (28)	71	<i>water for irrigation, sterile</i>	54
U		VELTASSA	54	WELIREG	27
ULTRA-FINE INSULIN SYRINGE	66	VEMLIDY	11	<i>wera (28)</i>	71
ULTRA-FINE PEN NEEDLE	66	VENCLEXTA	27	<i>wescap-pn dha</i>	78
UNIFINE PENTIPS	66	VENCLEXTA STARTING PACK	27	<i>wesnate dha</i>	78
UNIFINE PENTIPS MAXFLOW	66	<i>venlafaxine</i>	42	<i>westab plus</i>	78
UNIFINE PENTIPS PLUS	66	VENTOLIN HFA	75	<i>westgel dha</i>	78
UNIFINE PENTIPS PLUS MAXFLOW	66	<i>verapamil</i>	46	WINREVAIR	75
UNIFINE SAFECONTROL PEN NEEDLE	66	VERIFINE PLUS PEN NEEDLE-SHARP	66	<i>wymzya fe</i>	71
UNIFINE ULTRA PEN NEEDLE	66	VERQUVO	48	X	
<i>unithroid</i>	60	VERSACLOZ	42	XALKORI	27
UNITUXIN	27	VERZENIO	27	<i>xarah fe</i>	71
<i>ursodiol</i>	62	<i>vestura (28)</i>	71	XARELTO	47
USTEKINUMAB	49	V-GO 20	66	XARELTO DVT-PE TREAT 30D START	47
V		V-GO 30	66	XATMEP	27
<i>valacyclovir</i>	11	V-GO 40	66	XCOPRI	31
VALCHLOR	50	<i>vienna</i>	71	XCOPRI MAINTENANCE PACK	31
<i>valganciclovir</i>	11	<i>vigabatrin</i>	31	XCOPRI TITRATION PACK	31
<i>valproate sodium</i>	31	<i>vigadrone</i>	31	XDEMVI	72
<i>valproic acid</i>	31	VIGAFYDE	31	<i>xelria fe</i>	71
<i>valproic acid (as sodium salt)</i>	31	<i>vigpoder</i>	31	XEMBIFY	64
<i>valrubicin</i>	27	<i>vilazodone</i>	42	XERMELO	27
<i>valsartan</i>	46	VIMKUNYA	64	XGEVA	17
<i>valsartan- hydrochlorothiazide</i>	46	<i>vinblastine</i>	27	XIAFLEX	54
VALTOCO	31	<i>vincristine</i>	27	XIFAXAN	15
<i>valtya</i>	71	<i>vinorelbine</i>	27	XIGDUO XR	58
<i>vancomycin</i>	15	<i>viorele (28)</i>	71	XOFLUZA	11
VANCOMYCIN	15	VIRACEPT	11	XOLAIR	75
VANCOMYCIN IN 0.9 % SODIUM CHL	14	VIREAD	11	XOSPATA	27
VANCOMYCIN IN DEXTROSE 5 %	14	VITRAKVI	27	XPOVIO	27
VANCOMYCIN-DILUENT COMBO NO.1	15	VIVITROL	36	XTANDI	27
<i>vandazole</i>	68	VIVOTIF	64	Y	
		VIZIMPRO	27	YERVOY	28
		<i>volnea (28)</i>	71	YF-VAX (PF)	64
		VONJO	27	YONDELIS	28
		VORANIGO	27	<i>yuva fem</i>	68
		<i>voriconazole</i>	8	Z	
		<i>voriconazole-hpbccl</i>	8	<i>zafemy</i>	68
		VOSEVI	11	<i>zafirlukast</i>	75
		VOWST	62	ZALTRAP	28
		VRAYLAR	42		

ZANOSAR	28	ZIRGAN	71	ZORYVE	49
ZEJULA	28	ZOLADEX	28	<i>zovia 1-35 (28)</i>	71
ZELBORAF	28	<i>zoledronic acid</i>	59	ZTALMY	31
ZENPEP	62	<i>zoledronic acid-mannitol-</i>		ZTLIDO	50
ZEPZELCA	28	<i>water</i>	54	<i>zumandimine (28)</i>	71
<i>zidovudine</i>	11	ZOLEDRONIC AC-		ZURZUVAE	42
ZIIHERA	28	MANNITOL-0.9NACL	59	ZYDELIG	28
ZIMHI	36	ZOLINZA	28	ZYKADIA	28
<i>ziprasidone hcl</i>	42	<i>zolpidem</i>	42	ZYNLONTA	28
<i>ziprasidone mesylate</i>	42	ZONISADE	31	ZYNYZ	28
ZIRABEV	28	<i>zonisamide</i>	31	ZYPREXA RELPREVV	42, 43

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Tagalog (Tagalog):	PAGBIGAY-PANSIN: Kung nagsasalita ka ng wikang tagalog, available para sa iyo ang mga serbisyo ng libreng tulong sa wika. Available din nang walang bayad ang mga wastong dagdag na tulong at serbisyo na makapagbibigay-impormasyon sa mga naa-access na format. Balikan ang plano para sa higit pang impormasyon o makipag-usap sa iyong provider.
Français (French):	ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits peuvent être mis à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez votre régime d'assurance maladie pour obtenir des informations supplémentaires, ou adressez-vous à votre prestataire.
Việt (Vietnamese):	CHÚ Ý: Nếu quý vị nói tiếng việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Hãy gọi cho chương trình để biết thêm thông tin hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.
Deutsch (German):	BITTE BEACHTEN: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Hilfsdienstleistungen zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Für weitere Informationen wenden Sie sich bitte an den Kundendienst Ihrer Versicherung bzw. an Ihren Versicherungsberater.

한국어
(Korean):

참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 도구 및 서비스도 무료로 제공해 드립니다. 자세한 정보는 플랜에 전화하거나 서비스 제공업체에 문의하십시오.

Русский
(Russian):

ВНИМАНИЕ: Если вам удобнее для общения русский язык, вы можете воспользоваться бесплатными услугами языковой поддержки. Также доступны необходимые вспомогательные средства и услуги предоставления информации в доступном формате для людей с ограниченными возможностями. Для получения дополнительной информации позвоните или обратитесь к своему поставщику.

اللغة العربية
(Arabic):

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل بالخطة للحصول على مزيد من المعلومات أو للتحدث مع مقدم الخدمة الذي تتعامل معه.

हिंदी
(Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उचित सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। प्लान के बारे में अधिक जानकारी के लिए कॉल करें या अपने प्रदाता से बात करें।

Italiano
(Italian):

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiami il numero corrispondente al Suo piano per ulteriori informazioni o si rivolga al Suo fornitore.

Português
(Portuguese):

ATENÇÃO: Se fala português, tem à sua disposição serviços gratuitos de assistência linguística. Também estão disponíveis equipamentos e serviços de assistência adequados que lhe permitem ter acesso às informações em formatos acessíveis, de forma gratuita. Contacte o plano para obter mais informações ou fale com o seu prestador.

Kreyòl Ayisyen
(Haitian Creole):

ATANSYON: Si ou pale kreyòl ayisyen, w ap jwenn sèvis asistans lengwistik gratis. Gen èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm ki aksesib, ki disponib gratis tou. Rele plan an pou jwenn plis enfòmasyon oswa pou w pale ak pwofesyonèl swen sante w la.

Polski
(Polish):

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie wsparcie i usługi pomocnicze w celu zapewnienia informacji w przystępnych formatach są również dostępne bezpłatnie. Dodatkowe informacje można uzyskać dzwoniąc do planu lub rozmawiając ze świadczeniodawcą.

日本語
(Japanese):

注：お客様が[日本語]を話す場合は、無料の言語アシスタンス・サービスを利用できます。アクセスしやすい形式で情報提供を行うための、適切な補助器具やサービスも無料でご利用いただけます。詳細はプランにお電話いただくか、プロバイダーにご相談ください。

NOTES

[illegible]

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[illegible]



1-800-222-6700 (TTY 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.**

www.healthspring.com



This formulary was updated on 09/19/2025. For more recent information or other questions, please contact HealthSpring Customer Service at **1-800-222-6700** (TTY users 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 www.healthspring.com. HealthSpring products and services are provided exclusively by or through operating subsidiaries of Health Care Service Corporation, a Mutual Legal Reserve Company. © 2025 Health Care Service Corporation. All Rights Reserved.

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