

Prescription Drug List

2025 Express Scripts High Performance Formulary for Cigna +Oscar

All Cigna + Oscar plans include the Express Scripts Network, so you can fill your prescriptions at retail pharmacies, national pharmacy chains, and independent pharmacies.

Visit cignaoscar.com/search to see if your pharmacy is in-network. Check the cost of any medications before and after your deductible by logging into your member account at cignaoscar.com/member.

For the most updated list of the drugs on our formulary visit hioscar.com/drug-formularies.

Any questions? Message with your Care Team or call **(855) 672-2789**.

For Kansas: Cigna + Oscar LocalPlus, Cigna + Oscar Open Access Plus

Last updated: 9/1/2025. This drug list is subject to change and all prior versions are no longer in effect.

Learn more about our plans at cignaoscar.com



Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. Benefits administered by Oscar Management Corporation. Pharmacy benefits provided by Express Scripts, Inc. Cigna+Oscar health insurance contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or contact a representative.

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List of Abbreviations

ACA: Affordable Care Act. No cost-share preventive medications: Health care reform under the Affordable Care Act (ACA) requires that most plans cover certain categories of medications and other products as preventive care services. These medications may be available to you at no cost-share (copay, coinsurance and/or deductible) and includes contraceptives and certain over the counter items. A prescription is required for over-the-counter preventive medications to be covered at no cost-share.

CSL: Oral cancer medications subject to cost-share limits: State law in Kansas limits the cost-share (or amount you'll pay) for certain oral chemotherapy medications.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	1B	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	2	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1B	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1A	
<i>fluconazole oral tablet 150 mg</i>	1A	QL (2 per 30 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1B	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1B	
<i>griseofulvin microsize oral tablet 500 mg</i>	1B	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	1B	
<i>itraconazole oral capsule 100 mg</i>	1B	QL (30 per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1B	QL (300 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1B	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1B	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1B	
<i>nystatin oral tablet 500,000 unit</i>	1B	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	1B	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1B	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1B	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1B	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1B	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	4	
<i>abacavir oral tablet 300 mg</i>	4	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	
<i>acyclovir oral capsule 200 mg</i>	1A	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	1B	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1A	
<i>adefovir oral tablet 10 mg</i>	4	
<i>amantadine hcl oral capsule 100 mg</i>	1B	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1B	
<i>amantadine hcl oral tablet 100 mg</i>	1B	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	\$0	ACA
APTIVUS ORAL CAPSULE 250 MG	4	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	\$0	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50- 200-25 MG	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; QL (1 per 23 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; QL (1 per 45 days)
<i>cidofovir intravenous solution 75 mg/ml</i>	4	
CIMDUO ORAL TABLET 300-300 MG	4	
<i>darunavir oral tablet 600 mg, 800 mg</i>	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 120-15 MG	4	
DESCOVY ORAL TABLET 200-25 MG	4	ACA
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitabin-tenofov oral tablet 600- 200-300 mg</i>	1B	
<i>efavirenz-lamivu-tenofov disop oral tablet 400- 300-300 mg, 600-300-300 mg</i>	4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine oral capsule 200 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	ACA
<i>emtricitabine-tenofovir (tdf) oral tablet 200-25-300 mg</i>	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	ST; QL (84 per 365 days; 28 per dispense)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	2	ST; QL (84 per 365 days; 28 per dispense)
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1B	QL (21 per 30 days)
<i>famciclovir oral tablet 250 mg</i>	1B	QL (60 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	4	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	4	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	ST; QL (56 per 365 days; 28 per dispense)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	ST; QL (112 per 365 days; 56 per dispense)
HARVONI ORAL TABLET 45-200 MG	2	ST; QL (112 per 365 days; 56 per dispense)
HARVONI ORAL TABLET 90-400 MG	2	ST; QL (56 per 365 days; 28 per dispense)
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	4	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	\$0	ACA; QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	4	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	4	
<i>oseltamivir oral capsule 30 mg</i>	1B	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1B	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1B	QL (180 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	
PIFELTRO ORAL TABLET 100 MG	4	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	4	
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	QL (112 per 365 days; 30 per dispense)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (20 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin inhalation recon soln 6 gram</i>	4	PA
<i>ribavirin oral capsule 200 mg</i>	4	PA
<i>ribavirin oral tablet 200 mg</i>	4	PA
<i>rimantadine oral tablet 100 mg</i>	1B	
<i>ritonavir oral tablet 100 mg</i>	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	PA
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1B	QL (30 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1B	
<i>valganciclovir oral tablet 450 mg</i>	1B	
VEMLIDY ORAL TABLET 25 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
YEZTUGO ORAL TABLET 300 MG	\$0	ACA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	\$0	ACA
ZEPATIER ORAL TABLET 50-100 MG	2	ST; QL (84 per 365 days; 28 per dispense)
<i>zidovudine oral capsule 100 mg</i>	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zidovudine oral syrup 10 mg/ml</i>	4	
<i>zidovudine oral tablet 300 mg</i>	4	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1B	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1B	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1B	
<i>cefadroxil oral capsule 500 mg</i>	1B	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1B	
<i>cefadroxil oral tablet 1 gram</i>	1B	
<i>cefдинир oral capsule 300 mg</i>	1B	
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>cefixime oral capsule 400 mg</i>	1B	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1B	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1B	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1B	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1B	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1B	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1A	
<i>cephalexin oral capsule 750 mg</i>	1B	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1B	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1B	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1B	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>azithromycin oral tablet 600 mg</i>	1B	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1B	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1B	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1B	
<i>e.e.s. 400 oral tablet 400 mg</i>	1B	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1B	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1B	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1B	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1B	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1B	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1B	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1B	
<i>fidaxomicin oral tablet 200 mg</i>	1B	QL (20 per 30 days)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1B	QL (120 per 23 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL (180 per 23 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA
<i>atovaquone oral suspension 750 mg/5 ml</i>	1B	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1B	QL (60 per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1B	QL (180 per 180 days)
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL (720 per 365 days; 360 per dispense)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL (84 per 30 days)
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1B	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1B	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1B	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1B	
COARTEM ORAL TABLET 20-120 MG	2	QL (24 per 23 days)
<i>cycloserine oral capsule 250 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dapsone oral tablet 100 mg, 25 mg</i>	1B	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL (6 per 23 days)
<i>ertapenem injection recon soln 1 gram</i>	1B	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1B	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1B	
IMPAVIDO ORAL CAPSULE 50 MG	2	PA; QL (84 per 23 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	1B	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1B	
<i>ivermectin oral tablet 3 mg</i>	1B	PA; QL (14 per 23 days)
<i>ivermectin oral tablet 6 mg</i>	1B	PA; QL (8 per 23 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	ST; QL (280 per 30 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1B	PA
<i>linezolid oral tablet 600 mg</i>	1B	PA
<i>mefloquine oral tablet 250 mg</i>	1B	QL (13 per 180 days)
<i>meropenem intravenous recon soln 500 mg</i>	1B	PA
<i>metronidazole oral capsule 375 mg</i>	1B	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1B	
<i>neomycin oral tablet 500 mg</i>	1B	
<i>nitazoxanide oral tablet 500 mg</i>	1B	QL (12 per 23 days)
<i>pentamidine inhalation recon soln 300 mg</i>	1B	QL (1 per 21 days)
<i>praziquantel oral tablet 600 mg</i>	1B	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	1B	QL (120 per 180 days)
<i>pyrazinamide oral tablet 500 mg</i>	1B	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1B	QL (42 per 23 days)
<i>rifabutin oral capsule 150 mg</i>	1B	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1B	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
<i>tinidazole oral tablet 250 mg</i>	1B	QL (40 per 23 days)
<i>tinidazole oral tablet 500 mg</i>	1B	QL (20 per 23 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	ST; QL (280 per 30 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	ST; QL (224 per 30 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1A	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1A	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1A	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1B	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1B	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1B	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1B	
<i>ampicillin oral capsule 500 mg</i>	1B	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1B	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1B	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1B	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	QL (28 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1B	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1B	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1B	
<i>moxifloxacin oral tablet 400 mg</i>	1B	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1B	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1B	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1B	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1A	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1B	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	1B	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1B	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1A	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1B	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1B	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1B	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1A	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1B	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	1B	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1B	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1B	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1A	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1B	ST
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1B	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1B	
<i>mondoxyne nl oral capsule 75 mg</i>	1B	ST
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1B	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	1B	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1B	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1B	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1A	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1B	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1A	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1B	
<i>trimethoprim oral tablet 100 mg</i>	1B	

VANCOMYCIN

<i>vancomycin oral capsule 125 mg</i>	1B	PA; QL (40 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	1B	PA; QL (80 per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	1B	QL (300 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1B	QL (450 per 30 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	4	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	4	
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1B	
<i>mesna intravenous solution 100 mg/ml</i>	4	
MESNEX ORAL TABLET 400 MG	4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA; QL (20 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1 per 30 days)

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg</i>	4	PA; CSL; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; CSL; QL (60 per 30 days)
<i>abirtega oral tablet 250 mg</i>	1B	PA; CSL; QL (120 per 30 days)
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	4	PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	
ALECENSA ORAL CAPSULE 150 MG	4	PA; CSL; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; CSL; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; CSL; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; CSL; QL (30 per 30 days)
AMTAGVI INTRAVENOUS SUSPENSION 7.5 X 10EXP9 TO 72X 10EXP9 CELL	4	PA
<i>anastrozole oral tablet 1 mg</i>	1B	CSL
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	4	PA
<i>azacitidine injection recon soln 100 mg</i>	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	4	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; CSL
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	PA
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	4	PA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	4	
<i>bexarotene oral capsule 75 mg</i>	4	PA; CSL
<i>bexarotene topical gel 1 %</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1B	CSL
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	4	PA
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	4	
BLINCYTO INTRAVENOUS KIT 35 MCG	4	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	4	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; CSL; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; CSL; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; CSL; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; CSL; QL (30 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; CSL
<i>busulfan intravenous solution 60 mg/10 ml</i>	4	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; CSL; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; CSL; QL (60 per 30 days)
<i>capecitabine oral tablet 150 mg</i>	4	ST; CSL; QL (56 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	4	ST; CSL; QL (140 per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; CSL; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; CSL; QL (30 per 30 days)
<i>carboplatin intravenous recon soln 150 mg</i>	4	
<i>carboplatin intravenous solution 10 mg/ml</i>	4	
<i>carmustine intravenous recon soln 100 mg</i>	4	PA
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL	4	PA
<i>cisplatin intravenous solution 1 mg/ml</i>	4	
<i>cladribine intravenous solution 10 mg/10 ml</i>	4	
<i>clofarabine intravenous solution 1 mg/ml</i>	4	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; CSL; QL (56 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; CSL; QL (112 per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; CSL; QL (84 per 30 days)
COTELLIC ORAL TABLET 20 MG	4	PA; CSL; QL (63 per 30 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	CSL
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	PA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	4	
<i>cytarabine injection solution 20 mg/ml</i>	4	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	4	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	4	
DANZITEN ORAL TABLET 71 MG, 95 MG	4	PA; CSL
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	4	PA; CSL; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	4	PA; CSL; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	4	PA; CSL; QL (60 per 30 days)
<i>daunorubicin intravenous solution 5 mg/ml</i>	4	
<i>decitabine intravenous recon soln 50 mg</i>	4	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	4	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	4	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	4	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	4	PA; CSL
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	PA
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	4	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; CSL; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; CSL; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; CSL; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; CSL; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; CSL; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i>	4	
<i>etoposide oral capsule 50 mg</i>	4	CSL
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	ST; CSL; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	ST; CSL; QL (30 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	
<i>exemestane oral tablet 25 mg</i>	1B	CSL
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA
<i>floxuridine injection recon soln 0.5 gram</i>	4	
<i>fludarabine intravenous recon soln 50 mg</i>	4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	4	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	4	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	PA
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAVRETO ORAL CAPSULE 100 MG	4	PA; CSL; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	PA
<i>gefitinib oral tablet 250 mg</i>	4	PA; CSL; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	4	
<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	
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	
<i>gengraf oral solution 100 mg/ml</i>	4	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; CSL; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	CSL
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	4	PA; CSL
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; CSL
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; CSL
<i>hydroxyurea oral capsule 500 mg</i>	1B	CSL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; CSL; QL (30 per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i>	4	
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; CSL; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	4	
<i>imatinib oral tablet 100 mg</i>	4	PA; CSL; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; CSL; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	ST; CSL; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	ST; CSL; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	4	ST; CSL; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	ST; CSL; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; CSL
INLYTA ORAL TABLET 1 MG	4	PA; CSL; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; CSL; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	4	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	4	PA
IWILFIN ORAL TABLET 192 MG	4	PA; CSL
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; CSL; QL (60 per 30 days)
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	ST
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	ST
<i>kemoplaf intravenous solution 1 mg/ml</i>	4	
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; CSL; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; CSL; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; CSL; QL (63 per 30 days)
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	ST; QL (1 per 21 days)
<i>lapatinib oral tablet 250 mg</i>	4	PA; CSL; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; CSL; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; CSL; QL (30 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; CSL; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; CSL; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1B	CSL
LEUKERAN ORAL TABLET 2 MG	2	CSL
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	ST
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; CSL
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	4	PA
LORBRENA ORAL TABLET 100 MG	4	PA; CSL; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; CSL; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	4	PA
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	4	ST
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	ST
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	ST
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	4	ST
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; CSL; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	2	CSL
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; CSL
MATULANE ORAL CAPSULE 50 MG	4	CSL

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1B	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1B	CSL
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; CSL; QL (1080 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; CSL; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; CSL; QL (30 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i>	4	
<i>mercaptopurine oral suspension 20 mg/ml</i>	4	CSL
<i>mercaptopurine oral tablet 50 mg</i>	1B	CSL
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1B	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1B	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1B	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1B	CSL
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	4	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	4	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	4	
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	4	
MYLERAN ORAL TABLET 2 MG	2	CSL
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA
<i>nelarabine intravenous solution 250 mg/50 ml</i>	4	
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	4	PA; QL (2 per 21 days)
NERLYNX ORAL TABLET 40 MG	4	PA; CSL
<i>nilotinib hcl oral capsule 50 mg</i>	4	PA; CSL; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1B	PA; CSL

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; CSL; QL (3 per 30 days)
NUBEQA ORAL TABLET 300 MG	4	PA; CSL; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	ST
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	ST
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg</i>	4	PA; QL (1 per 21 days)
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>	4	ST; QL (2 per 21 days)
<i>octreotide,microspheres intramuscular suspension,extended rel recon 30 mg</i>	4	ST; QL (1 per 21 days)
ODOMZO ORAL CAPSULE 200 MG	4	PA; CSL; QL (30 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; CSL
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; CSL
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	PA
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	PA
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	4	PA
ORSERDU ORAL TABLET 345 MG	4	PA; CSL; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	4	PA; CSL; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	4	
<i>paraplatin intravenous solution 10 mg/ml</i>	4	
<i>pazopanib oral tablet 200 mg</i>	4	PA; CSL; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; CSL; QL (28 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	4	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	4	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; CSL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; CSL
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	PA
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	
PURIXAN ORAL SUSPENSION 20 MG/ML	4	CSL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; CSL; QL (30 per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	4	PA; CSL
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	4	PA
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; CSL; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; CSL; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; CSL; QL (42 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	ST
RYDAPT ORAL CAPSULE 25 MG	4	PA; CSL; QL (224 per 30 days)
SCEMBLIX ORAL TABLET 100 MG	4	PA; CSL; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	4	PA; CSL; QL (60 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	4	
<i>sirolimus oral solution 1 mg/ml</i>	4	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	ST; QL (1 per 21 days)
<i>sorafenib oral tablet 200 mg</i>	4	PA; CSL; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; CSL; QL (84 per 30 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	4	PA; CSL; QL (90 per 30 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	4	PA; CSL; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; CSL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; CSL; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	4	PA; CSL; QL (840 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; CSL; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; CSL; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1B	CSL
TECELRA INTRAVENOUS SUSPENSION 2.68X10EXP9 TO 10X10EXP9 CELL	4	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; CSL
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	PA
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	4	PA
THALOMID ORAL CAPSULE 100 MG	4	PA; CSL; QL (112 per 30 days)
THALOMID ORAL CAPSULE 50 MG	4	PA; CSL; QL (28 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	4	PA
TIBSOVO ORAL TABLET 250 MG	4	PA; CSL
<i>topotecan intravenous recon soln 4 mg</i>	4	PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	PA
<i>toremifene oral tablet 60 mg</i>	1B	CSL
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	ST; CSL; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	ST
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1B	CSL
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA
VENCLEXTA ORAL TABLET 10 MG	4	PA; CSL; QL (56 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; CSL; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; CSL; QL (28 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; CSL; QL (42 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; CSL; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (28 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 21 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	4	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	4	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	4	
VITRAKVI ORAL CAPSULE 100 MG	4	PA; CSL; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; CSL; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; CSL; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; CSL; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA; CSL; QL (120 per 30 days)
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG	4	PA
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; CSL; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	4	PA; CSL; QL (120 per 30 days)
XERMELO ORAL TABLET 250 MG	4	PA; QL (84 per 30 days)
XOSPATA ORAL TABLET 40 MG	4	PA; CSL; QL (90 per 30 days)
XTANDI ORAL CAPSULE 40 MG	4	PA; CSL; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; CSL; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; CSL; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA
YESCARTA INTRAVENOUS SUSPENSION	4	PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	
ZEJULA ORAL TABLET 100 MG	4	PA; CSL; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; CSL; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; CSL; QL (240 per 30 days)
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	ST
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; CSL; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; CSL; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; CSL; QL (90 per 30 days)
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1B	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1B	
<i>carbamazepine oral tablet 200 mg</i>	1B	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1B	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1B	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1B	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1B	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1B	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1B	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1B	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>epitol oral tablet 200 mg</i>	1B	
<i>eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	1B	
<i>ethosuximide oral capsule 250 mg</i>	1B	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1B	
<i>felbamate oral suspension 600 mg/5 ml</i>	1B	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1B	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1B	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1A	
<i>gabapentin oral solution 250 mg/5 ml</i>	1A	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	1B	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1A	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	1B	ST
<i>lacosamide oral solution 10 mg/ml</i>	1B	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1B	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1A	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1B	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1B	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1B	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1B	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1B	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1B	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methsuximide oral capsule 300 mg</i>	1B	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL (2 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1B	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1B	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	1B	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1B	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1B	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1B	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1B	
<i>phenytoin oral tablet, chewable 50 mg</i>	1B	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1B	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1B	
<i>pregabalin oral solution 20 mg/ml</i>	1B	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1B	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1B	
<i>roweepra oral tablet 500 mg</i>	1B	
<i>rufinamide oral suspension 40 mg/ml</i>	1B	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1B	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1B	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1B	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1B	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1B	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1B	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	ST
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1B	ST
<i>topiramate oral solution 25 mg/ml</i>	1B	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1B	
<i>valproic acid oral capsule 250 mg</i>	1B	
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; QL (150 per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; QL (150 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	4	PA; QL (180 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	4	PA; QL (30 per 23 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>bromocriptine oral capsule 5 mg</i>	1B	
<i>bromocriptine oral tablet 2.5 mg</i>	1B	
<i>carbidopa oral tablet 25 mg</i>	1B	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1B	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1B	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1B	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1B	
<i>entacapone oral tablet 200 mg</i>	1B	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL (300 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1B	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1B	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1B	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1B	
<i>selegiline hcl oral capsule 5 mg</i>	1B	
<i>selegiline hcl oral tablet 5 mg</i>	1B	
<i>tolcapone oral tablet 100 mg</i>	1B	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1B	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1B	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1 per 23 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1 per 23 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1B	ST; QL (12 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1B	ST; QL (6 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1B	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1B	ST; QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1B	QL (6 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 23 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1B	
<i>frovatriptan oral tablet 2.5 mg</i>	1B	ST; QL (9 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	1B	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1B	QL (9 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1A	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1A	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1B	QL (6 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1B	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1B	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1B	QL (1 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1B	ST; QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1B	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1B	QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	ST; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	ST; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	4	ST; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	ST; QL (28 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	ST; QL (60 per 30 days)
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1B	
<i>donepezil oral tablet 23 mg</i>	1B	ST
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1B	
<i>edaravone intravenous solution 30 mg/100 ml, 60 mg/100 ml</i>	4	PA
FIRDAPSE ORAL TABLET 10 MG	4	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1B	
<i>galantamine oral solution 4 mg/ml</i>	1B	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1B	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1B	
<i>memantine oral solution 2 mg/ml</i>	1B	
<i>memantine oral tablet 10 mg, 5 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine-donepezil oral capsule, sprinkle, er 24hr</i> 14-10 mg, 21-10 mg, 28-10 mg	1B	ST
NUDEXTA ORAL CAPSULE 20-10 MG	2	PA
<i>ormalvi oral tablet 50 mg</i>	4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1B	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1B	
SKYSONA INTRAVENOUS SUSPENSION 4 X TO 30 X 10EXP6 CELL/ML	4	PA
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	4	PA; QL (1 per 90 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	ST; QL (120 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	ST; QL (60 per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA; QL (15 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	4	ST; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	ST; QL (28 per 30 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	ST; QL (7 per 30 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	1B	ST
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	1B	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1B	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1B	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1B	ST
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1A	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
<i>meprobamate oral tablet 200 mg</i>	1B	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1B	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1B	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	1B	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1B	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1B	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1B	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1B	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1B	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1B	
<i>tanlor oral tablet 1,000 mg</i>	1B	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1B	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1A	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1B	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1B	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1B	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1B	
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	4	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1B	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1B	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1B	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1B	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1B	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1B	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1B	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1B	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1B	
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1B	
<i>diskets oral tablet,soluble 40 mg</i>	1B	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1B	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1B	QL (15 per 23 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1B	QL (90 per 23 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1B	QL (60 per 23 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml, 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1B	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1B	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1B	
<i>hydromorphone oral liquid 1 mg/ml</i>	1B	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1B	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1B	QL (60 per 23 days)
<i>hydromorphone rectal suppository 3 mg</i>	1B	
METHADONE IN 0.9 % SOD.CHLORID INTRAVENOUS SYRINGE 1 MG/ML (1 ML)	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone injection solution 10 mg/ml</i>	1B	
<i>methadone oral concentrate 10 mg/ml</i>	1B	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1B	
<i>methadone oral tablet 10 mg, 5 mg</i>	1B	
<i>methadone oral tablet,soluble 40 mg</i>	1B	
<i>methadose oral concentrate 10 mg/ml</i>	1B	
<i>methadose oral tablet,soluble 40 mg</i>	1B	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1B	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1B	QL (60 per 23 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1B	QL (90 per 23 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1B	
<i>morphine oral tablet 15 mg, 30 mg</i>	1B	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1B	QL (120 per 23 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1B	
<i>oxycodone oral capsule 5 mg</i>	1B	
<i>oxycodone oral concentrate 20 mg/ml</i>	1B	
<i>oxycodone oral solution 5 mg/5 ml</i>	1B	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1B	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1B	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1B	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (90 per 23 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1B	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1B	QL (90 per 23 days)
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1B	
<i>tencon oral tablet 50-325 mg</i>	1B	
NON-NARCOTIC ANALGESICS		
<i>aspirin childrens oral tablet,chewable 81 mg</i>	1B	ACA; OTC
<i>aspirin oral tablet 81 mg</i>	1B	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	1B	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1B	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1B	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1B	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1B	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1B	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1B	QL (5 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1B	
<i>diclofenac potassium oral capsule 25 mg</i>	1B	ST
<i>diclofenac potassium oral powder in packet 50 mg</i>	1B	ST; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1B	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1B	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1B	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1B	
<i>diclofenac sodium topical drops 1.5 %</i>	1B	QL (150 per 21 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1B	ST; QL (112 per 21 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1B	
<i>diflunisal oral tablet 500 mg</i>	1B	
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1B	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1B	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1B	
<i>fenoprofen oral capsule 400 mg</i>	1B	ST
<i>fenoprofen oral tablet 600 mg</i>	1B	ST
<i>flurbiprofen oral tablet 100 mg</i>	1B	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1A	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1B	
<i>ibuprofen oral tablet 300 mg</i>	1B	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1A	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1B	
<i>indomethacin oral capsule, extended release 75 mg</i>	1B	
<i>indomethacin oral suspension 25 mg/5 ml</i>	1B	ST
<i>indomethacin rectal suppository 50 mg</i>	1B	
<i>ketoprofen oral capsule 25 mg</i>	1B	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1B	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1B	ST
<i>ketorolac oral tablet 10 mg</i>	1B	QL (20 per 30 days)
<i>kiprofen oral capsule 25 mg</i>	1B	ST
<i>lofena oral tablet 25 mg</i>	1B	ST
<i>lofexidine oral tablet 0.18 mg</i>	1B	PA; QL (224 per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1B	
<i>mefenamic acid oral capsule 250 mg</i>	1B	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1A	QL (30 per 30 days)
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1B	ST; QL (30 per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1B	
<i>naloxone injection solution 0.4 mg/ml</i>	1B	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1B	
<i>naltrexone oral tablet 50 mg</i>	1B	
<i>naproxen oral suspension 125 mg/5 ml</i>	1B	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1A	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	1B	ST
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1B	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1B	ST
<i>oxaprozin oral tablet 600 mg</i>	1B	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1B	
REXTOVY NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL (2 per 30 days)
<i>salsalate oral tablet 500 mg, 750 mg</i>	1B	
<i>st joseph aspirin oral tablet,chewable 81 mg</i>	1B	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1B	
<i>tolmetin oral capsule 400 mg</i>	1B	ST
<i>tolmetin oral tablet 600 mg</i>	1B	ST
<i>tramadol oral tablet 100 mg</i>	1B	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1B	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1B	PA; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1B	PA; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1B	QL (240 per 30 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	4	PA
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1B	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1B	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1B	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>amitriptyline oral tablet 10 mg, 25 mg, 50 mg</i>	1A	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amitriptyline oral tablet 100 mg, 150 mg, 75 mg</i>	1B	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1B	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1B	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1B	
<i>aripiprazole oral solution 1 mg/ml</i>	1B	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1B	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1B	QL (60 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1B	ST; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1B	QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1B	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1A	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1B	QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1A	QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1B	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1B	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>citalopram oral solution 10 mg/5 ml</i>	1B	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1A	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1B	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1B	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1B	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1B	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1B	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1B	ST; QL (30 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1B	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1B	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1B	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1B	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1B	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1B	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1B	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1B	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1B	
<i>doxepin oral concentrate 10 mg/ml</i>	1B	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1B	ST; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	1B	QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1B	QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1B	ST; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1B	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1B	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	QL (30 per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	1B	QL (15 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1B	QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1A	QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1A	
<i>fluoxetine oral capsule 40 mg</i>	1A	QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1B	ST; QL (4 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1B	
<i>fluoxetine oral tablet 10 mg</i>	1B	ST; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1B	ST
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1B	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1B	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1B	QL (15 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1B	ST; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1A	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1A	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1A	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1B	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1B	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1B	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1B	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1B	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1B	ST
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1A	
<i>lithium carbonate oral tablet 300 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1B	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1B	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1B	
<i>lorazepam oral concentrate 2 mg/ml</i>	1B	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1B	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1B	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1B	QL (60 per 30 days)
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	1B	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1B	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1B	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1B	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1B	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1B	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1B	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1B	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1B	ST
<i>midazolam oral syrup 2 mg/ml</i>	1B	
<i>mirtazapine oral tablet 15 mg</i>	1A	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mirtazapine oral tablet 30 mg, 45 mg, 7.5 mg</i>	1B	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1B	
<i>modafinil oral tablet 100 mg</i>	1B	ST; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1B	ST; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1B	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1B	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1B	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1B	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1B	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1B	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1B	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1B	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1B	QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1B	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1A	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1A	QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1B	ST; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1B	ST; QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1B	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1B	
<i>phenelzine oral tablet 15 mg</i>	1B	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1B	
<i>procentra oral solution 5 mg/5 ml</i>	1B	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1B	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL (90 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1B	QL (90 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1B	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1B	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1B	QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1B	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (30 per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	1B	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL (60 per 30 days)
<i>sertraline oral capsule 150 mg, 200 mg</i>	1B	QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1B	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1A	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1A	QL (45 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	2	ST; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1B	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1B	
<i>tranlycypromine oral tablet 10 mg</i>	1B	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1A	
<i>trazodone oral tablet 300 mg</i>	1B	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1B	QL (15 per 30 days)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1B	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1B	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1A	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1A	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1B	ST; QL (30 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1B	ST; QL (30 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1B	QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1B	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1B	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1B	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1B	QL (30 per 30 days)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1B	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 per 365 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	ST; QL (4 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	ST; QL (4 per 21 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	ST; QL (14 per 23 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	ST; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1B	ST; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	ST; QL (30 per 23 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	ST; QL (12 per 23 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	ST; QL (30 per 23 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	ST; QL (12 per 23 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	ST; QL (1 per 21 days)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	ST; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	ST; QL (7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	ST; QL (12 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	ST; QL (20 per 135 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	4	ST; QL (1 per 135 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	ST; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	ST; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	ST; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; QL (1 per 365 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	ST; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	ST; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	ST; QL (1 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	ST; QL (1 per 21 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	ST; QL (30 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	ST; QL (120 per 30 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1B	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1B	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1B	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1B	
<i>pacerone oral tablet 100 mg, 200 mg</i>	1B	
<i>procainamide injection solution 100 mg/ml</i>	1B	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1B	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1B	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1B	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1B	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1B	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1B	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1B	
<i>amiloride oral tablet 5 mg</i>	1B	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1B	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1B	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1B	
<i>amlodipine-valsartan-hcthiacid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1B	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1B	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1A	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1B	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1B	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1B	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1B	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1B	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1B	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1B	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1B	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1B	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1B	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1A	
<i>clonidine hcl oral tablet 0.3 mg</i>	1B	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1B	QL (4 per 21 days)
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1B	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1B	
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1B	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1B	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1B	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1B	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1B	QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1B	QL (60 per 30 days)
<i>enalapril maleate oral solution 1 mg/ml</i>	1B	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1B	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1A	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1B	
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	ST
<i>eprosartan oral tablet 600 mg</i>	1B	
<i>ethacrynic acid oral tablet 25 mg</i>	1B	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1A	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1B	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1B	
<i>furosemide oral tablet 20 mg, 40 mg</i>	1A	
<i>furosemide oral tablet 80 mg</i>	1B	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1B	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1B	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1A	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1B	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1A	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1B	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1B	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG	2	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1A	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1A	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1B	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1B	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1B	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1B	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1B	
<i>metyrosine oral capsule 250 mg</i>	1B	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1B	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1B	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1B	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1B	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1B	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1B	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1B	
<i>nimodipine oral capsule 30 mg</i>	1B	
<i>nimodipine oral solution 60 mg/20 ml</i>	1B	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1B	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1B	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1B	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1B	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; QL (90 per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1B	
<i>phenoxybenzamine oral capsule 10 mg</i>	1B	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1B	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1B	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1B	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1B	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg</i>	1A	
<i>propranolol oral tablet 60 mg, 80 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1B	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1A	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>spironolactone oral suspension 25 mg/5 ml</i>	1B	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1B	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1B	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1B	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1B	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1B	QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1B	QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1B	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1B	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1B	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1A	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1B	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	4	ST
<i>triamterene oral capsule 100 mg, 50 mg</i>	1B	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1B	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1B	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; QL (200 per 365 days)
<i>valsartan oral solution 4 mg/ml</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1B	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1B	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	4	ST
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1B	ST
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1B	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1A	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1B	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1B	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1B	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	4	ST
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	ST
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	4	PA
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	4	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTUVIII INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	4	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	4	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	4	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1B	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	4	PA
CABLIVI INJECTION KIT 11 MG	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	4	PA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	4	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1B	
<i>clopidogrel oral tablet 300 mg</i>	1B	
<i>clopidogrel oral tablet 75 mg</i>	1A	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	4	PA
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	4	PA
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1B	PA
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1B	
DOPTLET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; QL (15 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	4	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	4	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	4	PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
HEMGENIX INTRAVENOUS SUSPENSION 1X10EXP13 GC/ML	4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	4	PA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	4	ST
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	4	ST
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	4	ST
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	4	ST
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1B	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	1B	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1B	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1B	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1B	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1B	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1B	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1B	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1B	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1B	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1B	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1B	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1B	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	4	ST
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	4	PA
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1A	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	4	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	4	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1B	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1B	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	4	PA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	4	PA
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	1B	PA
<i>rivaroxaban oral tablet 2.5 mg</i>	1B	PA
ROCTAVIAN INTRAVENOUS SUSPENSION 2 X 10EXP13 VG/ML	4	PA
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	1B	
<i>tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	4	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	4	PA
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	4	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1A	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	4	ST
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	ST
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1B	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1A	ACA; QL (30 per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1A	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1B	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1B	
<i>cholestyramine light oral powder 4 gram</i>	1B	
<i>cholestyramine light oral powder in packet 4 gram</i>	1B	
<i>colesevelam oral powder in packet 3.75 gram</i>	1B	
<i>colesevelam oral tablet 625 mg</i>	1B	
<i>colestipol oral granules 5 gram</i>	1B	
<i>colestipol oral packet 5 gram</i>	1B	
<i>colestipol oral tablet 1 gram</i>	1B	
<i>ezetimibe oral tablet 10 mg</i>	1B	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1B	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	1B	ST
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1B	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1B	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1B	ST
<i>fenofibrate oral tablet 160 mg</i>	1A	
<i>fenofibrate oral tablet 54 mg</i>	1B	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1B	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin oral capsule 20 mg</i>	1B	ACA; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1B	ACA; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1B	ACA; QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1A	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1B	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA
<i>lovastatin oral tablet 10 mg</i>	1A	ACA; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1A	ACA; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	1B	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1B	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1B	PA
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1B	ACA; QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1B	ACA; QL (30 per 30 days)
<i>prevalite oral powder 4 gram</i>	1B	
<i>prevalite oral powder in packet 4 gram</i>	1B	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (1 per 21 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (2 per 21 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (2 per 21 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1B	ACA; QL (30 per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1B	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1A	ACA; QL (30 per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1A	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	4	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	QL (240 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	1B	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1B	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDALCEL ORAL CAPSULE 20 MG	4	PA

NITRATES

<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1B	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1B	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg</i>	1B	
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg, 60 mg</i>	1A	
<i>nitro-bid transdermal ointment 2 %</i>	1B	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.6 mg</i>	1B	
<i>nitroglycerin sublingual tablet 0.4 mg</i>	1A	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1B	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1B	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1B	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1B	
<i>calcipotriene scalp solution 0.005 %</i>	1B	QL (120 per 23 days)
<i>calcipotriene topical cream 0.005 %</i>	1B	QL (120 per 23 days)
<i>calcipotriene topical ointment 0.005 %</i>	1B	QL (120 per 23 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1B	ST; QL (60 per 23 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1B	QL (60 per 23 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1B	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1B	ST
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML	4	ST
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	ST; QL (1 per 84 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	ST; QL (1 per 56 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1B	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1B	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	ST; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	ST; QL (1 per 84 days)
SOTYKTU ORAL TABLET 6 MG	4	ST; QL (30 per 23 days)
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	4	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	ST
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	ST; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	ST; QL (1 per 84 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	ST; QL (1 per 56 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1B	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1B	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1B	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	ST; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	ST; QL (1 per 21 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	ST; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	4	ST; QL (1 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	ST
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	ST; QL (1 per 21 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	ST; QL (1 per 56 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	ST; QL (1 per 21 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	ST; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	ST; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	ST; QL (1 per 21 days)
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26 ML	4	ST
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	ST; QL (1 per 84 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	4	ST; QL (1 per 56 days)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	4	ST
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	ST; QL (1 per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	ST; QL (1 per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	ST; QL (1 per 56 days)
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1B	
<i>ssd topical cream 1 %</i>	1B	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; QL (2 per 21 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (2 per 21 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; QL (30 per 23 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium topical gel 3 %</i>	1B	PA; QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	4	PA; QL (2 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; QL (2 per 28 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	4	PA; QL (4 per 21 days)
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	4	PA
EUCRISA TOPICAL OINTMENT 2 %	2	ST; QL (120 per 23 days)
<i>fluorouracil topical cream 5 %</i>	1B	
<i>fluorouracil topical solution 2 %, 5 %</i>	1B	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1B	
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1B	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1B	
<i>methyl salicylate oil</i>	1B	
<i>methyl salicylate topical liquid</i>	1B	
<i>pimecrolimus topical cream 1 %</i>	1B	ST; QL (120 per 23 days)
<i>podofilox topical gel 0.5 %</i>	1B	ST; QL (7 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1B	
REGRANEX TOPICAL GEL 0.01 %	2	QL (15 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1B	ST; QL (120 per 23 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA
<i>wintergreen oil oil</i>	1B	
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
<i>adapalene topical cream 0.1 %</i>	1B	
<i>adapalene topical gel 0.3 %</i>	1B	
<i>adapalene topical gel with pump 0.3 %</i>	1B	
<i>adapalene topical solution 0.1 %</i>	1B	
<i>adapalene topical swab 0.1 %</i>	1B	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1B	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
<i>avar topical cleanser 10-5 % (w/w)</i>	1B	ST
<i>azelaic acid topical gel 15 %</i>	1B	
<i>benzepro topical towelette 6 %</i>	1B	
<i>benzoyl peroxide topical cleanser 7 %</i>	1B	
<i>benzoyl peroxide topical foam 9.8 %</i>	1B	
<i>bp 10-1 topical cleanser 10-1 %</i>	1B	ST
<i>brimonidine topical gel with pump 0.33 %</i>	1B	PA
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
<i>clindacin etz topical swab 1 %</i>	1B	
<i>clindacin p topical swab 1 %</i>	1B	
<i>clindacin topical foam 1 %</i>	1B	ST; QL (100 per 23 days)
<i>clindamycin phosphate topical foam 1 %</i>	1B	ST; QL (100 per 23 days)
<i>clindamycin phosphate topical gel 1 %</i>	1B	QL (120 per 23 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1B	ST; QL (150 per 23 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1B	QL (120 per 23 days)
<i>clindamycin phosphate topical solution 1 %</i>	1B	QL (120 per 23 days)
<i>clindamycin phosphate topical swab 1 %</i>	1B	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1B	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	1B	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1B	
<i>dapsone topical gel 5 %</i>	1B	
<i>dapsone topical gel with pump 7.5 %</i>	1B	
<i>ery pads topical swab 2 %</i>	1B	
<i>erygel topical gel 2 %</i>	1B	
<i>erythromycin with ethanol topical gel 2 %</i>	1B	
<i>erythromycin with ethanol topical solution 2 %</i>	1B	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1B	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1B	
<i>ivermectin topical cream 1 %</i>	1B	QL (45 per 23 days)
<i>metronidazole topical cream 0.75 %</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole topical gel 0.75 %, 1 %</i>	1B	
<i>metronidazole topical gel with pump 1 %</i>	1B	
<i>metronidazole topical lotion 0.75 %</i>	1B	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1B	
<i>rosadan topical cream 0.75 %</i>	1B	
<i>rosadan topical gel 0.75 %</i>	1B	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1B	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1B	
<i>sss 10-5 topical foam 10-5 %</i>	1B	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %</i>	1B	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %</i>	1B	ST
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1B	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1B	ST
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1B	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1B	ST
<i>sulfacetamide-sulfur 9-4% clsr</i>	1B	ST
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1B	ST
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1B	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1B	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1B	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1B	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1B	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1B	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1B	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	1B	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1B	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1B	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1B	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocaine topical ointment 5 %</i>	1B	QL (50 per 23 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1B	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1B	QL (30 per 23 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1B	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocan v topical adhesive patch,medicated 5 %</i>	1B	PA
<i>lidocort topical cream 3-0.5 %</i>	1B	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	ST; QL (30 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	1B	QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1B	QL (60 per 30 days)
<i>lugols topical solution 5-10 %</i>	1B	
<i>mupirocin calcium topical cream 2 %</i>	1B	ST; QL (30 per 30 days)
<i>mupirocin topical ointment 2 %</i>	1B	QL (44 per 30 days)
<i>strong iodine topical solution 5-10 %</i>	1B	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1B	
SULFAMYLLON TOPICAL CREAM 85 MG/G	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	1B	QL (90 per 21 days)
<i>ciclodan topical solution 8 %</i>	1B	
<i>ciclopirox topical cream 0.77 %</i>	1B	QL (90 per 21 days)
<i>ciclopirox topical gel 0.77 %</i>	1B	QL (100 per 21 days)
<i>ciclopirox topical shampoo 1 %</i>	1B	QL (120 per 21 days)
<i>ciclopirox topical solution 8 %</i>	1B	
<i>ciclopirox topical suspension 0.77 %</i>	1B	QL (60 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1B	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1B	QL (90 per 21 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1B	QL (60 per 21 days)
<i>econazole nitrate topical cream 1 %</i>	1B	QL (85 per 21 days)
<i>ketconazole topical cream 2 %</i>	1B	QL (60 per 21 days)
<i>ketconazole topical foam 2 %</i>	1B	ST; QL (100 per 21 days)
<i>ketconazole topical shampoo 2 %</i>	1B	QL (120 per 21 days)
<i>ketodan kit topical combo pack 2 %</i>	1B	ST
<i>ketodan topical foam 2 %</i>	1B	ST; QL (100 per 21 days)
<i>klayesta topical powder 100,000 unit/gram</i>	1B	QL (180 per 30 days)
<i>naftifine topical cream 1 %</i>	1B	QL (90 per 21 days)
<i>naftifine topical cream 2 %</i>	1B	QL (60 per 21 days)
<i>naftifine topical gel 2 %</i>	1B	QL (60 per 21 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1B	QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1B	QL (60 per 21 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1B	QL (60 per 21 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1B	QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1B	QL (60 per 21 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1B	QL (60 per 21 days)
<i>nystop topical powder 100,000 unit/gram</i>	1B	QL (180 per 30 days)
<i>oxiconazole topical cream 1 %</i>	1B	QL (90 per 21 days)
<i>tavaborole topical solution with applicator 5 %</i>	1B	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1B	PA; QL (5 per 30 days)
<i>acyclovir topical ointment 5 %</i>	1B	PA; QL (30 per 30 days)
<i>penciclovir topical cream 1 %</i>	1B	
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1B	
<i>alclometasone topical ointment 0.05 %</i>	1B	
<i>amcinonide topical cream 0.1 %</i>	1B	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amcinonide topical ointment 0.1 %</i>	1B	ST
<i>beser topical lotion 0.05 %</i>	1B	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1A	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1A	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1A	
<i>betamethasone valerate topical cream 0.1 %</i>	1A	
<i>betamethasone valerate topical foam 0.12 %</i>	1B	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1A	
<i>betamethasone valerate topical ointment 0.1 %</i>	1A	
<i>betamethasone, augmented topical cream 0.05 %</i>	1A	
<i>betamethasone, augmented topical gel 0.05 %</i>	1B	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1A	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1A	
<i>clobetasol scalp solution 0.05 %</i>	1B	QL (100 per 23 days)
<i>clobetasol topical cream 0.05 %</i>	1B	QL (120 per 23 days)
<i>clobetasol topical foam 0.05 %</i>	1B	ST; QL (100 per 23 days)
<i>clobetasol topical gel 0.05 %</i>	1B	QL (120 per 23 days)
<i>clobetasol topical lotion 0.05 %</i>	1B	ST; QL (118 per 23 days)
<i>clobetasol topical ointment 0.05 %</i>	1B	QL (120 per 23 days)
<i>clobetasol topical shampoo 0.05 %</i>	1B	ST; QL (236 per 23 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1B	ST; QL (125 per 23 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1B	QL (120 per 23 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	1B	ST; QL (100 per 23 days)
<i>clodan topical shampoo 0.05 %</i>	1B	ST; QL (236 per 23 days)
<i>desonide topical cream 0.05 %</i>	1B	
<i>desonide topical gel 0.05 %</i>	1B	ST
<i>desonide topical lotion 0.05 %</i>	1B	ST
<i>desonide topical ointment 0.05 %</i>	1B	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1B	ST
<i>desoximetasone topical gel 0.05 %</i>	1B	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1B	ST
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1B	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1B	
<i>fluocinolone topical oil 0.01 %</i>	1B	
<i>fluocinolone topical ointment 0.025 %</i>	1B	
<i>fluocinolone topical solution 0.01 %</i>	1B	
<i>fluocinonide topical cream 0.05 %</i>	1B	QL (120 per 23 days)
<i>fluocinonide topical cream 0.1 %</i>	1B	ST; QL (120 per 23 days)
<i>fluocinonide topical gel 0.05 %</i>	1B	QL (120 per 23 days)
<i>fluocinonide topical ointment 0.05 %</i>	1B	QL (120 per 23 days)
<i>fluocinonide topical solution 0.05 %</i>	1B	QL (120 per 23 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1B	QL (120 per 23 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1B	
<i>fluticasone propionate topical lotion 0.05 %</i>	1B	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1B	
<i>halobetasol propionate topical cream 0.05 %</i>	1B	
<i>halobetasol propionate topical foam 0.05 %</i>	1B	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1B	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1B	QL (120 per 23 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1B	ST; QL (118 per 23 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1B	ST; QL (120 per 21 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1B	ST; QL (120 per 23 days)
<i>hydrocortisone topical cream 2.5 %</i>	1A	
<i>hydrocortisone topical lotion 2 %</i>	1B	
<i>hydrocortisone topical lotion 2.5 %</i>	1A	
<i>hydrocortisone topical ointment 2.5 %</i>	1A	
<i>hydrocortisone topical solution 2.5 %</i>	1B	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1B	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1B	
<i>mometasone topical cream 0.1 %</i>	1B	
<i>mometasone topical ointment 0.1 %</i>	1B	
<i>mometasone topical solution 0.1 %</i>	1B	
<i>prednicarbate topical cream 0.1 %</i>	1B	
<i>prednicarbate topical ointment 0.1 %</i>	1B	
<i>scalacort topical lotion 2 %</i>	1B	
<i>tovet emollient topical foam 0.05 %</i>	1B	ST; QL (100 per 23 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1B	ST; QL (126 per 23 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1B	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1B	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1B	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1B	ST
<i>triderm topical cream 0.5 %</i>	1B	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1B	
<i>malathion topical lotion 0.5 %</i>	1B	
<i>permethrin topical cream 5 %</i>	1B	
<i>pruradik topical lotion 10 %</i>	1B	
<i>spinosad topical suspension 0.9 %</i>	1B	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1B	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1B	
<i>ringer's irrigation solution</i>	1B	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1B	
<i>acetic acid irrigation solution 0.25 %</i>	1B	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1B	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1B	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
<i>cevimeline oral capsule 30 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMET ORAL CAPSULE 100 MG	2	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	ST
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	ST
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	ST
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	ST
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1B	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML	4	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA
FABHALTA ORAL CAPSULE 200 MG	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	ST
FERRIPROX ORAL SOLUTION 100 MG/ML	4	ST
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1B	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	4	PA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1B	
<i>levocarnitine oral solution 100 mg/ml</i>	1B	
<i>levocarnitine oral tablet 330 mg</i>	1B	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1B	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	ST
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; QL (30 per 23 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>risedronate oral tablet 30 mg</i>	1B	QL (30 per 30 days)
RYONCIL INTRAVENOUS SUSPENSION 6.68 X 10EXP6 CELL/ML	4	PA
<i>sodium chloride 0.9 % injection solution</i>	1B	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1B	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1B	
<i>sodium chloride injection syringe 0.9 %</i>	1B	
<i>sodium chloride irrigation solution 0.9 %</i>	1B	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	4	PA
<i>tiopronin oral tablet 100 mg</i>	4	PA
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA
<i>venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	4	ST
<i>water for irrigation, sterile irrigation solution</i>	1B	
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG	4	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	4	ST
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	\$0	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	\$0	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	\$0	ACA; OTC

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	\$0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	\$0	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	ACA
<i>quit 2 buccal gum 2 mg</i>	\$0	ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	\$0	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	\$0	ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	\$0	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	ACA
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1B	QL (1 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1A	
<i>denta 5000 plus dental cream 1.1 %</i>	1B	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1B	
<i>dentagel dental gel 1.1 %</i>	1B	
<i>fluoride (sodium) dental cream 1.1 %</i>	1B	
<i>fluoride (sodium) dental gel 1.1 %</i>	1B	
<i>fluoride (sodium) dental paste 1.1 %</i>	1B	
<i>fluoride (sodium) dental solution 0.2 %</i>	1B	
<i>fraiche 5000 dental gel 1.1 %</i>	1B	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1B	QL (1 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kourzeq dental paste 0.1 %</i>	1B	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1B	QL (1 per 30 days)
<i>oralone dental paste 0.1 %</i>	1B	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1A	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1A	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1B	
<i>sf 5000 plus dental cream 1.1 %</i>	1B	
<i>sf dental gel 1.1 %</i>	1B	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1B	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1B	
<i>triamcinolone acetanide dental paste 0.1 %</i>	1B	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1B	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1B	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1B	
<i>fluocinolone acetanide oil otic (ear) drops 0.01 %</i>	1B	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1B	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1B	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1B	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1B	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1B	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet 25 mg</i>	1B	
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1B	ST
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1B	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1B	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1B	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1A	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	1B	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	1B	ST
<i>fludrocortisone oral tablet 0.1 mg</i>	1B	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1B	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1B	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1B	
<i>millipred oral tablet 5 mg</i>	1B	
<i>prednisolone oral solution 15 mg/5 ml</i>	1B	
<i>prednisolone oral tablet 5 mg</i>	1B	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1B	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1B	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1B	
<i>prednisone oral solution 5 mg/5 ml</i>	1B	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1A	
<i>prednisone oral tablet 50 mg</i>	1B	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1B	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1B	
<i>potassium iodide oral solution 1 gram/ml</i>	1B	
<i>propylthiouracil oral tablet 50 mg</i>	1B	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	2	PA; QL (1 per 365 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 SENSOR DEVICE	2	PA; QL (3 per 23 days)
DEXCOM G6 TRANSMITTER DEVICE	2	PA; QL (1 per 68 days)
DEXCOM G7 RECEIVER	2	PA; QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE	2	PA; QL (3 per 23 days)
FREESTYLE CONTROL SOLUTION	2	OTC
FREESTYLE FLASH SYSTEM KIT	2	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL (2 per 21 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	PA; QL (2 per 23 days)
FREESTYLE LIBRE 2 READER	2	PA; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL (2 per 21 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	PA; QL (2 per 23 days)
FREESTYLE LIBRE 3 READER	2	PA; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL (2 per 21 days)
FREESTYLE LITE METER KIT	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC
FREESTYLE SIDEKICK II KIT	2	OTC
FREESTYLE SYSTEM KIT KIT	2	OTC
FREESTYLE TEST STRIP	2	OTC
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUGH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
PRECISION XTRA TEST STRIP	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL (2 per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1B	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1B	QL (2 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL (2 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (2 per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	QL (2 per 30 days)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
CEQUR SIMPLICITY DEVICE 2 UNIT	2	
ILET INFUSION KIT-INSET 23" COMBO PACK	2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	2	
ILET STARTER KIT-INSET KIT	2	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET	2	
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 23 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 23 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 21 days)
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	2	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	2	
TRUSTEEL INFUSION SET 32" INFUSION SET	2	
TWIIIST REFILL KT(CSST-NDL-SYR) KIT	2	
TWIIIST RFL(INFUS-CSST-NDL-SYR) KIT	2	
TWIIIST STARTER KIT KIT	2	
VARISOFT INFUSION SET 43" INFUSION SET	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	

INSULIN THERAPY

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1A	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1A	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1A	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (15 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	4	PA
<i>cabergoline oral tablet 0.5 mg</i>	1B	QL (8 per 21 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1B	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1B	
CERDELGA ORAL CAPSULE 84 MG	4	ST; QL (56 per 30 days)
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	ST
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	4	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; QL (14 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML	4	PA; QL (8 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	4	PA; QL (12 per 21 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1B	
<i>desmopressin injection solution 4 mcg/ml</i>	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1B	
DESMOPRESSIN NASAL SPRAY,NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1B	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1B	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML	4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	PA
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>javygtor oral tablet, soluble 100 mg</i>	4	PA
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	4	PA
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1B	
<i>mifepristone oral tablet 300 mg</i>	4	PA
<i>miglustat oral capsule 100 mg</i>	4	ST; QL (90 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA
ORILISSA ORAL TABLET 150 MG	2	PA; QL (180 per 365 days; 30 per dispense)
ORILISSA ORAL TABLET 200 MG	2	PA; QL (360 per 365 days; 60 per dispense)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; QL (30 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; QL (8 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (60 per 30 days)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	ST
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1B	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1B	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1B	PA; QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1B	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1B	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1B	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1B	PA; QL (75 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1B	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1B	PA; QL (30 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1B	PA; QL (60 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1B	PA; QL (180 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg</i>	4	PA; QL (120 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	4	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; QL (30 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 per 30 days)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	4	PA
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1B	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL (4 pens per 21 days; 1 GLP-1 per 21 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1B	PA; QL (1 pen per 23 days; 1 GLP-1 per 21 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1B	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1A	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1A	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1A	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	ST; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (30 per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	1B	PA; QL (2 pens per 23 days; 1 GLP-1 per 21 days)
<i>metformin oral solution 500 mg/5 ml</i>	1B	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1A	
<i>metformin oral tablet 750 mg</i>	1B	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1A	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1A	QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1B	ST; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1B	ST; QL (30 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1B	ST; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1B	ST; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1B	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (4 pens per 21 days; 1 GLP-1 per 21 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1B	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (1 pen per 21 days; 1 GLP-1 per 21 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1A	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1B	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1B	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1B	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 tabs per 23 days; 1 GLP-1 per 21 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1B	ST; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1B	ST; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1B	ST; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (4 pens per 21 days; 1 GLP-1 per 21 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	ST; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST; QL (60 per 30 days)
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<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>	1B	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1B	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet,disintegrating 0.125 mg</i>	1B	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1B	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1B	
<i>dicyclomine oral capsule 10 mg</i>	1B	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1B	
<i>dicyclomine oral tablet 20 mg</i>	1B	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1B	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1B	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1B	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1B	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1B	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1B	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1B	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1B	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1B	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1B	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1B	
<i>hyosyne oral drops 0.125 mg/ml</i>	1B	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1B	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1B	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1B	
<i>oscimin oral tablet 0.125 mg</i>	1B	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1B	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1B	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1B	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1B	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1B	
<i>symax-sl sublingual tablet 0.125 mg</i>	1B	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1B	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	4	
<i>alvimopan oral capsule 12 mg</i>	1B	
<i>anucort-hc rectal suppository 25 mg</i>	1B	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1B	QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1B	QL (2 per 30 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1B	QL (3 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1B	
<i>betaine oral powder 1 gram/scoop</i>	4	PA
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1B	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1B	
<i>budesonide rectal foam 2 mg/actuation</i>	1B	
CHENODAL ORAL TABLET 250 MG	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
<i>citrate of magnesia oral solution</i>	\$0	ACA; OTC
<i>citroma oral solution</i>	\$0	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>compro rectal suppository 25 mg</i>	1B	
<i>constulose oral solution 10 gram/15 ml</i>	1B	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1B	
CTEXLI ORAL TABLET 250 MG	4	PA
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1B	QL (720 per 365 days; 120 per dispense)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1B	PA
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	\$0	ACA; OTC

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	4	ST
<i>enulose oral solution 10 gram/15 ml</i>	1B	
<i>gavilax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	\$0	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1B	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	\$0	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>granisetron hcl oral tablet 1 mg</i>	1B	QL (6 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1B	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1B	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1B	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1B	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1B	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1B	ST
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	4	ST
IQIRVO ORAL TABLET 80 MG	4	PA
<i>lactulose oral packet 10 gram, 20 gram</i>	1B	
<i>lactulose oral solution 10 gram/15 ml</i>	1B	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1B	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-2.5 % (7 gram)</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1B	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1B	QL (60 per 30 days)
<i>magnesium citrate oral solution</i>	\$0	ACA; OTC
<i>meclizine oral tablet 50 mg</i>	1B	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1B	
<i>mesalamine oral capsule, extended release 500 mg</i>	1B	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1B	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1B	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1B	
<i>mesalamine rectal suppository 1,000 mg</i>	1B	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1B	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1B	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1B	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	\$0	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	\$0	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
<i>natura-lax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1B	
OALIVA ORAL TABLET 10 MG, 5 MG	4	PA; QL (30 per 30 days)
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML)	4	ST
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	ST; QL (2 per 21 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	ST; QL (3 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	ST; QL (2 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	ST; QL (3 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1B	QL (100 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1A	QL (9 per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1A	QL (9 per 30 days)
<i>onelax magnesium citrate oral solution</i>	\$0	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	\$0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$0	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	\$0	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1B	
<i>prochlorperazine rectal suppository 25 mg</i>	1B	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1B	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1B	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1B	
<i>prucalopride oral tablet 1 mg, 2 mg</i>	1B	QL (30 per 30 days)
<i>purelax oral powder 17 gram/dose</i>	\$0	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	ST
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	ST
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	ST; QL (1 per 56 days)
<i>smoothlax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$0	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA
<i>sulfasalazine oral tablet 500 mg</i>	1B	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1B	
<i>trimethobenzamide oral capsule 300 mg</i>	1B	
TRULANCE ORAL TABLET 3 MG	2	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1B	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1B	
VARUBI ORAL TABLET 90 MG	2	QL (2 per 30 days)
VELSIPITY ORAL TABLET 2 MG	4	ST; QL (30 per 23 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	2	
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	4	ST; QL (2 per 21 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	4	ST; QL (2 per 21 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1B	QL (112 per 30 days)
<i>bismuth subcit k-metronidz-ten oral capsule 140-125-125 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1B	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1B	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1B	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1B	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1B	ST
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1B	
<i>famotidine oral tablet 40 mg</i>	1B	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1A	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1B	ST; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1B	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1B	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1B	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1A	QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1A	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1B	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1B	ST; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1B	ST
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1B	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1B	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1B	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1B	
<i>sucralfate oral suspension 100 mg/ml</i>	1B	
<i>sucralfate oral tablet 1 gram</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	2	
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL (2 per 23 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; QL (2 per 21 days)
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	ST
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	ST
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	4	
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	ST
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	ST
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	ST; QL (2 per 23 days)
ZYNTGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML	4	PA

GROWTH HORMONES

EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	ST
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	ST

INTERFERONS

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	4	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	ACA
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	\$0	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	\$0	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	\$0	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	\$0	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0	ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0	ACA
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	\$0	ACA
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	ACA
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	\$0	ACA
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	ACA
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	4	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	4	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0	ACA
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	\$0	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	\$0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	\$0	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0	ACA
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	\$0	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	ACA
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	\$0	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	\$0	ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0	ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1A	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>allopurinol oral tablet 200 mg</i>	1B	
<i>colchicine oral capsule 0.6 mg</i>	1B	ST
<i>colchicine oral tablet 0.6 mg</i>	1B	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1B	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	4	PA
MITIGARE ORAL CAPSULE 0.6 MG	2	ST
<i>probenecid oral tablet 500 mg</i>	1B	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1B	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1B	QL (4 per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1A	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1A	QL (4 per 21 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	PA
<i>ibandronate oral tablet 150 mg</i>	1B	QL (1 per 23 days)
<i>raloxifene oral tablet 60 mg</i>	1B	
<i>risedronate oral tablet 150 mg</i>	1B	QL (1 per 23 days)
<i>risedronate oral tablet 35 mg</i>	1B	QL (4 per 21 days)
<i>risedronate oral tablet 5 mg</i>	1B	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1B	QL (4 per 21 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	4	PA; QL (1 per 21 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	ST; QL (4 per 21 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	ST
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	ST; QL (4 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	ST; QL (2 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	ST; QL (2 per 21 days)
ADALIMUMAB-ADBIM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (2 per 21 days)
ADALIMUMAB-ADBIM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (2 per 21 days)
ADALIMUMAB-ADBIM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (6 per 365 days)
ADALIMUMAB-ADBIM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (4 per 365 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	ST; QL (2 per 21 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	ST; QL (2 per 21 days)
AURANOFIN ORAL CAPSULE 3 MG	2	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; QL (4 per 21 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; QL (4 per 21 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (4 per 365 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (2 per 21 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	ST; QL (2 per 21 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	ST; QL (4 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	ST; QL (8 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	ST; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	ST; QL (4 per 21 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	ST; QL (4 per 21 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1B	QL (30 per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	ST; QL (60 per 23 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	ST; QL (55 per 365 days)
<i>penicillamine oral capsule 250 mg</i>	4	PA
<i>penicillamine oral tablet 250 mg</i>	4	PA
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	ST; QL (360 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	ST; QL (30 per 23 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	ST; QL (56 per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL (55 per 30 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	ST; QL (2 per 21 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	4	ST; QL (2 per 21 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	ST; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	ST; QL (1 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	ST; QL (4 per 21 days)
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	ST
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	ST; QL (4 per 21 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL SOLUTION 1 MG/ML	4	ST; QL (480 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	ST; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	ST; QL (30 per 30 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0	ACA
FC2 FEMALE CONDOM	\$0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	\$0	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$0	ACA
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	\$0	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0	ACA; OTC
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0	ACA

ESTROGENS & PROGESTINS

<i>abigale lo oral tablet 0.5-0.1 mg</i>	1B	
<i>abigale oral tablet 1-0.5 mg</i>	1B	
<i>camila oral tablet 0.35 mg</i>	\$0	ACA
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1B	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1B	
<i>deblitane oral tablet 0.35 mg</i>	\$0	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	\$0	ACA; QL (1 per 68 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	\$0	ACA; QL (1 per 68 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	ACA; QL (1 per 68 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL (8 per 21 days)
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1B	
<i>eemt oral tablet 1.25-2.5 mg</i>	1B	
<i>emzahh oral tablet 0.35 mg</i>	\$0	ACA
<i>errin oral tablet 0.35 mg</i>	\$0	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	1B	QL (1 per 30 days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1B	QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL (8 per 21 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL (4 per 21 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1B	
<i>estradiol vaginal tablet 10 mcg</i>	1B	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1B	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1B	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1B	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1B	
<i>gallifrey oral tablet 5 mg</i>	1B	
<i>heather oral tablet 0.35 mg</i>	\$0	ACA
<i>incassia oral tablet 0.35 mg</i>	\$0	ACA
<i>jencycla oral tablet 0.35 mg</i>	\$0	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1B	
<i>lyleq oral tablet 0.35 mg</i>	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1B	QL (8 per 21 days)
<i>lyza oral tablet 0.35 mg</i>	\$0	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	ACA; QL (1 per 68 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	ACA; QL (1 per 68 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg</i>	1A	
<i>medroxyprogesterone oral tablet 5 mg</i>	1B	
<i>meleya oral tablet 0.35 mg</i>	\$0	ACA
<i>mimvey oral tablet 1-0.5 mg</i>	1B	
<i>nora-be oral tablet 0.35 mg</i>	\$0	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1B	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1B	
OPILL ORAL TABLET 0.075 MG	\$0	ACA; OTC
<i>orquidea oral tablet 0.35 mg</i>	\$0	ACA
<i>progesterone intramuscular oil 50 mg/ml</i>	4	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1B	
<i>sharobel oral tablet 0.35 mg</i>	\$0	ACA
<i>tulana oral tablet 0.35 mg</i>	\$0	ACA
<i>yuvaferm vaginal tablet 10 mcg</i>	1B	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	ST; ACA; QL (1 per 274 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	1B	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1B	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1B	
<i>miconazole-3 vaginal suppository 200 mg</i>	1B	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0	ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	\$0	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	\$0	ST; ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0	PA; ACA; QL (12 per 30 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1B	
<i>terconazole vaginal suppository 80 mg</i>	1B	
<i>tranexamic acid oral tablet 650 mg</i>	4	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	\$0	ST; ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1B	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>after pill oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
AFTERA ORAL TABLET 1.5 MG	\$0	ACA; OTC; QL (1 per 30 days)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	\$0	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	\$0	ST; ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	\$0	ST; ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0	ACA
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	\$0	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0	ACA
<i>econtra ez oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
<i>econtra one-step oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
ELLA ORAL TABLET 30 MG	\$0	ACA; QL (1 per 30 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>estarylla oral tablet 0.25-0.035 mg</i>	\$0	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	\$0	ST; ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA
<i>galbriela oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	\$0	ST; ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	ST; ACA
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	ST; ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	ST; ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	ST; ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>mili oral tablet 0.25-0.035 mg</i>	\$0	ACA
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	\$0	ACA
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	\$0	ACA
<i>my choice oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
<i>my way oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	ST; ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0	ACA
<i>new day oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	\$0	ST; ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	\$0	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ocella oral tablet 3-0.03 mg</i>	\$0	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
<i>option-2 oral tablet 1.5 mg</i>	\$0	ACA; OTC; QL (1 per 30 days)
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
<i>pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	\$0	ACA; OTC; QL (1 per 30 days)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	ACA
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	\$0	ST; ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
SLYND ORAL TABLET 4 MG (28)	\$0	ST; ACA
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	\$0	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>syeda oral tablet 3-0.03 mg</i>	\$0	ACA
TAKE ACTION ORAL TABLET 1.5 MG	\$0	ACA; OTC; QL (1 per 30 days)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	ST; ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	\$0	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	\$0	ACA
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	\$0	ST; ACA
<i>valtya oral tablet 1-50 mg-mcg</i>	\$0	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
<i>vylibra oral tablet 0.25-0.035 mg</i>	\$0	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0	ACA
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	ACA
<i>xelria fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG	\$0	ST; ACA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YAZ (28) ORAL TABLET 3-0.02 MG	\$0	ST; ACA
<i>zarah oral tablet 3-0.03 mg</i>	\$0	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0	ACA
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	1B	QL (240 per 30 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1B	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1B	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1A	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1B	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1B	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1B	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1B	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1B	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1B	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1B	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1B	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1B	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1B	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1A	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1A	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1B	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1B	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1B	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1B	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1B	ST
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1A	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1B	ST
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1B	ST
<i>timolol ophthalmic (eye) drops 0.5 %</i>	1B	ST
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 1 %</i>	1B	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1B	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	1B	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1B	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	1B	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1B	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1B	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1B	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1B	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1B	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML	4	ST
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	4	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1B	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1B	PA; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1B	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1B	
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	4	PA
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	PA; QL (3 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1B	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML	4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	1B	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	1B	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1B	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL (6 per 30 days)
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1B	
XDEMVEY OPHTHALMIC (EYE) DROPS 0.25 %	4	QL (10 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL (60 per 30 days)
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1B	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1B	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1B	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1B	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1B	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1B	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1B	PA
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1B	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1B	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1B	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1B	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1B	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1A	PA
<i>miostat intraocular solution 0.01 %</i>	1B	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1B	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1B	PA
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1B	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1B	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1B	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1B	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1B	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1B	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1B	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1B	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1B	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %</i>	1B	ST
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1B	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1B	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1B	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1B	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1B	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1B	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1B	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1A	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1B	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1B	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1B	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1B	ST
<i>carbzah oral liquid 4 mg/5 ml</i>	1B	ST

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cypheptadine oral syrup 2 mg/5 ml</i>	1B	
<i>cypheptadine oral tablet 4 mg</i>	1B	
<i>desloratadine oral tablet 5 mg</i>	1B	QL (30 per 30 days)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	1B	QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1B	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1B	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	ST; QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	ST; QL (4 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1B	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1A	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1B	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1A	
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML)	2	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	2	QL (4 per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1B	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1B	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1B	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1B	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1B	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1B	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1B	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1B	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1B	
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1B	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	1B	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1B	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1B	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1B	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1B	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1B	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL (90 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1B	QL (1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1B	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1B	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1B	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1B	
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; QL (56 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; QL (84 per 30 days)
<i>alyq oral tablet 20 mg</i>	4	ST; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	ST; QL (30 per 30 days)
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1B	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (1 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1B	QL (120 per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION	3	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	QL (1 per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1B	ST; QL (1 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	ST; QL (60 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	PA; QL (1 per 30 days)
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1B	PA; QL (1 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (1 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1B	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1B	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1B	PA; QL (1 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	ST; QL (32 per 21 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1B	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	PA; QL (1 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	ST; QL (1 per 56 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	ST; QL (1 per 42 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	ST; QL (1 per 56 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1B	ST; QL (1 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1B	QL (1 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	PA; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1B	PA; QL (1 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1B	QL (120 per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	ST; QL (12 per 21 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (1 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1B	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1B	QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; QL (56 per 30 days)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (56 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1B	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1B	ST; QL (1 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1B	
<i>montelukast oral tablet 10 mg</i>	1B	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1B	
<i>nebusal inhalation solution for nebulization 3 %</i>	1B	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	ST; QL (1 per 21 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	ST; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	4	ST; QL (1 per 21 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	ST; QL (30 per 30 days)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	4	ST; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; QL (56 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112 per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	4	ST; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	4	ST; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	ST; QL (90 per 30 days)
<i>pulmosal inhalation solution for nebulization 7 %</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (1 per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	1B	ST; QL (30 per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	1B	ST
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	ST; QL (16 per 21 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	ST; QL (12 per 21 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	ST; QL (112 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL (90 per 30 days)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1B	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (1 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (1 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (1 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL (56 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	ST; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	ST; QL (2 per 21 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	ST; QL (2 per 21 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1B	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	4	PA; QL (1 per 21 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	4	PA; QL (1 per 21 days)
<i>theophylline oral elixir 80 mg/15 ml</i>	1B	
<i>theophylline oral solution 80 mg/15 ml</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1B	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1B	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1B	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	ST; QL (120 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (1 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; QL (56 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; QL (84 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1B	PA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; QL (6 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; QL (2 per 28 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1B	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	2	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROCHAMBER2GO SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1B	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1B	
<i>flavoxate oral tablet 100 mg</i>	1B	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	1B	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1B	
<i>oxybutynin chloride oral tablet 5 mg</i>	1B	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1B	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1B	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1B	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1B	
<i>tropium oral tablet 20 mg</i>	1B	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1B	
<i>dutasteride oral capsule 0.5 mg</i>	1B	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1B	ST
<i>finasteride oral tablet 5 mg</i>	1B	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1B	
<i>tamsulosin oral capsule 0.4 mg</i>	1B	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1B	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
ELMIRON ORAL CAPSULE 100 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>mb caps oral capsule 120-10.8-40.8 mg</i>	1B	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1B	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1B	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1B	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1B	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	1B	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1B	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1B	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1B	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1B	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1B	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1B	QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1B	QL (360 per 30 days)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1B	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1B	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1B	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1B	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1B	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1B	
<i>klor-con oral packet 20 meq</i>	1B	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1B	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1B	QL (90 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL (30 per 30 days)
<i>lugols oral solution 5 %</i>	1B	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1B	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1B	
<i>potassium chloride oral packet 20 meq</i>	1B	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1B	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1B	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1B	QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1B	QL (90 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1B	QL (270 per 30 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sevelamer hcl oral tablet 400 mg</i>	1B	QL (450 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	1B	QL (270 per 30 days)
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1B	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1B	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1B	
<i>strong iodine oral solution 5 %</i>	1B	
VITAMINS & HEMATINICS		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1B	
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	\$0	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	\$0	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>dialyvite 800 oral tablet 0.8 mg</i>	\$0	ACA; OTC
<i>flotrex oral tablet, chewable 0.25 mg, 0.5 mg</i>	\$0	ACA; OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	ACA; OTC
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	ACA; OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg</i>	\$0	ACA; OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	\$0	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	\$0	ACA; OTC
<i>kobee oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	ACA; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	\$0	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0	ACA; OTC

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0	ACA; OTC
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	\$0	ACA; OTC
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	\$0	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	\$0	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0	ACA; OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>rena-vite oral tablet 0.8 mg</i>	\$0	ACA; OTC
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	\$0	ACA; OTC
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	ACA; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	\$0	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	\$0	ACA; OTC
<i>super b-50 complex oral capsule 400 mcg-20 mg-50 mg</i>	\$0	ACA; OTC
<i>super quints oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>tricon oral capsule 110-0.5 mg</i>	\$0	ACA; OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	\$0	ACA; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	\$0	ACA; OTC

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<i>saxagliptin</i>	85	<i>sodium, potassium, mag sulfates</i>	92	<i>sulfacetamide sodium-sulfur</i> ..	65
<i>saxagliptin-metformin</i>	85	<i>solifenacin</i>	126	<i>sulfacetamide-prednisolone</i> ..	119
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<i>scopolamine base</i>	91	<i>soluvita</i>	130	<i>sulfamethoxazole-trimethoprim</i>	12
SELARSDI	61	<i>soluvita a,c,d with fluoride</i> ..	130	SULFAMYLON	66
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<i>selenium sulfide</i>	61	SOMAVERT	83	<i>sulfatrim</i>	12
SELZENTRY	7	<i>sorafenib</i>	24	<i>sulindac</i>	39
SEMGLEE(INSULIN GLARGINE-YFGN)	80	<i>sotalol</i>	48	<i>sumatriptan</i>	31
SEMGLEE(INSULIN GLARG-YFGN)PEN	80	<i>sotalol af</i>	48	<i>sumatriptan succinate</i>	32
<i>sertraline</i>	45	SOTYKTU	61	<i>sunitinib malate</i>	24
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<i>sevelamer carbonate</i>	128	SPACE CHAMBER	126	<i>super b-50 complex</i>	130
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<i>sf 5000 plus</i>	74	SPINRAZA (PF)	33	<i>symax fastabs</i>	88
<i>sharobel</i>	106	SPIRIVA RESPIMAT	124	<i>symax-sl</i>	88
SHINGRIX (PF)	99	<i>spironolactone</i>	52	<i>symax-sr</i>	88
SIGNIFOR	24	<i>spironolacton-</i> <i>hydrochlorothiaz</i>	52	SYMDEKO	124
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<i>silodosin</i>	127	<i>sps (with sorbitol)</i>	129	SYNAGIS	7
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TECENTRIQ.....	24	tobramycin-dexamethasone	118	tricon.....	130
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TRIUMEQ PD	7	<i>valproic acid</i>	30	<i>vincasar pfs</i>	26
<i>tri-vitamin with fluoride</i>	130	<i>valproic acid (as sodium salt)</i>	30	<i>vincristine</i>	26
<i>tri-vylibra</i>	114	<i>valsartan</i>	52, 53	<i>vinorelbine</i>	26
<i>tri-vylibra lo</i>	114	<i>valsartan-hydrochlorothiazide</i>	53	VIOKACE	92
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<i>trospium</i>	127	<i>vandazole</i>	107	VIREAD	7
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TRUMENBA	100	VARISOFT INFUSION SET 43	78	<i>vitamin b complex-folic acid</i>	130
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<i>turqoz (28)</i>	114	VAXCHORA VACCINE..	100	VIVOTIF	100
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TWIIST STARTER KIT	78	VCF CONTRACEPTIVE FILM	107	VONJO	26
TWINRIX (PF)	100	VCF CONTRACEPTIVE GEL	107	VONVENDI	57
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TYSABRI.....	33	VENCLEXTA STARTING PACK	25	<i>vylibra</i>	114
TYVASO.....	125	<i>venlafaxine</i>	45	VYLOY	26
TYVASO DPI	125	<i>venxxiva</i>	72	VYNDAMAX	60
TYVASO REFILL KIT	125	<i>verapamil</i>	53	VYNDAQEL.....	60
TYVASO STARTER KIT .	125	VERQUVO	60	VYXEOS.....	26
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<i>unithroid</i>	86	<i>vestura (28)</i>	114	<i>warfarin</i>	57
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<i>uretron d-s</i>	127	V-GO 40	78	WIDE-SEAL DIAPHRAGM	104
<i>urimar-t</i>	127	VIBERZI	92	<i>wintergreen oil</i>	63
<i>urogesic-blue</i>	127	<i>vienna</i>	114	<i>wixela inhub</i>	125
<i>uro-mp</i>	127	<i>vigabatrin</i>	30	<i>women's gentle laxative(bisac)</i>	92
<i>uro-sp</i>	127	<i>vigadrone</i>	30	<i>wymzya fe</i>	114
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<i>xelria fe</i>	114	YF-VAX (PF).....	100	<i>ziprasidone hcl</i>	46
XEMBIFY	100	YONDELIS	26	ZIRABEV	27
XENPOZYME	72	<i>yuvafem</i>	106	ZOLADEx	27
XERMELO	26	Z		<i>zoledronic acid</i>	83
XGEVA	13	<i>zafemy</i>	107	<i>zoledronic acid-mannitol-water</i>	
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XOSPATA	26	ZELBORAF	26	<i>zonisamide</i>	30
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<i>xulane</i>	107	<i>zenatane</i>	65	ZTALMY	30
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