



Excellus BlueCross BlueShield Medicare Employer Group Plans

2024 Formulary (List of Covered Drugs)

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

This formulary was updated on [REDACTED]. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577 (TTY users should call 711), Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.

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

Excellus BlueCross BlueShield is an HMO plan and PPO with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal

When this drug list (formulary) refers to "we," "us," or "our," it means Excellus BlueCross BlueShield. When it refers to "plan" or "our plan," it means Excellus BlueCross BlueShield.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Excellus BlueCross BlueShield Medicare Employer Group Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?”.

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of _____. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. An updated copy of the formulary book will be on our website and a printed copy can be requested on our website or by calling us at the telephone numbers found on the front and back covers of this book.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Excellus BlueCross BlueShield Medicare Employer Group Formulary?

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

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception.

When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Any member experiencing a level of care change, such as a change in their treatment setting, will be provided a one time, up to 31-day supply of medication. This includes emergency supplies of non-formulary drugs and most Part D drugs which require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose.

For more information

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

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

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

Excellus BlueCross BlueShield Formulary

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

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

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

EXPLANATION OF REQUIREMENTS/LIMITS	
QUANTITY LIMITS (QL)	For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day prescription for ENTRESTO.
PRIOR AUTHORIZATION (PA)	Certain medications require prior authorization. This means that you need approval before you fill your prescription. If you don't get approval, the drug may not be covered.
STEP THERAPY (ST)	In some cases, we require 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.
VERIFICATION FOR PART B OR PART D (B/D PA)	These medications require prior authorization only to determine whether they qualify for payment under Part B or Part D.
EXCLUDED PART D DRUGS (EX)	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
RECOMMENDED VACCINE (RV)	Our plan covers all Part D adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no member cost, regardless of tier.
INSULIN (I)	Member cost is no more than \$35 for a 30-day supply of each insulin product covered by our plan, regardless of tier.

DESCRIPTION OF TIERS

TIER 1	Most generic drugs on our formulary. Includes many of the preventive vaccines recommended for adult immunization.
TIER 2	Brand-name drugs on our formulary. Certain generic drugs may appear in Tier 2 due to the high cost of the drug or the potential safety concerns for our Part D members.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>celecoxib</i>	Tier 1	QL (60 per 30 days)
<i>diclofenac epolamine 1.3% patch</i>	Tier 2	PA, QL (60 per 30 days)
<i>diclofenac pot 50 mg tablet</i>	Tier 1	
<i>diclofenac sodium (1% gel, 1.5% topical soln, sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab)</i>	Tier 1	
<i>diclofenac sodium er</i>	Tier 1	
<i>diclofenac sodium-misoprostol</i>	Tier 2	
<i>diflunisal</i>	Tier 1	
<i>ec-naproxen</i>	Tier 2	
<i>etodolac</i>	Tier 1	
<i>etodolac er</i>	Tier 1	
<i>fenoprofen 600 mg tablet</i>	Tier 2	
<i>flurbiprofen</i>	Tier 1	
IBU	Tier 1	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	Tier 1	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	Tier 1	
<i>indomethacin er</i>	Tier 1	
<i>ketoprofen (50 mg capsule, 75 mg capsule)</i>	Tier 2	
<i>ketoprofen er 200 mg capsule</i>	Tier 2	QL (30 per 30 days)
<i>ketorolac 10 mg tablet</i>	Tier 1	QL (20 per 30 days)
<i>meclofenamate sodium</i>	Tier 1	
<i>meloxicam 15 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>meloxicam 7.5 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>nabumetone</i>	Tier 1	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	Tier 1	
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	Tier 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	Tier 1	
<i>naproxen sodium ds</i>	Tier 1	
<i>naproxen-esomeprazole mag</i>	Tier 2	PA, QL (60 per 30 days)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>sulindac</i>	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>BELBUCA (600 MCG FILM, 750 MCG FILM, 900 MCG FILM)</i>	Tier 2	
<i>BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM)</i>	Tier 2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
buprenorphine patch	Tier 2	
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	Tier 1	
fentanyl (37.5 mcg/hr patch, 62.5 mcg/hr patch, 87.5 mcg/hr patch)	Tier 2	
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	Tier 2	
hydromorphone er	Tier 2	
levorphanol tartrate	Tier 2	
methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)	Tier 1	
METHADONE INTENSOL	Tier 1	
METHADOSE (10 MG/ML ORAL CONC, 40 MG TABLET DISPR)	Tier 1	
morphine sulfate er (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 45 mg cap, 50 mg cap, 60 mg cap, 75 mg cap, 80 mg cap, 90 mg cap, 100 mg cap, sulf er 100 mg tablet, 120 mg cap, sulf er 200 mg tablet)	Tier 2	
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)	Tier 1	
oxycodone hcl er	Tier 2	
oxymorphone hcl er	Tier 2	
tramadol hcl er (100 mg capsule, 100 mg tablet, er 100 mg tablet, 200 mg capsule, 200 mg tablet, er 200 mg tablet, 300 mg capsule, 300 mg tablet, er 300 mg tablet)	Tier 2	
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)	Tier 1	
asa-butalb-caffeine-codeine	Tier 2	
ASCOMP WITH CODEINE	Tier 2	
butalb-acetamin-caff 50-325-40 tab	Tier 2	
butalb-apap-caf-cod 50-325-40-30 cap	Tier 2	
butalbital compound-codeine	Tier 2	
butalbital-acetaminophen 50-325 tab	Tier 2	
butalbital-aspirin-caffeine	Tier 2	
butorphanol 10 mg/ml spray	Tier 2	

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LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
codeine sulfate (15 mg tablet, 30 mg tablet)	Tier 1	
codeine sulfate 60 mg tablet	Tier 2	
ENDOCET	Tier 1	
fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit otfc 1,200 mcg, cit otfc 1,600 mcg, otfc 200 mcg, otfc 400 mcg, otfc 600 mcg, otfc 800 mcg)	Tier 2	PA
hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)	Tier 2	
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamin 10-325/15, hydrocodone-acetamn 7.5-325/15)	Tier 1	
hydrocodone-ibuprofen	Tier 2	
hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpuject, 1 mg/ml solution, 1 mg/ml syringe, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpuject, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpuject, 5 mg/5 ml soln, 8 mg tablet)	Tier 1	
LAZANDA (100 MCG NASAL SPRAY, 400 MCG NASAL SPRAY)	Tier 2	PA
morphine sulfate (2 mg/ml carpuject, 2 mg/ml syringe, 4 mg/ml carpuject, 4 mg/ml syringe, 4 mg/ml vial, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml vial, 10 mg/10 ml vial, 10 mg/ml carpuject, 10 mg/ml syringe, 10 mg/ml vial)	Tier 2	
morphine sulfate (ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)	Tier 1	
nalbuphine hcl	Tier 1	
oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, 15 mg tablet, (ir) 20 mg tab, 20 mg tablet, (ir) 30 mg tab, 30 mg tablet)	Tier 1	
oxycodone hcl 100 mg/5 ml conc	Tier 2	
oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)	Tier 1	

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LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS (CONTINUED)		
<i>oxymorphone hcl</i>	Tier 2	
<i>pentazocine-naloxone hcl</i>	Tier 2	
SUBSYS (100 MCG SPRAY, 200 MCG SPRAY, 400 MCG SPRAY, 600 MCG SPRAY, 800 MCG SPRAY, 1,200 MCG SPRAY, 1,600 MCG SPRAY)	Tier 2	PA
<i>tramadol hcl 100 mg tablet</i>	Tier 2	
<i>tramadol hcl 50 mg tablet</i>	Tier 1	
<i>tramadol hcl-acetaminophen</i>	Tier 1	
ANESTHETICS (CONTINUED)		
LOCAL ANESTHETICS		
<i>lidocaine 5% ointment</i>	Tier 2	
<i>lidocaine 5% patch</i>	Tier 2	PA, QL (90 per 30 days)
<i>lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% abboject, 1% ampul, 1% syringe, 1% vial, 1.5% ampul, 2% 100 mg/5 ml, 2% 200 mg/10 ml, 2% 40 mg/2 ml, 2% 40 mg/2 ml vl, 2% abboject, 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 2% luer-jet, 2% syringe, 2% vial, 4% ampul, 4% solution, 100 mg/5 ml (2%) syr)</i>	Tier 1	
<i>lidocaine hcl viscous</i>	Tier 1	
<i>lidocaine-prilocaine</i>	Tier 1	
PLIAGLIS	Tier 2	
SYNERA	Tier 2	
ZTLIDO	Tier 2	PA, QL (90per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	Tier 2	
<i>disulfiram</i>	Tier 2	
<i>naltrexone hcl</i>	Tier 1	
OPIOID DEPENDENCE		
<i>buprenorphine hcl (2 mg tablet sl, 8 mg tablet sl)</i>	Tier 1	
<i>buprenorphine-naloxone</i>	Tier 1	
LUCEMYRA	Tier 2	
VIVITROL	Tier 2	
OPIOID REVERSAL AGENTS		
KLOXXADO	Tier 2	QL (2 per 30 days)
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	Tier 1	

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LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)		
NARCAN	Tier 2	
OPVEE	Tier 2	
ZIMHI	Tier 2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl sr 150 mg tablet</i>	Tier 1	
NICOTROL	Tier 2	
NICOTROL NS	Tier 2	
<i>varenicline starting month box</i>	Tier 2	QL (336 per 365 days)
<i>varenicline tartrate</i>	Tier 2	QL (336 per 365 days)
ANTIBACTERIALS (CONTINUED)		
AMINOGLYCOSIDES		
<i>amikacin sulfate</i>	Tier 1	
ARIKAYCE	Tier 2	PA, QL (236 per 28 days)
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	Tier 1	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml, isoton 100 mg/50 ml)</i>	Tier 1	
<i>neomycin sulfate</i>	Tier 1	
<i>paromomycin sulfate</i>	Tier 1	
<i>streptomycin sulfate</i>	Tier 2	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	Tier 2	
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25% irrig soln</i>	Tier 2	
<i>acetic acid 2% ear solution</i>	Tier 1	
<i>aztreonam</i>	Tier 1	
CLEOCIN 100 MG VAGINAL OVULE	Tier 2	
CLINDACIN ETZ 1% PLEDGET	Tier 2	
CLINDACIN P	Tier 2	
<i>clindamycin (pediatric)</i>	Tier 1	
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin pediatric</i>	Tier 1	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledge)</i>	Tier 1	
<i>clindamycin phosphate-d5w</i>	Tier 1	

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LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>colistimethate</i>	Tier 2	
DALVANCE	Tier 2	
<i>daptomycin</i>	Tier 2	
<i>daptomycin-0.9% nacl</i>	Tier 2	
FIRVANQ (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	Tier 2	
<i>fosfomycin tromethamine</i>	Tier 2	
<i>linezolid 100 mg/5 ml susp</i>	Tier 2	
<i>linezolid 600 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>linezolid-0.9% nacl</i>	Tier 2	
<i>linezolid-d5w</i>	Tier 2	
<i>methenamine hippurate</i>	Tier 1	
METRO IV	Tier 1	
<i>metronidazole (0.75% cream, topical 0.75% gl, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	Tier 1	
<i>metronidazole (0.75% lotion, top 1% gel pump, topical 1% gel, 375 mg capsule)</i>	Tier 2	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	Tier 1	
<i>nitrofurantoin mcr 25 mg cap</i>	Tier 2	
<i>nitrofurantoin mono-macro</i>	Tier 1	
NUVESSA	Tier 2	
PRIMSOL	Tier 2	
ROSADAN (CREAM, GEL)	Tier 1	
SIVEXTRO	Tier 2	PA, QL (6 per 6 days)
SOLOSEC	Tier 2	
<i>tigecycline</i>	Tier 2	
<i>tinidazole</i>	Tier 1	
<i>trimethoprim</i>	Tier 1	
<i>vancomycin 750 mg/150 ml bag</i>	Tier 1	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gm/250 ml bag, 1.75 gm/350 ml bag, 5 gm vial, 10 gm vial, 25 mg/ml oral soln, 100 gm smartpak, 125 mg capsule, 250 mg capsule)</i>	Tier 2	
<i>vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gram vial, 1.5 gram vial, 250 mg vial, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chloride</i>	Tier 1	
<i>vancomycin-d5w 500 mg/100 ml</i>	Tier 1	
XENLETA 600 MG TABLET	Tier 2	PA, QL (14 per 7 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 375 mg/5 ml suspen, 500 mg capsule)</i>	Tier 1	
<i>cefaclor er</i>	Tier 2	
<i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	Tier 1	
<i>cefadroxil 1 gm tablet</i>	Tier 2	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	Tier 1	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/100, 2 g/50)</i>	Tier 1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	Tier 1	
<i>cefepime</i>	Tier 2	
<i>cefepime hcl</i>	Tier 2	
<i>cefepime-dextrose</i>	Tier 2	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	Tier 2	
CEFOTAN 2 GM VIAL	Tier 1	
<i>cefotaxime sodium</i>	Tier 1	
<i>cefotetan & dextrose</i>	Tier 1	
<i>cefotetan 10 gm vial</i>	Tier 1	
<i>cefoxitin</i>	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp)</i>	Tier 2	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	Tier 1	
<i>ceftazidime</i>	Tier 1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	Tier 1	
<i>cefuroxime</i>	Tier 1	
<i>cefuroxime sodium</i>	Tier 1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>cephalexin 750 mg capsule</i>	Tier 2	
FETROJA	Tier 2	
TEFLARO	Tier 2	
ZERBAXA	Tier 2	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	Tier 1	
<i>amoxicillin-clavulanate pot er</i>	Tier 2	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	Tier 2	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)</i>	Tier 1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial)</i>	Tier 2	
<i>ampicillin sodium (2 gm add-vantage vl, 2 gm vial, 250 mg vial, 500 mg vial)</i>	Tier 1	
<i>ampicillin trihydrate</i>	Tier 1	
<i>ampicillin-sulbactam</i>	Tier 2	
BICILLIN C-R	Tier 2	
BICILLIN L-A	Tier 2	
<i>dicloxacillin sodium</i>	Tier 1	
<i>nafcillin</i>	Tier 2	
<i>nafcillin sodium</i>	Tier 2	
<i>oxacillin</i>	Tier 2	
<i>oxacillin sodium</i>	Tier 2	
<i>pen g 1.2 million unit/2 ml</i>	Tier 2	
<i>penicillin g 600,000 unit/1 ml</i>	Tier 1	
<i>penicillin g sodium</i>	Tier 2	
<i>penicillin gk-iso-osm dextrose</i>	Tier 2	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	Tier 1	
PFIZERPEN	Tier 2	
<i>piperacillin-tazobactam</i>	Tier 2	
CARBAPENEMS		
<i>ertapenem</i>	Tier 2	
<i>imipenem-cilastatin 500 mg vl</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	Tier 2	
<i>meropenem-0.9% nacl</i>	Tier 2	
RECARBRIOL	Tier 2	
VABOMERE	Tier 2	
MACROLIDES		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	Tier 1	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	Tier 2	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	Tier 1	
<i>clarithromycin er</i>	Tier 2	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	Tier 2	
E.E.S. 400	Tier 2	
ERYTHROGIN STEARATE		
<i>erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	Tier 2	
<i>erythromycin es 400 mg tab</i>	Tier 2	
QUINOLONES		
BAXDELA	Tier 2	QL (28 per 14 days)
<i>ciprofloxacin (250 mg/5 ml susp, 400 mg/40 ml vl)</i>	Tier 1	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 1	
<i>ciprofloxacin hcl 100 mg tab</i>	Tier 2	
<i>ciprofloxacin-d5w</i>	Tier 1	
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)</i>	Tier 2	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	Tier 1	
<i>levofloxacin-d5w (250 mg/50, 500 mg/100)</i>	Tier 1	
<i>moxifloxacin 400 mg/250 ml bag</i>	Tier 2	
<i>moxifloxacin hcl</i>	Tier 1	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	Tier 2	
SULFONAMIDES		
<i>sodium sulfacetamide 10% lot</i>	Tier 1	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIBACTERIALS (CONTINUED)		
sulfadiazine	Tier 1	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	Tier 1	
SULFATRIM	Tier 1	
TETRACYCLINES		
demeclacycline hcl	Tier 2	
DOXY 100	Tier 2	
doxycycline hydiate (50 mg cap, 100 mg cap, 100 mg tab)	Tier 1	
doxycycline hydiate (50 mg tablet, hyc dr 50 mg tab, 75 mg tab, hyc dr 75 mg tab, 100 mg v, hyc dr 100 mg tab, 150 mg tab, hyc dr 150 mg tab, hyc dr 200 mg tab)	Tier 2	
doxycycline ir-dr	Tier 2	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet)	Tier 1	
doxycycline monohydrate (75 mg capsule, 150 mg tablet)	Tier 2	
minocycline er (105 mg tablet, 135 mg tablet)	Tier 2	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	Tier 1	
minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)	Tier 2	
minocycline hcl er	Tier 2	
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	Tier 2	PA, QL (30 per 14 days)
ORACEA	Tier 2	
tetracycline hcl (250 mg capsule, 500 mg capsule)	Tier 1	
VIBRAMYCIN 50 MG/5 ML SYRUP	Tier 2	
ANTICONVULSANTS (CONTINUED)		
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	Tier 2	QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	Tier 2	QL (600 per 30 days)
DIACOMIT	Tier 2	
EPIDIOLEX	Tier 2	PA
EPRONTIA	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	Tier 2	
FINTEPLA	Tier 2	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	Tier 2	
<i>lamotrigine (green)</i>	Tier 2	
<i>lamotrigine (orange)</i>	Tier 2	
<i>lamotrigine er</i>	Tier 2	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	Tier 1	
<i>levetiracetam er 500 mg tablet</i>	Tier 1	QL (180 per 30 days)
<i>levetiracetam er 750 mg tablet</i>	Tier 1	QL (120 per 30 days)
SPRITAM (250 MG TABLET, 500 MG TABLET, 1,000 MG TABLET)	Tier 2	QL (60 per 30 days)
SPRITAM 750 MG TABLET	Tier 2	QL (120 per 30 days)
SUBVENITE (GREEN)	Tier 2	
SUBVENITE (ORANGE)	Tier 2	
<i>topiramate er (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	Tier 2	QL (30 per 30 days)
<i>topiramate er 150 mg capsule</i>	Tier 2	
<i>topiramate er 200 mg capsule (generic quidey xr)</i>	Tier 2	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	Tier 1	
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	Tier 2	QL (28 per 28 days)
XCOPRI (150 MG TABLET, 200 MG TABLET)	Tier 2	QL (60 per 30 days)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	Tier 2	QL (56 per 28 days)
XCOPRI (50 MG TABLET, 100 MG TABLET)	Tier 2	QL (30 per 30 days)
ZTALMY	Tier 2	PA
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	Tier 1	
<i>methsuximide</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	Tier 2	
<i>clonazepam</i>	Tier 1	
<i>clorazepate dipotassium</i>	Tier 2	
DIASTAT	Tier 2	
DIASTAT ACUDIAL	Tier 2	
<i>diazepam (10 mg/2 ml carpuject, 50 mg/10 ml vial)</i>	Tier 1	
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	Tier 2	
<i> gabapentin (100 mg capsule, 600 mg tablet)</i>	Tier 1	
NAYZILAM	Tier 2	
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>pregabalin 20 mg/ml solution</i>	Tier 2	
<i>pregabalin 200 mg capsule</i>	Tier 2	QL (90 per 30 days)
<i>pregabalin 300 mg capsule</i>	Tier 2	QL (60 per 30 days)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	Tier 1	
<i> primidone 125 mg tablet</i>	Tier 2	
SYMPAZAN (5 MG FILM, 10 MG FILM)	Tier 2	QL (60 per 30 days)
SYMPAZAN 20 MG FILM	Tier 2	
<i>tiagabine hcl</i>	Tier 2	
VALTOCO	Tier 2	
<i>vigabatrin</i>	Tier 2	
VIGADRONE	Tier 2	
VIGPODER	Tier 2	
SODIUM CHANNEL AGENTS		
APTIOM (200 MG TABLET, 400 MG TABLET, 800 MG TABLET)	Tier 2	QL (30 per 30 days)
APTIOM 600 MG TABLET	Tier 2	QL (60 per 30 days)
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	Tier 1	
<i> carbamazepine er (100 mg cap, 200 mg cap, 200 mg tablet, 300 mg cap, 400 mg tablet)</i>	Tier 1	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	Tier 2	
EPITOL	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTICONVULSANTS (CONTINUED)		
EQUETRO	Tier 2	
<i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i>	Tier 2	
<i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 2	QL (60 per 30 days)
MOTPOLY XR 100 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)
MOTPOLY XR 150 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
MOTPOLY XR 200 MG CAPSULE	Tier 2	PA
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	Tier 1	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	Tier 1	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	Tier 1	
<i>rufinamide 200 mg tablet</i>	Tier 2	QL (480 per 30 days)
<i>rufinamide 40 mg/ml suspension</i>	Tier 2	QL (2400 per 30 days)
<i>rufinamide 400 mg tablet</i>	Tier 2	QL (240 per 30 days)
TEGRETOL 200 MG TABLET	Tier 2	
TEGRETOL XR	Tier 2	
ZONISADE	Tier 2	
<i>zonisamide</i>	Tier 1	
ANTIDEMENTIA AGENTS (CONTINUED)		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates</i>	Tier 2	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)
NAMZARIC TITRATION PACK	Tier 2	PA, QL (28 per 28 days)
CHOLINESTERASE INHIBITORS		
ADLARITY 10MG/DAY WEEKLY PATCH	Tier 2	ST
ADLARITY 5 MG/DAY WEEKLY PATCH	Tier 2	ST, QL (4 per 28 days)
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>donepezil hcl 23 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>donepezil hcl odt</i>	Tier 1	
<i>galantamine 4 mg/ml oral soln</i>	Tier 1	
<i>galantamine er</i>	Tier 1	QL (30 per 30 days)
<i>galantamine hbr</i>	Tier 1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEMENTIA AGENTS (CONTINUED)		
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	Tier 1	QL (60 per 30 days)
<i>rivastigmine (9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	Tier 2	
<i>rivastigmine 4.6 mg/24hr patch</i>	Tier 2	QL (30 per 30 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine 5-10 mg titration pk</i>	Tier 1	QL (49 per 28 days)
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i>	Tier 2	QL (300 per 30 days)
<i>memantine hcl er</i>	Tier 2	QL (30 per 30 days)
ANTIDEPRESSANTS (CONTINUED)		
ANTIDEPRESSANTS, OTHER		
ABILIFY MAINTENA (ER 300 MG VL, ER 400 MG SYR)	Tier 2	
ABILIFY MYCITE (15 MG KIT, 15 MG MAINT KIT, 15 MG START KIT)	Tier 2	PA
APLENZIN	Tier 2	QL (30 per 30 days)
<i>aripiprazole (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>aripiprazole odt 15 mg tablet</i>	Tier 2	
AUVELITY	Tier 2	PA, QL (60 per 30 days)
<i>bupropion hcl</i>	Tier 1	
<i>bupropion hcl sr (100 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>bupropion hcl xl 450 mg tablet</i>	Tier 2	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>chlor diazepoxide-amitriptyline</i>	Tier 2	
<i>mirtazapine</i>	Tier 1	
<i>olanzapine-fluoxetine hcl</i>	Tier 2	
<i>perphenazine-amitriptyline</i>	Tier 2	
<i>quetiapine er 400 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet)</i>	Tier 2	QL (30 per 30 days)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	Tier 2	PA, QL (28 per 365 days)
ZURZUVAE 30 MG CAPSULE	Tier 2	PA, QL (14 per 365 days)
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Tier 2	QL (30 per 30 days)
MARPLAN	Tier 2	
<i>phenelzine sulfate</i>	Tier 1	
<i>tranylcypromine sulfate</i>	Tier 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
<i>desvenlafaxine er</i>	Tier 2	QL (30 per 30 days)
<i>desvenlafaxine succinate er</i>	Tier 1	QL (30 per 30 days)
DRIZALMA SPRINKLE	Tier 2	
<i>duloxetine hcl dr 40 mg cap</i>	Tier 2	QL (60 per 30 days)
<i>escitalopram 10 mg tablet</i>	Tier 1	
<i>escitalopram oxalate 5 mg/5 ml</i>	Tier 2	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	Tier 2	QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	Tier 2	QL (28 per 28 days)
<i>fluoxetine dr 90 mg capsule (weekly)</i>	Tier 2	QL (8 per 28 days)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	Tier 1	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 60 mg tablet)</i>	Tier 2	
<i>fluvoxamine maleate</i>	Tier 1	
<i>fluvoxamine maleate er</i>	Tier 2	
<i>nefazodone hcl</i>	Tier 1	
<i>paroxetine cr 37.5 mg tablet</i>	Tier 2	
<i>paroxetine er 37.5 mg tablet</i>	Tier 2	
<i>paroxetine hcl 10 mg/5 ml susp</i>	Tier 2	
<i>paroxetine hcl 40 mg tablet</i>	Tier 1	
PEXEVA (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	Tier 2	
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>trazodone hcl</i>	Tier 1	
TRINTELLIX	Tier 2	QL (30 per 30 days)
<i>venlafaxine hcl</i>	Tier 1	
<i>venlafaxine hcl er (37.5 mg cap, 150 mg cap)</i>	Tier 1	QL (90 per 30 days)
<i>vilazodone hcl</i>	Tier 1	QL (30 per 30 days)
TRICYCLICS		
<i>amitriptyline hcl</i>	Tier 2	
<i>amoxapine</i>	Tier 2	
<i>clomipramine hcl</i>	Tier 2	
<i>desipramine hcl</i>	Tier 2	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	Tier 1	
<i>imipramine hcl</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIDEPRESSANTS (CONTINUED)		
<i>imipramine pamoate</i>	Tier 2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 20 mg/10 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 2	
<i>protriptyline hcl</i>	Tier 2	
<i>trimipramine maleate</i>	Tier 2	
ANTIEMETICS (CONTINUED)		
ANTIEMETICS, OTHER		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	Tier 2	
COMPRO	Tier 1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	Tier 1	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
PHENADOZ	Tier 2	
<i>prochlorperazine</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 50 mg tablet, 50 mg/ml ampul, 50 mg/ml vial)</i>	Tier 2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	Tier 2	
<i>scopolamine</i>	Tier 2	
<i>trimethobenzamide hcl</i>	Tier 2	B/D PA
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAPSULE	Tier 2	B/D PA
ANZEMET	Tier 2	B/D PA
<i>aprepitant</i>	Tier 2	B/D PA
CINVANTI	Tier 2	
<i>dronabinol</i>	Tier 2	PA
<i>granisetron hcl 1 mg tablet</i>	Tier 1	B/D PA
<i>ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)</i>	Tier 1	B/D PA
<i>ondansetron hcl (4 mg/2 ml amp, 4 mg/2 ml vial, 40 mg/20 ml vial)</i>	Tier 1	
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIEMETICS (CONTINUED)		
<i>ondansetron odt</i>	Tier 1	B/D PA
<i>palonosetron hcl</i>	Tier 2	
SANCUSO	Tier 2	QL (4 per 28 days)
SYNDROS	Tier 2	PA
VARUBI (90 MG TABLET, 180 MG DOSE(2X 90MG TB))	Tier 2	B/D PA
VARUBI 166.5 MG/92.5 ML VIAL	Tier 2	
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
ABELCET	Tier 2	B/D PA
<i>amphotericin b</i>	Tier 1	B/D PA
<i>caspofungin acetate</i>	Tier 2	
CICLODAN 0.77% CREAM	Tier 2	
<i>ciclopiprox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo, 8% solution)</i>	Tier 1	
<i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>	Tier 1	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	Tier 2	
<i>econazole nitrate</i>	Tier 1	
ERAXIS	Tier 2	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>fluconazole in saline</i>	Tier 2	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	Tier 2	
<i>flucytosine</i>	Tier 2	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	Tier 2	
<i>griseofulvin ultramicrosize</i>	Tier 2	
<i>itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)</i>	Tier 2	
JUBLIA	Tier 2	PA
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	Tier 1	
<i>ketoconazole 2% foam</i>	Tier 2	
KETODAN 2% FOAM	Tier 2	
KLAYESTA	Tier 1	
<i>miconazole 3 200 mg vag supp</i>	Tier 1	
<i>naftifine hcl (1% cream, 1% gel, 2% cream)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIFUNGALS (CONTINUED)		
NOXAFIL 300 MG/16.7 ML VIAL	Tier 2	
NYAMYC	Tier 1	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	Tier 1	
NYSTOP	Tier 1	
<i>oxiconazole nitrate</i>	Tier 2	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl)</i>	Tier 2	
<i>tavaborole</i>	Tier 2	PA
<i>terbinafine hcl</i>	Tier 1	
<i>terconazole (0.4% cream, 0.8% cream)</i>	Tier 1	
<i>terconazole 80 mg suppository</i>	Tier 2	
VIVJOA	Tier 2	PA
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>	Tier 2	
<i>voriconazole 200 mg vial</i>	Tier 2	PA
ANTIGOUT AGENTS (CONTINUED)		
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>colchicine 0.6 mg capsule</i>	Tier 2	QL (60 per 30 days)
<i>colchicine 0.6 mg tablet</i>	Tier 1	QL (120 per 30 days)
<i>febuxostat 40 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>febuxostat 80 mg tablet</i>	Tier 2	
<i>probenecid</i>	Tier 1	
<i>probenecid-colchicine</i>	Tier 1	
ANTIMIGRAINE AGENTS (CONTINUED)		
ERGOT ALKALOIDS		
<i>dihydroergotamine 4 mg/ml spry</i>	Tier 2	PA, QL (8 per 28 days)
ERGOMAR	Tier 2	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	Tier 2	QL (40 per 30 days)
MIGERGOT	Tier 2	QL (20 per 28 days)
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR (1-PACK)	Tier 2	PA, QL (1 per 28 days)
AJOVY AUTOINJECTOR	Tier 2	PA, QL (1.5 per 28 days)
AJOVY SYRINGE	Tier 2	PA, QL (1.5 per 28 days)
BOTOX	Tier 2	PA
<i>divalproex sodium</i>	Tier 1	
<i>divalproex sodium er</i>	Tier 1	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIMIGRAINE AGENTS (CONTINUED)		
<i>topiramate</i>	Tier 1	
<i>topiramate er 200 mg capsule (generic trokendi xr)</i>	Tier 2	QL (90 per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONISTS		
<i>naratriptan hcl</i>	Tier 1	QL (18 per 30 days)
<i>rizatriptan</i>	Tier 1	QL (24 per 30 days)
<i>sumatriptan 20 mg nasal spray</i>	Tier 2	QL (12 per 30 days)
<i>sumatriptan 5 mg nasal spray</i>	Tier 2	QL (18 per 30 days)
<i>sumatriptan succ-naproxen sod</i>	Tier 2	QL (9 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	QL (18 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	Tier 2	QL (10 per 30 days)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	Tier 1	QL (12 per 30 days)
<i>zolmitriptan odt</i>	Tier 1	QL (12 per 30 days)
ANTIMYASTHENIC AGENTS (CONTINUED)		
PARASYMPATHOMIMETICS		
<i>pyridostigmine br 30 mg tablet</i>	Tier 2	
<i>pyridostigmine br 60 mg tablet</i>	Tier 1	
<i>pyridostigmine bromide er</i>	Tier 1	
ANTIMYCOBACTERIALS (CONTINUED)		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>rifabutin</i>	Tier 2	
ANTITUBERCULARS		
<i>cycloserine</i>	Tier 2	
<i>ethambutol hcl</i>	Tier 1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	Tier 1	
PRIFTIN	Tier 2	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	
SIRTURO	Tier 2	
TRECATOR	Tier 2	
ANTINEOPLASTICS (CONTINUED)		
ALKYLATING AGENTS		
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	Tier 2	B/D PA
GLEOSTINE	Tier 2	
LEUKERAN	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
MATULANE	Tier 2	
VALCHLOR	Tier 2	PA, QL (60 per 30 days)
ANTIANDROGENS		
<i>abiraterone acetate</i>	Tier 2	
<i>bicalutamide</i>	Tier 1	
ERLEADA 240 MG TABLET	Tier 2	PA
ERLEADA 60 MG TABLET	Tier 2	PA, QL (120 per 30 days)
<i>flutamide</i>	Tier 1	
<i>nilutamide</i>	Tier 2	
NUBEQA	Tier 2	PA
<i>toremifene citrate</i>	Tier 2	
XTANDI (40 MG CAPSULE, 40 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
XTANDI 80 MG TABLET	Tier 2	PA, QL (60 per 30 days)
YONSA	Tier 2	PA, QL (120 per 30 days)
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	Tier 2	QL (30 per 30 days)
POMALYST	Tier 2	PA, QL (21 per 28 days)
REVLIMID	Tier 2	QL (30 per 30 days)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)
THALOMID 200 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
ANTIESTROGENS/MODIFIERS		
EMCYT	Tier 2	
ORSERDU 345 MG TABLET	Tier 2	PA
ORSERDU 86 MG TABLET	Tier 2	PA, QL (90per 30 days)
SOLTAMOX	Tier 2	
<i>tamoxifen citrate</i>	Tier 1	
ANTIMETABOLITES		
BESREMI	Tier 2	PA
DROXIA	Tier 2	
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml v, 5 gram/100 ml v, 500 mg/10 ml vial)</i>	Tier 1	B/D PA
<i>hydroxyurea</i>	Tier 1	
<i>melphalan 2mg tablet</i>	Tier 1	B/D PA
<i>mercaptopurine</i>	Tier 1	
ONUREG	Tier 2	PA
PURIXAN	Tier 2	
TABLOID	Tier 2	
ANTINEOPLASTICS, OTHER		
IDHIFA	Tier 2	PA, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
INQOVI	Tier 2	PA
KISQALI FEMARA 200 MG CO-PACK	Tier 2	PA, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	Tier 2	PA, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	Tier 2	PA, QL (91 per 28 days)
LONSURF 15 MG-6.14 MG TABLET	Tier 2	PA, QL (100 per 28 days)
LONSURF 20 MG-8.19 MG TABLET	Tier 2	PA, QL (80 per 28 days)
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	Tier 1	
NINLARO	Tier 2	PA, QL (3 per 28 days)
SYNRIBO	Tier 2	PA
XPOVIO (40 MG ONCE, 60 MG ONCE, 60 MG TWICE, 80 MG TWICE, 100 MG ONCE)	Tier 2	PA
XPOVIO (40 MG TWICE, 80 MG ONCE)	Tier 2	PA, QL (16 per 28 days)
ZOLINZA	Tier 2	PA, QL (120 per 30 days)
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole</i>	Tier 1	
<i>exemestane</i>	Tier 2	
<i>letrozole</i>	Tier 1	
ENZYME INHIBITORS		
IWILFIN	Tier 2	PA
MOLECULAR TARGET INHIBITORS		
AKEEGA	Tier 2	PA
ALECENSA	Tier 2	PA, QL (240 per 30 days)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	Tier 2	PA, QL (60 per 30 days)
AUGTYRO	Tier 2	PA, QL (240 per 30 days)
AYVAKIT (200 MG TABLET, 300 MG TABLET)	Tier 2	PA
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
BALVERSA 3 MG TABLET	Tier 2	PA, QL (84 per 28 days)
BALVERSA 4 MG TABLET	Tier 2	PA, QL (56 per 28 days)
BALVERSA 5 MG TABLET	Tier 2	PA
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	Tier 2	QL (30 per 30 days)
BOSULIF 100 MG CAPSULE	Tier 2	QL (150 per 30 days)
BOSULIF 100 MG TABLET	Tier 2	QL (120 per 30 days)
BRAFTOVI 50 MG CAPSULE	Tier 2	PA, QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE	Tier 2	PA, QL (180 per 30 days)

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
BRUKINSA	Tier 2	PA, QL (120 per 30 days)
CABOMETYX	Tier 2	PA, QL (30 per 30 days)
CALQUENCE	Tier 2	PA, QL (60 per 30 days)
CAPRELSA 100 MG TABLET	Tier 2	PA, QL (60 per 30 days)
CAPRELSA 300 MG TABLET	Tier 2	PA, QL (30 per 30 days)
COMETRIQ	Tier 2	PA
COPIKTRA	Tier 2	PA, QL (60 per 30 days)
COTELLIC	Tier 2	PA, QL (63 per 28 days)
DAURISMO 100 MG TABLET	Tier 2	PA, QL (30 per 30 days)
DAURISMO 25 MG TABLET	Tier 2	PA, QL (60 per 30 days)
ELREXFIO	Tier 2	PA
EPKINLY	Tier 2	PA
ERIVEDGE	Tier 2	PA, QL (30 per 30 days)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	Tier 2	
<i>erlotinib hcl 25 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>everolimus (2 mg tab susp, 3 mg tab susp)</i>	Tier 2	PA
<i>everolimus (2.5 mg tablet, 5 mg tablet)</i>	Tier 2	PA, QL (30 per 30 days)
<i>everolimus (7.5 mg tablet, 10 mg tablet)</i>	Tier 2	PA, QL (60 per 30 days)
<i>everolimus 5 mg tab for susp</i>	Tier 2	PA, QL (112 per 28 days)
EXKIVITY	Tier 2	PA
FOTIVDA	Tier 2	PA
FRUZAQLA 1 MG CAPSULE	Tier 2	PA, QL (84 per 28 days)
FRUZAQLA 5 MG CAPSULE	Tier 2	PA, QL (21 per 28 days)
GAVRETO	Tier 2	PA
<i>gefitinib</i>	Tier 2	QL (30 per 30 days)
GILOTrif	Tier 2	PA, QL (30 per 30 days)
IBRANCE	Tier 2	PA, QL (21 per 28 days)
ICLUSIG (10 MG TABLET, 15 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	Tier 2	PA
<i>imatinib mesylate 100 mg tab</i>	Tier 2	PA, QL (120 per 30 days)
<i>imatinib mesylate 400 mg tab</i>	Tier 2	PA, QL (60 per 30 days)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET, 560 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	Tier 2	PA, QL (120 per 30 days)
IMBRUVICA 70 MG/ML SUSPENSION	Tier 2	PA, QL (216 per 27 days)
INLYTA 1 MG TABLET	Tier 2	PA, QL (180 per 30 days)
INLYTA 5 MG TABLET	Tier 2	PA, QL (120 per 30 days)
INREBIC	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	Tier 2	PA, QL (60 per 30 days)
JAKAFI 25 MG TABLET	Tier 2	PA
JAYPIRCA 100 MG TABLET	Tier 2	PA
JAYPIRCA 50 MG TABLET	Tier 2	PA, QL (30 per 30 days)
KISQALI	Tier 2	PA, QL (63 per 28 days)
KOSELUGO	Tier 2	PA
KRAZATI	Tier 2	PA
<i>lapatinib</i>	Tier 2	PA, QL (150 per 30 days)
LENVIMA (18 MG DAILY, 24 MG DAILY)	Tier 2	PA, QL (90 per 30 days)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	Tier 2	PA, QL (30 per 30 days)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	Tier 2	PA, QL (60 per 30 days)
LENVIMA 12 MG DAILY DOSE	Tier 2	PA, QL (90 per 30 days)
LORBRENA 100 MG TABLET	Tier 2	PA, QL (30 per 30 days)
LORBRENA 25 MG TABLET	Tier 2	PA, QL (90 per 30 days)
LUMAKRAS	Tier 2	PA
LYNPARZA	Tier 2	PA, QL (120 per 30 days)
LYTGOBI 12 MG DOSE (3X 4MG TB)	Tier 2	PA, QL (84 per 28 days)
LYTGOBI 16 MG DOSE (4X 4MG TB)	Tier 2	PA, QL (112 per 28 days)
LYTGOBI 20 MG DOSE (5X 4MG TB)	Tier 2	PA, QL (140 per 28 days)
MEKINIST 0.05 MG/ML SOLUTION	Tier 2	PA
MEKINIST 0.5 MG TABLET	Tier 2	PA, QL (90 per 30 days)
MEKINIST 2 MG TABLET	Tier 2	PA, QL (30 per 30 days)
MEKTOVI	Tier 2	PA, QL (180 per 30 days)
NERLYNX	Tier 2	PA, QL (180 per 30 days)
ODOMZO	Tier 2	PA, QL (30 per 30 days)
OGSIVEO	Tier 2	PA, QL (180 per 30 days)
OJJAARA (150 MG TABLET, 200 MG TABLET)	Tier 2	PA
OJJAARA 100 MG TABLET	Tier 2	PA, QL (30 per 30 days)
<i>pazopanib hcl</i>	Tier 2	PA, QL (120 per 30 days)
PEMAZYRE	Tier 2	PA, QL (14 per 21 days)
PHESGO	Tier 2	PA
PIQRAY	Tier 2	PA
QINLOCK	Tier 2	PA, QL (90 per 30 days)
RETEVMO 40 MG CAPSULE	Tier 2	PA, QL (180 per 30 days)
RETEVMO 80 MG CAPSULE	Tier 2	PA, QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
REZLIDHIA	Tier 2	PA, QL (60 per 30 days)
REZUROCK	Tier 2	PA, QL (60 per 30 days)
ROZLYTREK 100 MG CAPSULE	Tier 2	PA, QL (150 per 30 days)
ROZLYTREK 200 MG CAPSULE	Tier 2	PA
ROZLYTREK 50 MG PELLET PACKET	Tier 2	PA, QL (360 per 30 days)
RUBRACA	Tier 2	PA, QL (120 per 30 days)
RYDAPT	Tier 2	PA, QL (240 per 30 days)
SCEMBLIX 20 MG TABLET	Tier 2	PA, QL (60 per 30 days)
SCEMBLIX 40 MG TABLET	Tier 2	PA
<i>sorafenib</i>	Tier 2	QL (120 per 30 days)
SPRYCEL (20 MG TABLET, 70 MG TABLET)	Tier 2	QL (60 per 30 days)
SPRYCEL (50 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	Tier 2	QL (30 per 30 days)
STIVARGA	Tier 2	PA
<i>sunitinib malate</i>	Tier 2	QL (30 per 30 days)
TABRECTA	Tier 2	PA, QL (112 per 28 days)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	Tier 2	PA, QL (120 per 30 days)
TAFINLAR 10 MG TABLET FOR SUSP	Tier 2	PA
TAGRISSO	Tier 2	PA, QL (30 per 30 days)
TALZENNA	Tier 2	PA, QL (30 per 30 days)
TASIGNA	Tier 2	QL (120 per 30 days)
TAZVERIK	Tier 2	PA, QL (240 per 30 days)
TEPMETKO	Tier 2	PA
TIBSOVO	Tier 2	PA, QL (60 per 30 days)
TRUQAP	Tier 2	PA, QL (64 per 28 days)
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	Tier 2	PA, QL (42 per 28 days)
TRUSELTIQ 100 MG DAILY DOSE PK	Tier 2	PA, QL (21 per 28 days)
TRUSELTIQ 75 MG DAILY DOSE PK	Tier 2	PA, QL (63 per 28 days)
TUKYSA 150 MG TABLET	Tier 2	PA, QL (120 per 30 days)
TUKYSA 50 MG TABLET	Tier 2	PA, QL (240 per 30 days)
TURALIO	Tier 2	PA
UKONIQ	Tier 2	PA
VANFLYTA	Tier 2	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	Tier 2	PA, QL (42 per 28 days)
VENCLEXTA 100 MG TABLET	Tier 2	PA, QL (224 per 28 days)
VENCLEXTA 50 MG TABLET	Tier 2	PA, QL (28 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTINEOPLASTICS (CONTINUED)		
VENCLEXTA STARTING PACK	Tier 2	PA, QL (42 per 28 days)
VERZENIO	Tier 2	PA, QL (60 per 30 days)
VIJOICE (50 MG TABLET, 125 MG TABLET)	Tier 2	PA, QL (28 per 28 days)
VIJOICE 250 MG DAILY DOSE PACK	Tier 2	PA
VITRAKVI 100 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION	Tier 2	PA, QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE	Tier 2	PA, QL (90per 30 days)
VIZIMPRO	Tier 2	PA, QL (30 per 30 days)
VONJO	Tier 2	PA
WELIREG	Tier 2	PA
XALKORI	Tier 2	PA
XOSPATA	Tier 2	PA, QL (90per 30 days)
ZEJULA (200 MG TABLET, 300 MG TABLET)	Tier 2	PA
ZEJULA 100 MG CAPSULE	Tier 2	PA, QL (90per 30 days)
ZEJULA 100 MG TABLET	Tier 2	PA, QL (30 per 30 days)
ZELBORAF	Tier 2	PA
ZYDELIG	Tier 2	PA, QL (60 per 30 days)
ZYKADIA	Tier 2	PA
RETINOIDS		
<i>bexarotene 1% gel</i>	Tier 2	PA
<i>bexarotene 75 mg capsule</i>	Tier 2	
PANRETIN	Tier 2	
<i>tretinoin 10 mg capsule</i>	Tier 2	
TREATMENT ADJUNCTS		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab)</i>	Tier 1	
<i>leucovorin calcium 25 mg tab</i>	Tier 2	
MESNEX 400 MG TABLET	Tier 2	
ANTIPARASITICS (CONTINUED)		
ANTHELMINTHICS		
<i>albendazole</i>	Tier 2	
EMVERM	Tier 2	
<i>ivermectin 3 mg tablet</i>	Tier 1	
<i>praziquantel</i>	Tier 2	
ANTIPROTOZOALS		
<i>atovaquone</i>	Tier 2	
<i>atovaquone-proguanil hcl</i>	Tier 2	
<i>chloroquine phosphate</i>	Tier 1	QL (90per 30 days)

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARASITICS (CONTINUED)		
COARTEM	Tier 2	
<i>hydroxychloroquine 200 mg tab</i>	Tier 1	QL (90 per 30 days)
KRINTAFEL	Tier 2	
<i>mefloquine hcl</i>	Tier 1	
<i>nitazoxanide</i>	Tier 2	
<i>pentamidine 300 mg inhal powdr</i>	Tier 2	B/D PA
<i>pentamidine 300 mg inject vial</i>	Tier 2	
<i>primaquine</i>	Tier 1	
<i>pyrimethamine</i>	Tier 2	
<i>quinine sulfate</i>	Tier 2	PA
ANTIPARKINSON AGENTS (CONTINUED)		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	Tier 1	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	Tier 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	Tier 1	
<i>carbidopa-levodopa-entacapone</i>	Tier 1	
<i>entacapone</i>	Tier 1	QL (240 per 30 days)
GOCOVRI ER 137 MG CAPSULE	Tier 2	PA, QL (60 per 30 days)
GOCOVRI ER 68.5 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)
NOURIANZ	Tier 2	PA
ONGENTYS	Tier 2	
<i>tolcapone</i>	Tier 2	
DOPAMINE AGONISTS		
<i>apomorphine hcl</i>	Tier 2	PA
<i>bromocriptine 5 mg capsule</i>	Tier 1	
<i>KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM)</i>	Tier 2	PA, QL (150 per 30 days)
NEUPRO	Tier 2	QL (30 per 30 days)
<i>pramipexole dihydrochloride</i>	Tier 1	
<i>pramipexole er</i>	Tier 2	QL (30 per 30 days)
<i>ropinirole er</i>	Tier 2	QL (60 per 30 days)
<i>ropinirole hcl</i>	Tier 1	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa</i>	Tier 2	
<i>carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)</i>	Tier 2	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPARKINSON AGENTS (CONTINUED)		
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	Tier 1	
<i>carbidopa-levodopa er</i>	Tier 1	
INBRIJA	Tier 2	PA
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate</i>	Tier 2	QL (30 per 30 days)
<i>selegiline hcl</i>	Tier 1	
XADAGO 100 MG TABLET	Tier 2	ST, QL (30 per 30 days)
XADAGO 50 MG TABLET	Tier 2	ST, QL (46 per 30 days)
ZELAPAR	Tier 2	ST
ANTIPSYCHOTICS (CONTINUED)		
1ST GENERATION/TYPICAL		
<i>fluphenazine decanoate</i>	Tier 2	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	Tier 2	
<i>haloperidol</i>	Tier 1	
<i>haloperidol decanoate</i>	Tier 1	
<i>haloperidol decanoate 100</i>	Tier 1	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)</i>	Tier 1	
<i>loxpiprazole</i>	Tier 1	
<i>molindone hcl</i>	Tier 2	
<i>pimozide</i>	Tier 2	
<i>thioridazine hcl</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine hcl</i>	Tier 1	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII	Tier 2	
ABILIFY MAINTENA ER 300 MG SYR	Tier 2	
ABILIFY MYCITE (30 MG KIT, 30 MG MAINT KIT, 30 MG START KIT)	Tier 2	PA
<i>ariPIPRAZOLE (2 mg tablet, 30 mg tablet)</i>	Tier 1	
<i>ariPIPRAZOLE 1 mg/ml solution</i>	Tier 2	
<i>ariPIPRAZOLE odt 10 mg tablet</i>	Tier 2	
ARISTADA	Tier 2	
ARISTADA INITIO	Tier 2	QL (2.4 per 180 days)
<i>asenapine 5 mg tablet sl</i>	Tier 2	PA, QL (60 per 30 days)
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
CAPLYTA 42 MG CAPSULE	Tier 2	PA
FANAPT	Tier 2	PA, QL (60 per 30 days)
INVEGA HAFYERA	Tier 2	
INVEGA SUSTENNA	Tier 2	
INVEGA TRINZA	Tier 2	
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>lurasidone hcl 80 mg tablet</i>	Tier 2	QL (60 per 30 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
LYBALVI 20-10 MG TABLET	Tier 2	PA
NUPLAZID	Tier 2	PA, QL (30 per 30 days)
<i>olanzapine (2.5 mg tablet, 7.5 mg tablet, 15 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>olanzapine 10 mg vial</i>	Tier 2	
<i>olanzapine odt</i>	Tier 2	
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i>	Tier 2	QL (60 per 30 days)
PERSERIS	Tier 2	
<i>quetiapine fumarate</i>	Tier 1	
REXULTI (0.25 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
REXULTI (0.5 MG TABLET, 1 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
RISPERDAL CONSTA	Tier 2	
<i>risperidone (0.25 mg tablet, 3 mg tablet)</i>	Tier 1	
<i>risperidone er</i>	Tier 2	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt)</i>	Tier 2	
SECUADO	Tier 2	PA, QL (30 per 30 days)
UZEDY	Tier 2	
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	Tier 2	PA, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	Tier 2	PA
<i>ziprasidone hcl</i>	Tier 1	
<i>ziprasidone mesylate</i>	Tier 2	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VL KIT, 405 MG VL KIT)	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIPSYCHOTICS (CONTINUED)		
TREATMENT-RESISTANT		
<i>clozapine</i>	Tier 1	
<i>clozapine odt</i>	Tier 2	
VERSACLOZ	Tier 2	QL (540 per 30 days)
ANTISPASTICITY AGENTS (CONTINUED)		
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	Tier 1	
<i>methylergonovine 0.2 mg tablet</i>	Tier 2	
<i>tizanidine hcl</i>	Tier 1	
ANTIVIRALS (CONTINUED)		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	Tier 2	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	Tier 2	QL (30 per 30 days)
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	Tier 2	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	Tier 2	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 2	QL (600 per 30 days)
<i>entecavir</i>	Tier 1	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML SOLN	Tier 2	
<i>lamivudine 100 mg tablet</i>	Tier 2	
<i>lamivudine hbv</i>	Tier 2	
<i>tenofovir disoproxil fumarate</i>	Tier 1	
VEMLIDY	Tier 2	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TABLET	Tier 2	PA, QL (90per 30 days)
MAVYRET 50-20 MG PELLET PACKET	Tier 2	PA, QL (150 per 30 days)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	Tier 1	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY	Tier 2	QL (30 per 30 days)
CABENUVA	Tier 2	
DOVATO	Tier 2	
GENVOYA	Tier 2	QL (30 per 30 days)
ISENTRESS (100 MG TABLET CHEW, 400 MG TABLET)	Tier 2	QL (60 per 30 days)
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET)	Tier 2	
ISENTRESS HD	Tier 2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
JULUCA	Tier 2	QL (30 per 30 days)
STRIBILD	Tier 2	
TIVICAY (10 MG TABLET, 25 MG TABLET)	Tier 2	QL (30 per 30 days)
TIVICAY 50 MG TABLET	Tier 2	
TIVICAY PD	Tier 2	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	Tier 2	
DELSTRIGO	Tier 2	QL (30 per 30 days)
EDURANT	Tier 2	
<i>efavirenz</i>	Tier 2	
<i>efavirenz-emtric-tenofovir disop</i>	Tier 2	QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disop</i>	Tier 2	QL (30 per 30 days)
<i>etravirine</i>	Tier 2	QL (60 per 30 days)
INTELENCE 25 MG TABLET	Tier 2	QL (120 per 30 days)
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	Tier 1	
<i>nevirapine er</i>	Tier 1	QL (30 per 30 days)
PIFELTRO	Tier 2	QL (60 per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	Tier 2	
<i>abacavir-lamivudine</i>	Tier 2	
CIMDUO	Tier 2	QL (30 per 30 days)
DESCOVY 120-15 MG TABLET	Tier 2	
DESCOVY 200-25 MG TABLET	Tier 2	QL (30 per 30 days)
<i>emtricitabine</i>	Tier 2	
<i>emtricitabine-tenofovir disop</i>	Tier 2	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	Tier 2	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>lamivudine-zidovudine</i>	Tier 2	
ODEFSEY	Tier 2	QL (30 per 30 days)
TRIUMEQ	Tier 2	QL (30 per 30 days)
TRIUMEQ PD	Tier 2	
TRIZIVIR	Tier 2	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	Tier 2	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	Tier 1	
ANTI-HIV AGENTS, OTHER		
FUZEON	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
<i>maraviroc 150 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>maraviroc 300 mg tablet</i>	Tier 2	
RUKOBIA	Tier 2	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	Tier 2	
SUNLENCA 4- 300 MG TABLET	Tier 2	QL (4 per 196 days)
SUNLENCA 463.5 MG/1.5 ML VIAL	Tier 2	
SUNLENCA 5- 300 MG TABLET	Tier 2	QL (5 per 196 days)
TROGARZO	Tier 2	
TYBOST	Tier 2	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAPSULE	Tier 2	
<i>atazanavir sulfate</i>	Tier 2	
CRIXIVAN	Tier 2	
<i>darunavir</i>	Tier 2	
EVOTAZ	Tier 2	QL (30 per 30 days)
<i>fosamprenavir calcium</i>	Tier 2	
LEXIVA 50 MG/ML SUSPENSION	Tier 2	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 100-25mg tb, lopinavir-ritonavr 200-50mg tb)</i>	Tier 2	
NORVIR 100 MG POWDER PACKET	Tier 2	
PREZCOBIX	Tier 2	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	Tier 2	
REYATAZ 50 MG POWDER PACKET	Tier 2	
<i>ritonavir</i>	Tier 2	
SYMTUZA	Tier 2	QL (30 per 30 days)
VIRACEPT	Tier 2	
ANTI-INFLUENZA AGENTS		
<i>amantadine (100 mg capsule, 100 mg tablet)</i>	Tier 1	
<i>oseltamivir phosphate (6 mg/ml suspension, phos 30 mg capsule, phos 45 mg capsule, phos 75 mg capsule)</i>	Tier 1	
RELENZA	Tier 2	
<i>rimantadine hcl</i>	Tier 1	
XOFLUZA	Tier 2	QL (4 per 30 days)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	Tier 1	
<i>acyclovir 200 mg/5 ml susp</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANTIVIRALS (CONTINUED)		
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	Tier 1	
<i>famciclovir</i>	Tier 1	QL (90 per 30 days)
<i>trifluridine</i>	Tier 1	
<i>valacyclovir</i>	Tier 1	
ANXIOLYTICS (CONTINUED)		
ANXIOLYTICS, OTHER		
<i>buspirone hcl</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 2	
BENZODIAZEPINES		
<i>alprazolam</i>	Tier 1	
<i>alprazolam er</i>	Tier 1	
<i>alprazolam odt</i>	Tier 2	
<i>alprazolam xr</i>	Tier 1	
<i>chlordiazepoxide hcl</i>	Tier 1	
<i>diazepam (2 mg tablet, 5 mg tablet, 5 mg/5 ml oral cup, 5 mg/5 ml oral soln, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg tablet, 25 mg/5 ml oral conc)</i>	Tier 1	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpuject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	Tier 1	
<i>oxazepam</i>	Tier 1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
<i>duloxetine hcl dr 60 mg cap</i>	Tier 1	QL (60 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>paroxetine cr (12.5 mg tablet, 25 mg tablet)</i>	Tier 2	
<i>paroxetine er (12.5 mg tablet, 25 mg tablet)</i>	Tier 2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	Tier 1	
<i>venlafaxine hcl er 75 mg cap</i>	Tier 1	QL (90 per 30 days)
BIPOLAR AGENTS (CONTINUED)		
BIPOLAR AGENTS, OTHER		
ABILIFY MAINTENA ER 400 MG VL	Tier 2	
ABILIFY MYCITE (2 MG KIT, 2 MG MAINT KIT, 2 MG START KIT, 5 MG KIT, 5 MG MAINT KIT, 5 MG START KIT, 10 MG KIT, 10 MG MAINT KIT, 10 MG START KIT, 20 MG KIT, 20 MG MAINT KIT, 20 MG START KIT)	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BIPOLAR AGENTS (CONTINUED)		
<i>aripiprazole (15 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>asenapine maleate (2.5 mg tablet sl, 10 mg tablet sl)</i>	Tier 2	PA, QL (60 per 30 days)
<i>lurasidone hcl 120 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>olanzapine (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>quetiapine er 300 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>risperidone (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 4 mg tablet)</i>	Tier 1	
<i>risperidone odt (2 mg odt, 3 mg odt, 4 mg odt)</i>	Tier 2	
MOOD STABILIZERS		
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	Tier 1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tb start kit)</i>	Tier 2	
<i>lamotrigine (blue)</i>	Tier 2	
<i>lamotrigine odt</i>	Tier 2	
<i>lamotrigine odt (blue)</i>	Tier 2	
<i>lamotrigine odt (green)</i>	Tier 2	
<i>lamotrigine odt (orange)</i>	Tier 2	
<i>lithium carbonate</i>	Tier 1	
<i>lithium carbonate er</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
SUBVENITE	Tier 1	
SUBVENITE (BLUE)	Tier 2	
BLOOD GLUCOSE REGULATORS (CONTINUED)		
ANTIDIABETIC AGENTS		
<i>acarbose</i>	Tier 1	
<i>colesevelam hcl 3.75 g packet</i>	Tier 2	
<i>glimepiride</i>	Tier 1	
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	Tier 1	
<i>glipizide 2.5 mg tablet</i>	Tier 2	QL (60 per 30 days)
<i>glipizide er</i>	Tier 1	
<i>glipizide xl</i>	Tier 1	
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide</i>	Tier 2	
<i>glyburide micronized</i>	Tier 2	
<i>glyburide-metformin hcl</i>	Tier 2	
GLYXAMBI 10 MG-5 MG TABLET	Tier 2	QL (30 per 30 days)
GLYXAMBI 25 MG-5 MG TABLET	Tier 2	
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-500 MG TABLET)	Tier 2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
INVOKAMET 150-1,000 MG TABLET	Tier 2	
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET)	Tier 2	QL (60 per 30 days)
INVOKAMET XR 150-1,000 MG TAB	Tier 2	
INVOKANA 100 MG TABLET	Tier 2	QL (30 per 30 days)
INVOKANA 300 MG TABLET	Tier 2	
JANUMET 50-1,000 MG TABLET	Tier 2	
JANUMET 50-500 MG TABLET	Tier 2	QL (60 per 30 days)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	Tier 2	QL (60 per 30 days)
JANUMET XR 100-1,000 MG TABLET	Tier 2	
JANUVIA (25 MG TABLET, 50 MG TABLET)	Tier 2	QL (30 per 30 days)
JANUVIA 100 MG TABLET	Tier 2	
JARDIANCE 10 MG TABLET	Tier 2	QL (30 per 30 days)
JARDIANCE 25 MG TABLET	Tier 2	
JENTADUETO	Tier 2	
JENTADUETO XR	Tier 2	
<i>metformin er 1000 mg osmotic tablet (generic for fortamet)</i>	Tier 2	PA
<i>metformin er 500 mg osmotic tablet (generic for fortamet)</i>	Tier 2	PA
<i>metformin hcl 1000mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl 500 mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl 850 mg tablet (immediate-release)</i>	Tier 1	
<i>metformin hcl er 1000 mg tablet (generic for glumetza)</i>	Tier 2	PA
<i>metformin hcl er 500mg (generic for glucophage xr)</i>	Tier 1	
<i>metformin hcl er 500mg (generic for glumetza)</i>	Tier 2	PA
<i>metformin hcl er 750 mg (generic for glucophage xr)</i>	Tier 1	
<i>miglitol</i>	Tier 1	
<i>nateglinide</i>	Tier 1	
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	Tier 2	PA
<i>pioglitazone hcl</i>	Tier 1	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
<i>pioglitazone-glimepiride</i>	Tier 1	
<i>pioglitazone-metformin</i>	Tier 1	
<i>repaglinide</i>	Tier 1	
RYBELSUS	Tier 2	PA
SOLIQUA 100-33	Tier 2	I
SYMLINPEN 120	Tier 2	
SYMLINPEN 60	Tier 2	
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-500 MG TABLET)	Tier 2	QL (60 per 30 days)
SYNJARDY 12.5-1,000 MG TABLET	Tier 2	
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	Tier 2	QL (60 per 30 days)
SYNJARDY XR 10-1,000 MG TABLET	Tier 2	QL (30 per 30 days)
SYNJARDY XR 25-1,000 MG TABLET	Tier 2	
<i>tolbutamide</i>	Tier 1	
TRADJENTA	Tier 2	
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	Tier 2	QL (60 per 30 days)
TRIJARDY XR 10-5-1,000 MG TAB	Tier 2	QL (30 per 30 days)
TRIJARDY XR 25-5-1,000 MG TAB	Tier 2	
TRULICITY	Tier 2	PA
VICTOZA 2-PAK	Tier 2	PA
VICTOZA 3-PAK	Tier 2	PA
XULTOPHY 100-3.6	Tier 2	I
BLOOD GLUCOSE REGULATORS		
<i>alcohol pads</i>	Tier 2	
<i>autopen</i>	Tier 2	
<i>gauze pads 2 x 2</i>	Tier 2	
<i>inpen (for humalog)</i>	Tier 2	
<i>inpen (for novolog or fiasp)</i>	Tier 2	
INSULIN PEN NEEDLE	Tier 2	
INSULIN SYRINGE	Tier 2	
KORLYM	Tier 2	PA, QL (120 per 30 days)
<i>mifepristone 300 mg tablet</i>	Tier 2	PA, QL (120 per 30 days)
<i>novopen echo</i>	Tier 2	
<i>omnipod 5 g6 intro kit (gen 5)</i>	Tier 2	
<i>omnipod 5 g6 pods (gen 5)</i>	Tier 2	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	Tier 2	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	Tier 2	
<i>omnipod classic pods (gen 3)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
<i>omnipod dash intro kit (gen 4)</i>	Tier 2	
<i>omnipod dash pdm kit (gen 4)</i>	Tier 2	
<i>omnipod dash pods (gen 4)</i>	Tier 2	
<i>pen needle (pen needle 31g 8mm, pen needle 32g 4mm)</i>	Tier 2	
<i>v-go 20 disposable device</i>	Tier 2	
<i>v-go 30 disposable device</i>	Tier 2	
<i>v-go 40 disposable device</i>	Tier 2	
GLYCEMIC AGENTS		
BAQSIMI	Tier 2	QL (2 per 30 days)
<i>diazoxide</i>	Tier 2	
GLUCAGEN	Tier 2	QL (2 per 30 days)
GLUCAGON EMERGENCY KIT	Tier 2	QL (2 per 30 days)
GVOKE	Tier 2	QL (0.4 per 30 days)
GVOKE HYPOOPEN 1-PK 1 MG/0.2 ML	Tier 2	QL (0.4 per 30 days)
GVOKE HYPOOPEN 2-PK 1 MG/0.2 ML	Tier 2	QL (0.4 per 30 days)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	Tier 2	QL (0.4 per 30 days)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	Tier 2	QL (0.4 per 30 days)
INSULINS		
HUMALOG 100 UNIT/ML CARTRIDGE	Tier 2	I
HUMALOG 100 UNIT/ML VIAL	Tier 2	B/D PA, I
HUMALOG JUNIOR KWIKPEN	Tier 2	I
HUMALOG KWIKPEN U-100	Tier 2	I
HUMALOG KWIKPEN U-200	Tier 2	I
HUMALOG MIX 50-50	Tier 2	I
HUMALOG MIX 50-50 KWIKPEN	Tier 2	I
HUMALOG MIX 75-25	Tier 2	I
HUMALOG MIX 75-25 KWIKPEN	Tier 2	I
HUMALOG TEMPO PEN U-100	Tier 2	I
HUMULIN 70-30	Tier 2	I
HUMULIN 70/30 KWIKPEN	Tier 2	I
HUMULIN N	Tier 2	I
HUMULIN N KWIKPEN	Tier 2	I
HUMULIN R	Tier 2	B/D PA, I
HUMULIN R U-500	Tier 2	B/D PA, I
HUMULIN R U-500 KWIKPEN	Tier 2	I
<i>insulin glargine</i>	Tier 2	I
<i>insulin glargine max solostar</i>	Tier 2	I
<i>insulin glargine solostar</i>	Tier 2	I
<i>insulin lispro</i>	Tier 2	B/D PA, I

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD GLUCOSE REGULATORS (CONTINUED)		
<i>insulin lispro junior kwikpen</i>	Tier 2	I
<i>insulin lispro kwikpen u-100</i>	Tier 2	I
<i>insulin lispro protamine mix</i>	Tier 2	I
LANTUS	Tier 2	I
LANTUS SOLOSTAR	Tier 2	I
TOUJEO MAX SOLOSTAR	Tier 2	I
TOUJEO SOLOSTAR	Tier 2	I
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
ANTICOAGULANTS		
<i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>	Tier 2	QL (60 per 30 days)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	Tier 2	QL (74 per 30 days)
ELIQUIS 2.5 MG TABLET	Tier 2	QL (60 per 30 days)
<i>enoxaparin sodium</i>	Tier 2	
<i>fondaparinux sodium</i>	Tier 2	
FRAGMIN	Tier 2	
<i>heparin sodium</i>	Tier 1	
<i>heparin sodium in 0.45% nacl (heparin-1/2ns units/500, heparin unit/250-1/2 ns)</i>	Tier 1	
<i>heparin sodium-0.45% nacl</i>	Tier 1	
<i>heparin sodium-0.9% nacl (1,000 unit/500 ml-ns, 2,000 unit/1,000 ml-ns)</i>	Tier 1	
JANTOVEN	Tier 1	
PRADAXA 110 MG CAPSULE	Tier 2	QL (60 per 30 days)
<i>warfarin sodium</i>	Tier 1	
XARELTO (10 MG TABLET, 20 MG TABLET)	Tier 2	QL (30 per 30 days)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	Tier 2	QL (60 per 30 days)
XARELTO 1 MG/ML SUSPENSION	Tier 2	QL (900 per 30 days)
XARELTO DVT-PE TREAT START 30D	Tier 2	QL (51 per 30 days)
ZONTIVITY	Tier 2	PA, QL (30 per 30 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	Tier 1	
LEUKINE	Tier 2	
MULPLETA	Tier 2	PA, QL (7 per 30 days)
NEULASTA	Tier 2	QL (2 per 30 days)
NEULASTA ONPRO	Tier 2	QL (2 per 30 days)
PROCIT	Tier 2	PA
PROMACTA (50 MG TABLET, 75 MG TABLET)	Tier 2	PA, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BLOOD PRODUCTS AND MODIFIERS (CONTINUED)		
PROMACTA 12.5 MG SUSPEN PACKET	Tier 2	PA
PROMACTA 12.5 MG TABLET	Tier 2	PA, QL (30 per 30 days)
PROMACTA 25 MG SUSPENSION PCKT	Tier 2	PA, QL (90per 30 days)
PROMACTA 25 MG TABLET	Tier 2	PA, QL (90 per 30 days)
<i>protamine sulfate</i>	Tier 2	
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	Tier 2	PA, QL (14 per 28 days)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	Tier 2	PA, QL (60 per 30 days)
PYRUKYND 5 MG TAPER PACK	Tier 2	PA, QL (7 per 28 days)
RETACRIT	Tier 2	PA
UDENYCA	Tier 2	QL (2 per 30 days)
UDENYCA AUTOINJECTOR	Tier 2	QL (2 per 30 days)
UDENYCA ONBODY	Tier 2	QL (2 per 30 days)
ZARXIO	Tier 2	
HEMOSTASIS AGENTS		
<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	Tier 2	
<i>tranexamic acid 650 mg tablet</i>	Tier 1	
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er</i>	Tier 2	QL (60 per 30 days)
BRILINTA	Tier 2	QL (60 per 30 days)
CABLIVI	Tier 2	PA, QL (31 per 30 days)
<i>cilostazol</i>	Tier 1	
<i>clopidogrel 300 mg tablet</i>	Tier 1	QL (1 per 30 days)
<i>clopidogrel 75 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	Tier 1	
DOPTELET	Tier 2	PA, QL (90per 30 days)
<i>prasugrel hcl</i>	Tier 2	QL (30 per 30 days)
TAVALISSE	Tier 2	PA, QL (60 per 30 days)
CARDIOVASCULAR AGENTS (CONTINUED)		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	Tier 1	
<i>clonidine patch</i>	Tier 2	QL (8 per 28 days)
<i>droxidopa</i>	Tier 2	PA, QL (180 per 30 days)
<i>finasteride 5 mg tablet</i>	Tier 1	
<i>guanfacine hcl</i>	Tier 1	
<i>midodrine hcl</i>	Tier 1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 8 mg tab)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>phenoxybenzamine hcl</i>	Tier 2	
<i>prazosin hcl</i>	Tier 1	
<i>terazosin hcl (1 mg capsule, 5 mg capsule, 10 mg capsule)</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	Tier 1	
EDARBI	Tier 2	ST, QL (30 per 30 days)
FILSPARI 200 MG TABLET	Tier 2	PA, QL (30 per 30 days)
FILSPARI 400 MG TABLET	Tier 2	PA
<i>irbesartan</i>	Tier 1	
<i>losartan potassium</i>	Tier 1	
<i>olmesartan medoxomil</i>	Tier 1	
<i>telmisartan</i>	Tier 1	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl</i>	Tier 1	
<i>captopril</i>	Tier 1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>perindopril erbumine</i>	Tier 1	
<i>quinapril hcl</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	Tier 1	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	Tier 1	
<i>digoxin 0.05 mg/ml solution</i>	Tier 2	
<i>dofetilide</i>	Tier 2	
<i>flecainide acetate</i>	Tier 1	
LANOXIN (125 MCG TABLET, 250 MCG TABLET)	Tier 2	
<i>mexiletine hcl</i>	Tier 1	
MULTAQ	Tier 2	QL (60 per 30 days)
PACERONE	Tier 1	
<i>propafenone hcl</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>propafenone hcl er</i>	Tier 2	
<i>propranolol er 120 mg capsule</i>	Tier 1	
<i>quinidine gluconate</i>	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
SORINE	Tier 1	
<i>sotalol</i>	Tier 1	
SOTALOL AF	Tier 1	
SOTYLIZE	Tier 2	
<i>verapamil er (120 mg tablet, 180 mg tablet, 240 mg tablet)</i>	Tier 1	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	Tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	Tier 1	
<i>atenolol</i>	Tier 1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
<i>carvedilol</i>	Tier 1	
<i>carvedilol er</i>	Tier 2	QL (30 per 30 days)
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	Tier 1	
<i>metoprolol succinate er</i>	Tier 1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	Tier 1	
<i>nadolol</i>	Tier 1	
<i>nebivolol 20 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	Tier 1	QL (30 per 30 days)
<i>pindolol</i>	Tier 1	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	Tier 1	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 160 mg capsule)</i>	Tier 1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate</i>	Tier 1	
<i>felodipine er</i>	Tier 1	
<i>isradipine</i>	Tier 1	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	Tier 1	
<i>nifedipine er</i>	Tier 1	
<i>nimodipine</i>	Tier 2	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>nisoldipine (er 25.5 mg tablet, er 30 mg tablet, er 40 mg tablet)</i>	Tier 1	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 20 mg tablet, er 34 mg tablet)</i>	Tier 2	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CARTIA XT	Tier 1	
DILT-XR	Tier 1	
<i>diltiazem 12hr er (60 mg cap, 90 mg cap)</i>	Tier 1	
<i>diltiazem 12hr er 120 mg cap</i>	Tier 2	
<i>diltiazem 24h er(cd) 360 mg cp</i>	Tier 2	
<i>diltiazem 24hr er (120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 420 mg cap)</i>	Tier 1	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)</i>	Tier 1	
<i>diltiazem 24hr er (la) (24h er(la) 120 mg tb, 24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)</i>	Tier 1	
<i>diltiazem 24hr er (xr)</i>	Tier 1	
<i>diltiazem 24hr er 360 mg cap</i>	Tier 2	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	Tier 1	
MATZIM LA	Tier 1	
TAZTIA XT	Tier 1	
TIADYLT ER	Tier 1	
<i>verapamil er (120 mg capsule, 180 mg capsule, 240 mg capsule)</i>	Tier 1	
<i>verapamil er pm (200 mg capsule, 300 mg capsule)</i>	Tier 2	
<i>verapamil er pm 100 mg capsule</i>	Tier 1	
<i>verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule)</i>	Tier 1	
<i>verapamil sr 360 mg capsule</i>	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide 250 mg tablet</i>	Tier 1	
<i>aliskiren 150 mg tablet</i>	Tier 2	QL (30 per 30 days)
<i>aliskiren 300 mg tablet</i>	Tier 2	
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>amlodipine besylate-benazepril</i>	Tier 1	
<i>amlodipine-atorvastatin</i>	Tier 2	QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	Tier 1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>amlodipine-valsartan</i>	Tier 1	QL (30 per 30 days)
<i>amlodipine-valsartan-hctz</i>	Tier 1	QL (30 per 30 days)
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
CAMZYOS	Tier 2	PA, QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	Tier 1	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	Tier 2	QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLN	Tier 2	
DIGITEK	Tier 1	
EDARBYCLOR	Tier 2	ST, QL (30 per 30 days)
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
ENTRESTO	Tier 2	QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide</i>	Tier 1	
<i>isosorbide dinit-hydralazine</i>	Tier 2	QL (180 per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>losartan-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metyrosine</i>	Tier 2	
<i>olmesartan-amlodipine-hctz</i>	Tier 1	QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	Tier 1	
<i>pentoxifylline</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<i>ranolazine er</i>	Tier 1	
<i>spironolactone-hctz</i>	Tier 1	
<i>telmisartan-amlodipine</i>	Tier 2	
<i>telmisartan-hydrochlorothiazid</i>	Tier 1	
<i>trandolapril-verapamil er</i>	Tier 2	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<i>valsartan-hydrochlorothiazide</i>	Tier 1	
VECAMYL	Tier 2	
VERQUVO (2.5 MG TABLET, 5 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
VERQUVO 10 MG TABLET	Tier 2	PA
DIURETICS, LOOP		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	Tier 1	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>ethacrynic acid</i>	Tier 2	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syring, 100 mg/10 ml vial)</i>	Tier 1	
<i>torsemide</i>	Tier 1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl</i>	Tier 1	
<i>eplerenone</i>	Tier 1	
KERENDIA		
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>triamterene</i>	Tier 2	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (40 mg tablet, 50 mg capsule, 90 mg capsule, 120 mg tablet, 130 mg capsule, 150 mg capsule)</i>	Tier 2	QL (30 per 30 days)
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	Tier 1	QL (30 per 30 days)
<i>fenofibric acid (35 mg tablet, 105 mg tablet)</i>	Tier 1	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	Tier 1	QL (30 per 30 days)
<i>gemfibrozil</i>	Tier 1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	Tier 1	
<i>fluvastatin er</i>	Tier 1	QL (30 per 30 days)
<i>fluvastatin sodium 20 mg cap</i>	Tier 1	QL (30 per 30 days)
<i>fluvastatin sodium 40 mg cap</i>	Tier 1	QL (60 per 30 days)
<i>LIVALO</i>	Tier 2	QL (30 per 30 days)
<i>lovastatin</i>	Tier 1	
<i>pitavastatin calcium</i>	Tier 1	QL (30 per 30 days)
<i>pravastatin sodium</i>	Tier 1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	Tier 1	QL (45 per 30 days)
<i>rosuvastatin calcium 40 mg tab</i>	Tier 1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
<i>simvastatin</i>	Tier 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (packet, powder)</i>	Tier 1	
<i>cholestyramine light (packet, powder)</i>	Tier 1	
<i>colesevelam 625 mg tablet</i>	Tier 2	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	Tier 1	
<i>ezetimibe</i>	Tier 1	QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	Tier 1	QL (30 per 30 days)
<i>icosapent ethyl</i>	Tier 2	QL (120 per 30 days)
<i>JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)</i>	Tier 2	PA, QL (60 per 30 days)
<i>JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)</i>	Tier 2	PA, QL (30 per 30 days)
<i>niacin 500 mg tablet (rx version only)</i>	Tier 2	
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	Tier 1	QL (60 per 30 days)
<i>niacin er 500 mg tablet</i>	Tier 1	QL (90 per 30 days)
<i>omega-3 acid ethyl esters</i>	Tier 1	QL (120 per 30 days)
<i>PREVALITE (PACKET, POWDER)</i>	Tier 1	
<i>REPATHA PUSHTRONEX</i>	Tier 2	QL (4 per 30 days)
<i>REPATHA SURECLICK</i>	Tier 2	QL (2 per 28 days)
<i>REPATHA SYRINGE</i>	Tier 2	QL (2 per 28 days)
<i>rosuvastatin-ezetimibe</i>	Tier 1	
<i>VASCEPA</i>	Tier 2	QL (120 per 30 days)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	Tier 1	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	Tier 1	
<i>isosorbide dinitrate 40 mg tab</i>	Tier 2	
<i>isosorbide mononitrate</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>NITRO-BID</i>	Tier 2	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)</i>	Tier 1	
<i>nitroglycerin 0.4% ointment</i>	Tier 2	
<i>nitroglycerin 400 mcg lingual spray</i>	Tier 2	
<i>nitroglycerin patch</i>	Tier 1	
<i>NITROMIST</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CARDIOVASCULAR AGENTS (CONTINUED)		
RECTIV	Tier 2	
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate</i>	Tier 2	PA
<i>dextroamp-amphet er 30 mg cap</i>	Tier 2	QL (60 per 30 days)
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5 ml, 10 mg tab)</i>	Tier 2	
<i>dextroamphetamine sulfate er</i>	Tier 2	
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap)</i>	Tier 2	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine</i>	Tier 2	
<i>lisdexamfetamine dimesylate</i>	Tier 2	QL (30 per 30 days)
<i>methamphetamine hcl</i>	Tier 2	PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl</i>	Tier 2	
<i>clonidine hcl er 0.1 mg tablet</i>	Tier 2	QL (120 per 30 days)
DAYTRANA	Tier 2	QL (30 per 30 days)
<i>dexmethylphenidate hcl</i>	Tier 2	
<i>dexmethylphenidate hcl er (er 15 mg cp, er 20 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	Tier 2	QL (30 per 30 days)
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp)</i>	Tier 2	QL (60 per 30 days)
<i>guanfacine hcl er (1 mg tablet, 2 mg tablet)</i>	Tier 2	QL (60 per 30 days)
<i>guanfacine hcl er (3 mg tablet, 4 mg tablet)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate cd 30 mg cap</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er (10 mg cap, 15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 72 mg tab)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate er (10 mg tab, 20 mg tab)</i>	Tier 1	
<i>methylphenidate er (18 mg tab, 27 mg tab)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate er (36 mg tab, 54 mg tab)</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp)</i>	Tier 2	QL (90per 30 days)
<i>methylphenidate er(cd) 30mg cp</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er(la) 30mg cp</i>	Tier 2	QL (60 per 30 days)
<i>methylphenidate er(la) 40mg cp</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab, 10 mg chew tab)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	Tier 1	
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate la (10 mg cap, 20 mg cap)</i>	Tier 2	QL (90 per 30 days)
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	Tier 2	QL (30 per 30 days)
<i>methylphenidate la 30 mg cap</i>	Tier 2	QL (60 per 30 days)
RELEXXII ER 72 MG TABLET	Tier 2	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET	Tier 2	PA, QL (60 per 30 days)
AUSTEDO XR (6 MG TABLET, 12 MG TABLET)	Tier 2	PA, QL (30 per 30 days)
AUSTEDO XR 24 MG TABLET	Tier 2	PA, QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4)	Tier 2	PA
<i>carbamazepine er 100 mg tablet</i>	Tier 1	
EXSERVAN	Tier 2	
FIRDAPSE	Tier 2	PA
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	Tier 2	
<i>gabapentin (300 mg capsule, 400 mg capsule, 800 mg tablet)</i>	Tier 1	
<i>gabapentin er 300 mg tablet</i>	Tier 2	PA, QL (60 per 30 days)
<i>gabapentin er 600 mg tablet</i>	Tier 2	PA, QL (90 per 30 days)
GRALISE (ER 300 MG TABLET, ER 750 MG TABLET, ER 900 MG TABLET)	Tier 2	PA, QL (60 per 30 days)
GRALISE 30-DAY STARTER PACK	Tier 2	PA
GRALISE ER 450 MG TABLET	Tier 2	PA, QL (30 per 30 days)
GRALISE ER 600 MG TABLET	Tier 2	PA, QL (90 per 30 days)
HORIZANT ER 300 MG TABLET	Tier 2	PA, QL (90 per 30 days)
HORIZANT ER 600 MG TABLET	Tier 2	PA, QL (60 per 30 days)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	Tier 2	PA
INGREZZA 40 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
INGREZZA INITIATION PACK	Tier 2	PA
NUEDEXTA	Tier 2	PA, QL (60 per 30 days)
NURTEC ODT	Tier 2	PA, QL (18 per 30 days)
<i>phentermine hcl</i>	Tier 1	QL (84 per 365 days), (capped benefit), EX
RADICAVA ORS	Tier 2	PA, QL (70 per 28 days)
RELYVRI	Tier 2	PA, QL (56 per 28 days)
<i>riluzole</i>	Tier 1	
TEGLUTIK	Tier 2	
<i>tetrabenazine 12.5 mg tablet</i>	Tier 2	PA, QL (240 per 30 days)
<i>tetrabenazine 25 mg tablet</i>	Tier 2	PA, QL (120 per 30 days)
TIGLUTIK	Tier 2	
UBRELVY	Tier 2	PA, QL (16 per 30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine hcl dr 20 mg cap</i>	Tier 1	QL (120 per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	Tier 1	QL (90 per 30 days)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 150 mg capsule)</i>	Tier 2	QL (120 per 30 days)
<i>pregabalin 100 mg capsule</i>	Tier 2	QL (180 per 30 days)
<i>pregabalin 225 mg capsule</i>	Tier 2	QL (90 per 30 days)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	Tier 2	ST, QL (60 per 30 days)
SAVELLA TITRATION PACK	Tier 2	ST
MULTIPLE SCLEROSIS AGENTS		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	Tier 2	QL (4 per 28 days)
AVONEX PEN	Tier 2	QL (4 per 30 days)
COPAXONE 40 MG/ML SYRINGE	Tier 2	QL (12 per 28 days)
<i>dalfampridine er</i>	Tier 2	QL (60 per 30 days)
<i>dimethyl fumarate</i>	Tier 2	QL (60 per 30 days)
<i>fingolimod</i>	Tier 2	QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i>	Tier 2	QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i>	Tier 2	QL (12 per 28 days)
GLATOPA 20 MG/ML SYRINGE	Tier 2	QL (30 per 30 days)
GLATOPA 40 MG/ML SYRINGE	Tier 2	QL (12 per 28 days)
KESIMPTA PEN	Tier 2	
PLEGRIDY	Tier 2	QL (1 per 28 days)
PLEGRIDY PEN	Tier 2	QL (1 per 28 days)
REBIF	Tier 2	QL (12 per 28 days)
REBIF REBIDOSE	Tier 2	QL (12 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
<i>teriflunomide</i>	Tier 1	QL (30 per 30 days)
DENTAL AND ORAL AGENTS (CONTINUED)		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	Tier 2	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	Tier 1	
DENTA 5000 PLUS	Tier 1	
DENTAGEL	Tier 1	
<i>doxycycline hyclate 20 mg tab</i>	Tier 1	
FLUORIMAX 5000	Tier 2	
JUST RIGHT 5000	Tier 2	
KOURZEQ	Tier 1	
ORALONE	Tier 1	
PERIOGARD	Tier 1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	Tier 2	
PREVIDENT 5000 1.1% DRY MOUTH	Tier 2	
PREVIDENT 5000 BOOSTER PLUS	Tier 2	
PREVIDENT 5000 ENAMEL PROTECT	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE	Tier 2	
PREVIDENT 5000 SENSITIVE	Tier 2	
SF 1.1% GEL	Tier 1	
SF 5000 PLUS	Tier 1	
<i>sodium fluoride (0.2% rinse, 1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH	Tier 1	
SODIUM FLUORIDE 5000 PLUS	Tier 1	
<i>sodium fluoride enamel protect</i>	Tier 1	
<i>sodium fluoride sensitive</i>	Tier 1	
<i>triamcinolone 0.1% paste</i>	Tier 1	
Dermatological Agents (Continued)		
ACNE AND ROSACEA AGENTS		
<i>acitretin</i>	Tier 2	
<i>adapalene (0.1% cream, 0.1% solution, 0.1% swab, 0.3% gel, 0.3% gel pump)</i>	Tier 2	PA
<i>adapalene-benzoyl peroxide</i>	Tier 2	
ALTRENO	Tier 2	PA
AMNESTEEM	Tier 2	
ARAZLO	Tier 2	PA
AVITA 0.025% CREAM	Tier 2	PA
<i>azelaic acid</i>	Tier 2	
AZELEX	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
CLARAVIS	Tier 2	
<i>clind ph-benzoyl pero 1.2-2.5%</i>	Tier 2	
<i>clind ph-benzoyl perox 1.2-5%</i>	Tier 2	
<i>clindamyc-bnz perox 1.2-3.75%</i>	Tier 2	
<i>clindamycin-benzoyl perox 1-5%</i>	Tier 2	
DIFFERIN 0.1% LOTION	Tier 2	PA
<i>erythromycin-benzoyl peroxide</i>	Tier 2	
FABIOR	Tier 2	PA
FINACEA 15% FOAM	Tier 2	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule)</i>	Tier 2	
MYORISAN	Tier 2	
ONEXTON (1.2%-3.75% GEL, GEL PUMP)	Tier 2	
<i>sod sulfacet-sulfur 10-5% clsr</i>	Tier 2	EX
<i>sodium sulfacetamide (sod sulfacetam clnsng gel, wash)</i>	Tier 2	EX
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% foam, 0.1% gel)</i>	Tier 2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	Tier 2	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	Tier 2	PA
ZENATANE	Tier 2	
DERMATITIS AND PRURITUS AGENTS		
ALA-CORT	Tier 1	
<i>alclometasone dipropionate</i>	Tier 1	
<i>amcinonide (cream, lotion, ointment)</i>	Tier 2	
<i>ammonium lactate</i>	Tier 1	
<i>betamethasone diprop augmented (crm, gel, lot, oin)</i>	Tier 1	
<i>betamethasone dipropionate (crm, lot, oint)</i>	Tier 1	
<i>betamethasone valer 0.12% foam</i>	Tier 2	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	Tier 1	
<i>clobetasol emollient 0.05% crm</i>	Tier 1	
<i>clobetasol emollnt 0.05% foam</i>	Tier 2	
<i>clobetasol emulsion</i>	Tier 2	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>clobetasol propionate (prop foam, prop spray, shampoo, topical lotion)</i>	Tier 2	
<i>desonide (cream, gel, lotion, ointment)</i>	Tier 2	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment, 0.25% spray)</i>	Tier 2	
DESRX	Tier 2	
<i>diflorasone diacetate</i>	Tier 2	
<i>doxepin 5% cream</i>	Tier 2	PA, QL (90 per 30 days)
DUOBRII	Tier 2	PA, QL (200 per 28 days)
<i>fluocinolone acetonide (0.01% body oil, 0.01% scalp oil, 0.025% cream)</i>	Tier 1	
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% ointment)</i>	Tier 2	
<i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.1% cream)</i>	Tier 2	
<i>fluocinonide-e</i>	Tier 2	
<i>flurandrenolide (cream, lotion)</i>	Tier 2	
<i>fluticasone prop 0.05% lotion</i>	Tier 2	
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	Tier 1	
<i>halcinonide</i>	Tier 2	
<i>halobetasol prop 0.05% cream</i>	Tier 1	
<i>halobetasol prop 0.05% ointmnt</i>	Tier 2	
<i>hydrocortisone (1% cream, 2.5% cream, 2.5% lotion, 2.5% ointment)</i>	Tier 1	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint, hydrocortisone butyr soln)</i>	Tier 1	
<i>hydrocortisone val 0.2% cream</i>	Tier 1	
<i>hydrocortisone val 0.2% ointmt</i>	Tier 2	
<i>mometasone furoate (cream, oint, soln)</i>	Tier 1	
OPZELURA	Tier 2	PA
<i>pimecrolimus</i>	Tier 2	QL (100 per 30 days)
PRAMOSONE 1% LOTION	Tier 1	
<i>prednicarbate 0.1% ointment</i>	Tier 1	
PRUDOXIN	Tier 2	
<i>selenium sulfide 2.5% lotion</i>	Tier 1	
SERNIVO	Tier 2	
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	Tier 2	QL (100 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
<i>triamicinolone 0.05% ointment</i>	Tier 2	
<i>triamicinolone 0.147 mg/g topical spray</i>	Tier 2	QL (100 per 30 days)
<i>triamicinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	Tier 1	
TRIANEX	Tier 2	
TRIDERM	Tier 1	
TRITOCIN	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM HC (1% CREAM, 2.5%-1% LOTION)	Tier 1	
<i>calcipotriene (cream, ointment, solution)</i>	Tier 2	
<i>calcipotriene-betamethasone</i>	Tier 2	PA
<i>calcipotriene-betamethasone dp</i>	Tier 2	PA
<i>calcitriol 3 mcg/g ointment</i>	Tier 2	
CARAC	Tier 2	
<i>clotrimazole-betamethasone (crm, lot)</i>	Tier 1	
CONDYLOX	Tier 2	
CORTIFOAM	Tier 2	
<i>diclofenac sodium 3% gel</i>	Tier 2	PA, QL (100 per 30 days)
ENSTILAR	Tier 2	PA
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	Tier 1	
<i>fluorouracil 0.5% cream</i>	Tier 2	
<i>hydrocort-pramoxine 1%-1% crm</i>	Tier 2	
HYFTOR	Tier 2	PA
<i>imiquimod 5% cream packet</i>	Tier 1	
KLISYRI	Tier 2	PA
<i>methoxsalen</i>	Tier 2	
NEO-SYNALAR 0.5%-0.025% CREAM	Tier 2	
<i>nystatin-triamcinolone</i>	Tier 1	
OTEZLA	Tier 2	PA, QL (60 per 30 days)
PICATO	Tier 2	
<i>podofilox 0.5% gel</i>	Tier 2	
<i>podofilox 0.5% topical soln</i>	Tier 1	
PRAMOSONE (1%-1% CREAM, 2.5%-1% LOTION)	Tier 1	
REGRANEX	Tier 2	
SANTYL	Tier 2	
<i>silver sulfadiazine</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DERMATOLOGICAL AGENTS (CONTINUED)		
SSD	Tier 1	
<i>sterile water for irrigation</i>	Tier 1	
TIS-U-SOL PENTALYTE	Tier 1	
XERESE	Tier 2	
PEDICULICIDES/SCABICIDES		
CROTAN	Tier 2	
<i>ivermectin 1% cream</i>	Tier 2	
<i>malathion</i>	Tier 2	
<i>permethrin</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5% ointment</i>	Tier 2	QL (30 per 30 days)
CICLODAN 8% SOLUTION	Tier 2	
CLINDACIN	Tier 2	
<i>clindamycin phosphate (ph solution, phosp lotion)</i>	Tier 1	
<i>clindamycin phosphate 1% foam</i>	Tier 2	
<i>clindamycin phosphate 1% gel (alternative to clindagel)</i>	Tier 2	
<i>clindamycin phosphate 1% gel (generic for cleocin t)</i>	Tier 2	
CLINDESSE	Tier 2	
<i>dapsone (5% gel, 7.5% gel pump)</i>	Tier 2	
ERY 2% PADS	Tier 1	
<i>erythromycin (gel, solution)</i>	Tier 1	
<i>mupirocin 2% ointment</i>	Tier 1	
SULFAMYLYON 8.5% CREAM	Tier 2	
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>carglumic acid</i>	Tier 2	PA
CLINISOL	Tier 2	B/D PA
CLINOLIPID	Tier 2	B/D PA
<i>dextrose 10%-0.2% nacl</i>	Tier 1	
<i>dextrose 10%-0.45% nacl</i>	Tier 1	
<i>dextrose 2.5%-0.45% nacl</i>	Tier 1	
<i>dextrose 5%-0.2% nacl</i>	Tier 1	
<i>dextrose 5%-0.225% nacl</i>	Tier 1	
<i>dextrose 5%-0.3% nacl</i>	Tier 1	
<i>dextrose 5%-0.33% nacl</i>	Tier 1	
<i>dextrose 5%-0.45% nacl</i>	Tier 1	
<i>dextrose 5%-0.9% nacl</i>	Tier 1	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
<i>dextrose 5%-electrolyte #48</i>	Tier 1	
<i>dextrose in lactated ringers</i>	Tier 1	
<i>dextrose in water</i>	Tier 1	
EFFER-K 25 MEQ TABLET EFF	Tier 1	
<i>fluoride</i>	Tier 1	
<i>glucose in water</i>	Tier 1	
INTRALIPID	Tier 2	B/D PA
IONOSOL MB-DEXTROSE 5%	Tier 2	
ISOLYTE P WITH DEXTROSE	Tier 2	
ISOLYTE S	Tier 2	
KABIVEN	Tier 2	B/D PA
<i>kcl 30 meq/l in d5w solution</i>	Tier 1	
<i>kcl 40 meq in d5w-lact ringer</i>	Tier 2	
<i>kcl-d5w-0.2% nacl</i>	Tier 1	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl, 30 meq/l-d5w-0.225% nacl, 40 meq/l-d5w-0.225% nacl)</i>	Tier 1	
<i>kcl-d5w-0.3% nacl</i>	Tier 1	
<i>kcl-d5w-0.45% nacl</i>	Tier 1	
<i>kcl-d5w-0.9% nacl</i>	Tier 1	
KLOR-CON 10	Tier 1	
KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY)	Tier 2	
KLOR-CON 8	Tier 1	
KLOR-CON M10	Tier 1	
KLOR-CON M15	Tier 1	
KLOR-CON M20	Tier 1	
KLOR-CON-EF	Tier 1	
<i>lactated ringers</i>	Tier 1	
<i>levocarnitine 330 mg tablet</i>	Tier 2	
<i>magnesium chl 200 mg/ml vial</i>	Tier 2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	Tier 1	
<i>magnesium sulfate (4 g/100 ml bag, 4 g/50 ml bag, 20 g/500 ml bag, 40 g/1,000 ml)</i>	Tier 2	
<i>multiple electrolytes t1 ph5.5</i>	Tier 1	
<i>multiple electrolytes t1 ph7.4</i>	Tier 1	
OMEGAVEN	Tier 2	B/D PA
PERIKABIVEN	Tier 2	B/D PA
PLASMA-LYTE 148	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
PLASMA-LYTE A PH 7.4	Tier 2	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20% (40 meq/15ml))</i>	Tier 2	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 15 tablet, er 20 tablet)</i>	Tier 1	
<i>potassium citrate er</i>	Tier 1	
<i>potassium cl 20 meq packet (select manufacturers only)</i>	Tier 2	
PREMASOL	Tier 2	B/D PA
PROSOL	Tier 2	B/D PA
RENACIDIN	Tier 2	
<i>ringers injection</i>	Tier 1	
<i>ringers irrigation</i>	Tier 1	
SMOFLIPID	Tier 2	B/D PA
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	Tier 1	
<i>sodium chloride-water</i>	Tier 1	
<i>sodium fluoride oral tablet</i>	Tier 1	
TRAVASOL	Tier 2	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	Tier 2	
CUVRIOR	Tier 2	PA, QL (300 per 30 days)
<i>deferasirox</i>	Tier 2	
<i>deferiprone</i>	Tier 2	
<i>deferiprone (3 times a day)</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
<i>deferoxamine mesylate</i>	Tier 1	
FERRIPROX (100 MG/ML SOLUTION, 1,000 MG TABLET)	Tier 2	
FERRIPROX (2 TIMES A DAY)	Tier 2	
FERRIPROX (3 TIMES A DAY)	Tier 2	
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	Tier 2	PA, QL (56 per 28 days)
JYNARQUE 15 MG TABLET	Tier 2	PA, QL (120 per 30 days)
JYNARQUE 30 MG TABLET	Tier 2	PA
<i>penicillamine 250 mg capsule</i>	Tier 2	ST
<i>penicillamine 250 mg tablet</i>	Tier 2	
<i>tolvaptan 15 mg tablet</i>	Tier 2	PA, QL (30 per 30 days)
<i>tolvaptan 30 mg tablet</i>	Tier 2	PA
<i>trientine hcl 250 mg capsule</i>	Tier 2	ST
<i>trientine hcl 500 mg capsule</i>	Tier 2	ST, QL (120 per 30 days)
PHOSPHATE BINDERS		
AURYXIA	Tier 2	PA
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	Tier 1	
<i>lanthanum carbonate</i>	Tier 2	
<i>sevelamer 0.8 gm powder packet (generic for renvela)</i>	Tier 2	QL (180 per 30 days)
<i>sevelamer 2.4 gm powder packet (generic for renvela)</i>	Tier 2	
<i>sevelamer carbonate 800 mg tab (generic for renvela)</i>	Tier 2	
<i>sevelamer hcl 400 mg tab (generic for renagel)</i>	Tier 2	
<i>sevelamer hcl 800 mg tab (generic for renagel)</i>	Tier 2	
VELPHORO	Tier 2	
POTASSIUM BINDERS		
LOKELMA	Tier 2	QL (90per 30 days)
<i>sodium polystyrene sulf powder</i>	Tier 1	
SPS	Tier 1	
VELTASSA	Tier 2	QL (30 per 30 days)
VITAMINS		
CADEAU DHA	Tier 2	
COMPLETENATE	Tier 2	
CONCEPT DHA	Tier 2	
CONCEPT OB	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
<i>cyanocobalamin injection</i>	Tier 1	EX
ELITE-OB	Tier 2	
ENBRACE HR	Tier 2	
<i>folic acid 1 mg tablet</i>	Tier 1	EX
FOLIVANE-OB	Tier 2	
NEEVODHA	Tier 2	
NESTABS ONE	Tier 2	
OB COMPLETE	Tier 2	
<i>phytonadione 5 mg tablet</i>	Tier 2	EX
PNV-DHA	Tier 2	
PNV-OMEGA	Tier 2	
PRENATAL VITAMIN ORAL TABLET	Tier 2	
<i>prenatal-u</i>	Tier 2	
PRENATE AM	Tier 2	
PRENATE CHEWABLE	Tier 2	
PRENATE DHA	Tier 2	
PRENATE ESSENTIAL	Tier 2	
TARON-C DHA	Tier 2	
VIRT-C DHA	Tier 2	
VIRT-PN DHA	Tier 2	
<i>vitamin d2 1.25mg(50,000 unit)</i>	Tier 1	EX
ZATEAN-PN DHA	Tier 2	
ZATEAN-PN PLUS	Tier 2	
GASTROINTESTINAL AGENTS (CONTINUED)		
ANTI-CONSTIPATION AGENTS		
CONSTULOSE	Tier 1	
ENULOSE	Tier 1	
GENERLAC	Tier 1	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	Tier 2	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	Tier 1	
<i>lactulose 10 gm packet</i>	Tier 2	
LINZESS	Tier 2	QL (30 per 30 days)
<i>lubiprostone</i>	Tier 1	QL (60 per 30 days)
MOVANTIK	Tier 2	QL (30 per 30 days)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	Tier 2	PA, QL (18 per 30 days)
RELISTOR 150 MG TABLET	Tier 2	PA, QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
RELISTOR 8 MG/0.4 ML SYRINGE	Tier 2	PA, QL (12 per 30 days)
SYMPROIC	Tier 2	PA, QL (30 per 30 days)
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	Tier 2	QL (60 per 30 days)
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	Tier 1	
<i>loperamide 2 mg capsule</i>	Tier 1	
MYTESI	Tier 2	PA
VIBERZI	Tier 2	QL (60 per 30 days)
XERMELO	Tier 2	PA, QL (90 per 30 days)
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide-clidinium</i>	Tier 2	
<i>chlordiazepoxide/clidinium (select manufacturers only)</i>	Tier 2	
<i>dicyclomine 10 mg/5 ml soln</i>	Tier 2	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	Tier 1	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	Tier 1	
<i>hyoscyamine sulfate (0.125 mg odt, 0.125 mg tab sl, 0.125 mg/5 ml elix, 0.125 mg/ml drop, sulf 0.125 mg tab)</i>	Tier 1	EX
<i>hyoscyamine sulfate er</i>	Tier 1	EX
<i>hyoscyamine sulfate sr</i>	Tier 1	EX
<i>methscopolamine bromide</i>	Tier 1	
GASTROINTESTINAL AGENTS, OTHER		
<i>bismuth-metronidazole-tetracyc</i>	Tier 2	
BYLVAY	Tier 2	PA
CHENODAL	Tier 2	
CLENPIQ	Tier 2	
GATTEX	Tier 2	PA
GAVILYTE-C	Tier 1	
GAVILYTE-G	Tier 1	
GAVILYTE-N	Tier 1	
<i>lansoprazol-amoxicil-clarithro</i>	Tier 2	QL (112 per 30 days)
LIVMARLI	Tier 2	PA
<i>metoclopramide 10 mg tablet</i>	Tier 1	
MOVIPREP	Tier 2	
MYALEPT	Tier 2	PA
OCALIVA	Tier 2	PA, QL (30 per 30 days)
<i>peg 3350 electrolyte soln (4000 ml package)</i>	Tier 1	
<i>peg-3350 and electrolytes soln (4000 ml package)</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GASTROINTESTINAL AGENTS (CONTINUED)		
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	Tier 1	
PLENU	Tier 2	
PYLERA	Tier 2	
RELTONE 200 MG CAPSULE	Tier 2	PA, QL (30 per 30 days)
RELTONE 400 MG CAPSULE	Tier 2	PA
SEROSTIM 6 MG VIAL	Tier 2	PA
<i>sod sulf-potass sulf-mag sulf</i>	Tier 1	
SUPREP	Tier 2	
SUTAB	Tier 2	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	Tier 2	
<i>ursodiol 200 mg capsule</i>	Tier 2	PA, QL (30 per 30 days)
<i>ursodiol 400 mg capsule</i>	Tier 2	PA
XIFAXAN	Tier 2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)</i>	Tier 1	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	Tier 1	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	Tier 1	
PROTECTANTS		
CARAFATE 1 GM/10 ML SUSP	Tier 2	
<i>misoprostol</i>	Tier 1	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	Tier 2	
<i>sucralfate 1 gm tablet</i>	Tier 1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	Tier 1	QL (60 per 30 days)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	Tier 1	QL (60 per 30 days)
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	Tier 1	QL (60 per 30 days)
<i>omeprazole dr 20 mg capsule</i>	Tier 1	QL (120 per 30 days)
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	Tier 1	QL (60 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i>	Tier 1	QL (60 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ARALAST NP	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
<i>betaine anhydrous</i>	Tier 2	
CERDELGA	Tier 2	PA, QL (56 per 28 days)
CHOLBAM	Tier 2	PA
CREON	Tier 2	
<i>cromolyn 100 mg/5 ml oral conc</i>	Tier 2	
CYSTADANE	Tier 2	
CYSTADROPS	Tier 2	
CYSTAGON	Tier 2	
CYSTARAN	Tier 2	
DAYBUE	Tier 2	PA, QL (3600 per 30 days)
<i>dichlorphenamide</i>	Tier 2	PA, QL (120 per 30 days)
DOJOLVI	Tier 2	PA
ENDARI	Tier 2	PA, QL (180 per 30 days)
EVRYSDI	Tier 2	PA, QL (160 per 24 days)
GALAFOLD	Tier 2	PA, QL (14 per 28 days)
GLASSIA	Tier 2	PA
JOENJA	Tier 2	PA, QL (60 per 30 days)
KEVEYIS	Tier 2	PA, QL (120 per 30 days)
<i>miglustat</i>	Tier 2	PA
<i>nitisinone</i>	Tier 2	PA
NITYR	Tier 2	PA
OPFOLDA	Tier 2	QL (8 per 28 days)
OXBRYTA	Tier 2	PA, QL (150 per 30 days)
PALYNZIQ	Tier 2	PA
PROCYSB1	Tier 2	PA
PROLASTIN C	Tier 2	PA
RAVICTI	Tier 2	PA
REVCovi	Tier 2	PA
<i>sapropterin dihydrochloride</i>	Tier 2	PA
SKYCLARYS	Tier 2	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	Tier 2	
SUCRAID	Tier 2	
TEGSEDI	Tier 2	PA, QL (6 per 28 days)
VYNDAMAX	Tier 2	PA
VYNDAQEL	Tier 2	PA
ZEMAIRA	Tier 2	PA
ZENPEP	Tier 2	
ZOKINVY	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS (CONTINUED)		
ANTISPASMODICS, URINARY		
<i>darifenacin er</i>	Tier 2	QL (30 per 30 days)
<i>fesoterodine er 4 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>fesoterodine er 8 mg tablet</i>	Tier 1	
<i>flavoxate hcl</i>	Tier 1	
GEMTESA	Tier 2	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	Tier 2	QL (30 per 30 days)
MYRBETRIQ ER 8 MG/ML SUSP	Tier 2	
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	Tier 1	
<i>oxybutynin chloride er</i>	Tier 1	QL (60 per 30 days)
<i>solifenacin 10 mg tablet</i>	Tier 1	
<i>solifenacin 5 mg tablet</i>	Tier 1	QL (30 per 30 days)
<i>tolterodine tartrate</i>	Tier 1	
<i>tolterodine tartrate er</i>	Tier 1	QL (30 per 30 days)
<i>trospium chloride</i>	Tier 1	
<i>trospium chloride er</i>	Tier 2	QL (30 per 30 days)
BENIGN PROSTATIC HYPERPLASIA AGENTS		
<i>alfuzosin hcl er</i>	Tier 1	QL (60 per 30 days)
CARDURA XL	Tier 2	
<i>doxazosin mesylate 4 mg tab</i>	Tier 1	
<i>dutasteride</i>	Tier 1	QL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	Tier 1	QL (30 per 30 days)
ENTADFI	Tier 2	QL (30 per 30 days)
<i>silodosin</i>	Tier 2	
<i>tadalafil 2.5 mg tablet (generic for cialis)</i>	Tier 2	PA, QL (30 per 30 days)
<i>tadalafil 5 mg tablet (generic for cialis)</i>	Tier 2	PA, QL (30 per 30 days)
<i>tamsulosin hcl</i>	Tier 1	
<i>terazosin 2 mg capsule</i>	Tier 1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride</i>	Tier 1	
ELMIRON	Tier 2	
HYOPHEN	Tier 2	EX
LITHOSTAT	Tier 2	
<i>me-naphos-mb-hyo I</i>	Tier 2	EX
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	Tier 1	EX
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
STENDRA	Tier 2	QL (6 per 30 days), (capped benefit), EX

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENITOURINARY AGENTS (CONTINUED)		
<i>tadalafil 10 mg tablet (generic for cialis)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
<i>tadalafil 20 mg tablet (generic for cialis)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
THIOLA EC	Tier 2	
<i>tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)</i>	Tier 2	
URETRON D-S	Tier 2	EX
URIBEL	Tier 2	EX
URIBEL TABS	Tier 2	EX
URO-MP	Tier 2	EX
URO-SP	Tier 2	EX
USTELL	Tier 2	EX
<i>vardenafil hcl (generic for levitra)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
<i>vardenafil hcl odt (generic for staxyn)</i>	Tier 2	QL (6 per 30 days), (capped benefit), EX
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ACTHAR	Tier 2	PA
<i>cortisone acetate</i>	Tier 1	
CORTROPHIN	Tier 2	PA
<i>deflazacort (30 mg tablet, 36 mg tablet)</i>	Tier 2	PA
<i>deflazacort 18 mg tablet</i>	Tier 2	PA, QL (30 per 30 days)
<i>deflazacort 6 mg tablet</i>	Tier 2	PA, QL (60 per 30 days)
DEPO-MEDROL 100 MG/5 ML VIAL	Tier 2	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 6 mg tablet)</i>	Tier 1	
<i>dexamethasone (6 1.5 mg tab, 13 1.5 mg tb)</i>	Tier 2	
<i>dexamethasone 20 mg/2 ml-water</i>	Tier 1	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml syring, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	Tier 1	
EMFLAZA (22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	Tier 2	PA
EMFLAZA 18 MG TABLET	Tier 2	PA, QL (30 per 30 days)
EMFLAZA 6 MG TABLET	Tier 2	PA, QL (60 per 30 days)
<i>fludrocortisone acetate</i>	Tier 1	
HEMADY	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)		
KENALOG-10	Tier 2	
KENALOG-40	Tier 2	
KENALOG-80	Tier 2	
MEDROL 2 MG TABLET	Tier 2	B/D PA
<i>methylprednisolone (4 mg tablet, 16 mg tab)</i>	Tier 2	B/D PA
<i>methylprednisolone 4 mg dosepk</i>	Tier 1	
<i>methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl, 200 mg/5 ml, 400 mg/10ml, 400 mg/5 ml, 800 mg/10ml)</i>	Tier 1	
<i>methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg, 500 mg)</i>	Tier 1	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup)</i>	Tier 2	B/D PA
<i>prednisolone sodium phos odt</i>	Tier 2	
<i>prednisolone sodium phosphate (15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	Tier 2	B/D PA
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	Tier 1	B/D PA
<i>prednisone 10 mg tab dose pack</i>	Tier 1	
PREDNISONE INTENSOL	Tier 1	B/D PA
RAYOS	Tier 2	B/D PA
SOLU-CORTEF	Tier 2	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL, 2,000 MG VIAL)	Tier 2	
TARPEYO	Tier 2	PA, QL (120 per 30 days)
<i>triamcinolone acetonide (40 mg/ml vl, 40mg/ml vl, 50mg/5ml vl, 200 mg/5 ml, 400 mg/10ml)</i>	Tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (CONTINUED)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
<i>chorionic gonad 10,000 unit vl</i>	Tier 2	PA
<i>desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr)</i>	Tier 2	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	Tier 1	
EGRIFTA SV	Tier 2	PA
GENOTROPIN	Tier 2	PA
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	Tier 2	PA

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (CONTINUED)		
HUMATROPE 5 MG VIAL	Tier 2	
INCRELEX	Tier 2	PA
NOCDURNA	Tier 2	QL (30 per 30 days)
NORDITROPIN FLEXPRO	Tier 2	PA
NUTROPIN AQ NUSPIN	Tier 2	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	Tier 2	PA
PREGNYL	Tier 2	PA
SAIZEN	Tier 2	PA
SAIZEN-SAIZENPREP	Tier 2	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL)	Tier 2	PA
ZOMACTON	Tier 2	PA
ZORBTIVE	Tier 2	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
ANABOLIC STEROIDS		
<i>oxandrolone</i>	Tier 2	
ANDROGENS		
ANDRODERM	Tier 2	QL (30 per 30 days)
<i>danazol</i>	Tier 1	
METHITEST	Tier 2	
<i>methyltestosterone</i>	Tier 2	
<i>testosterone ((2.5 g) pkt, gel pump)</i>	Tier 2	QL (150 per 30 days)
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	Tier 2	QL (300 per 30 days)
<i>testosterone 1.62%(1.25 g) pkt</i>	Tier 2	QL (38 per 30 days)
<i>testosterone 10 mg gel pump</i>	Tier 2	QL (120 per 30 days)
<i>testosterone 30 mg/1.5 ml pump</i>	Tier 2	QL (180 per 30 days)
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone enanthate</i>	Tier 1	
ESTROGENS		
ANNOVERA	Tier 2	QL (1 per 365 days)
CLIMARA PRO	Tier 2	QL (4 per 28 days)
DEPO-ESTRADIOL	Tier 2	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	Tier 2	
DOTTI	Tier 1	QL (8 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
<i>drospirenone-ethynodiol estradiol</i>	Tier 1	
ELESTRIN	Tier 2	
ELURYNG	Tier 2	
ENILLORING	Tier 2	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	Tier 1	
<i>estradiol twice weekly patch</i>	Tier 1	QL (8 per 28 days)
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml)</i>	Tier 1	
<i>estradiol valerate 200 mg/5 ml</i>	Tier 2	
<i>estradiol weekly patch</i>	Tier 1	QL (4 per 28 days)
ESTRING	Tier 2	QL (1 per 90 days)
ESTROGEL	Tier 2	
<i>ethynodiol-ethynodiol estradiol</i>	Tier 1	
<i>etongestrel-ethynodiol estradiol</i>	Tier 2	
EVAMIST	Tier 2	
GIANVI	Tier 1	
HALOETTE	Tier 2	
JASMIEL	Tier 1	
KELNOR 1-35	Tier 1	
KELNOR 1-50	Tier 1	
LORYNA	Tier 1	
MENEST	Tier 2	
NATAZIA	Tier 2	
NIKKI	Tier 1	
OCELLA	Tier 1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	Tier 2	
PREMPHASE	Tier 2	
PREMPRO	Tier 2	
SYEDA	Tier 2	
VESTURA	Tier 1	
YUVAFEM	Tier 1	
ZARAH	Tier 1	
ZOVIA 1-35	Tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
AMABELZ	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
<i>clomiphene citrate</i>	Tier 2	PA
COMBIPATCH	Tier 2	QL (8 per 28 days)
<i>estradiol-norethindrone acetat</i>	Tier 1	
PREFEST	Tier 2	
PROGESTINS		
ALTAVERA	Tier 1	
ALYACEN	Tier 1	
AMETHIA	Tier 1	
AMETHIA LO	Tier 1	
ANGELIQ	Tier 2	
APRI	Tier 1	
ARANELLE	Tier 1	
ASHLYNA	Tier 1	
AUBRA	Tier 1	
AUBRA EQ	Tier 1	
AUROVELA	Tier 1	
AUROVELA 24 FE	Tier 1	
AUROVELA FE	Tier 1	
AVIANE	Tier 1	
AZURETTE	Tier 1	
BALZIVA	Tier 1	
BEKYREE	Tier 1	
BLISOVI 24 FE	Tier 1	
BLISOVI FE	Tier 1	
BRIELLYN	Tier 1	
CAMILA	Tier 1	
CAMRESE	Tier 1	
CAMRESE LO	Tier 1	
CHATEAL	Tier 1	
CRYSELLE	Tier 1	
CYRED	Tier 1	
CYRED EQ	Tier 1	
DASETTA	Tier 1	
DAYSEE	Tier 1	
DEBLITANE	Tier 1	
DELYLA	Tier 1	
DEPO-SUBQ PROVERA 104	Tier 2	
<i>desogestrel-eth estrad eth estra</i>	Tier 1	
<i>desogestrel-ethinyl estradiol</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
DOLISHALE	Tier 1	
<i>drosipреноне-ета-левомиф (3-0.02-0.451, 3-0.03-0.451)</i>	Tier 2	
ELINEST	Tier 1	
ELLA	Tier 2	
EMOQUETTE	Tier 1	
ENPRESSE	Tier 1	
ENSKYCE	Tier 1	
ERRIN	Tier 1	
ESTARYLLA	Tier 1	
FALMINA	Tier 1	
FAYOSIM	Tier 2	
FEMYNOR	Tier 1	
FYAVOLV	Tier 1	
GEMMILY	Tier 2	
HAILEY	Tier 1	
HAILEY 24 FE	Tier 1	
HAILEY FE	Tier 1	
HEATHER	Tier 1	
ICLEVIA	Tier 1	
INCASSIA	Tier 1	
INTROVALE	Tier 1	
ISIBLOOM	Tier 1	
JENCYCLA	Tier 1	
JINTELI	Tier 1	
JOLESSA	Tier 1	
JULEBER	Tier 1	
JUNEL	Tier 1	
JUNEL FE	Tier 1	
JUNEL FE 24	Tier 1	
KAITLIB FE	Tier 1	
KARIVA	Tier 1	
KURVELO	Tier 1	
LARIN	Tier 1	
LARIN 24 FE	Tier 1	
LARIN FE	Tier 1	
LEENA	Tier 1	
LESSINA	Tier 1	
LEVONEST	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
<i>levonorg 0.15mg-ee 20-25-30mcg</i>	Tier 2	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	Tier 1	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03)</i>	Tier 1	
LEVORA-28	Tier 1	
LO LOESTRIN FE	Tier 2	
LOMEDIA 24 FE	Tier 1	
LOW-OGESTREL	Tier 1	
LUTERA	Tier 1	
LYLEQ	Tier 1	
LYZA	Tier 1	
MARLISSA	Tier 1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	Tier 1	
<i>megestrol 625 mg/5 ml susp</i>	Tier 2	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	Tier 1	
MELODETTA 24 FE	Tier 1	
MERZEE	Tier 2	
MIBELAS 24 FE	Tier 2	
MICROGESTIN	Tier 1	
MICROGESTIN FE	Tier 1	
MILI	Tier 1	
MONO-LINYAH	Tier 1	
NECON	Tier 1	
NORA-BE	Tier 1	
<i>norelgestromin-eth estradiol</i>	Tier 1	
<i>noreth-estradi-fe 1-0.02(24)-75</i>	Tier 2	
<i>norethin-eth estra-ferrous fum</i>	Tier 1	
<i>norethindron-ethinyl estradiol</i>	Tier 1	
<i>norethindrone</i>	Tier 1	
<i>norethindrone ac (lupaneta)</i>	Tier 1	
<i>norethindrone acetate</i>	Tier 1	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)</i>	Tier 1	
<i>norethindrone-e.estradiol-iron (1-0.02(24)-75 cap, 1-0.02(24)-75 tab)</i>	Tier 2	
<i>norgestimate-ethinyl estradiol</i>	Tier 1	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
NORLYROC	Tier 1	
NORTREL	Tier 1	
NYLIA	Tier 1	
NYMYO	Tier 1	
ORSYTHIA	Tier 1	
PHILITH	Tier 1	
PIMTREA	Tier 1	
PIRMELLA (1-35 28 TABLET, 1-35-28 TABLET)	Tier 1	
PORTIA	Tier 1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	Tier 1	
RECLIPSEN	Tier 1	
RIVELSA	Tier 2	
SETLAKIN	Tier 1	
SHAROBEL	Tier 1	
SLYND	Tier 2	
SPRINTEC	Tier 1	
SRONYX	Tier 1	
TARINA 24 FE	Tier 1	
TARINA FE	Tier 1	
TARINA FE 1-20 EQ	Tier 1	
TAYSOFY	Tier 2	
TAYTULLA	Tier 2	
TILIA FE	Tier 1	
TRI-ESTARYLLA	Tier 1	
TRI-LEGEST FE	Tier 1	
TRI-LINYAH	Tier 1	
TRI-LO-ESTARYLLA	Tier 1	
TRI-LO-MARZIA	Tier 1	
TRI-LO-SPRINTEC	Tier 1	
TRI-MILI	Tier 1	
TRI-NYMYO	Tier 1	
TRI-PREVIFEM	Tier 1	
TRI-SPRINTEC	Tier 1	
TRI-VYLIBRA	Tier 1	
TRI-VYLIBRA LO	Tier 1	
TRIVORA-28	Tier 1	
TURQOZ	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)		
TYDEMY	Tier 2	
VELIVET	Tier 1	
VIENVA	Tier 1	
VIORELE	Tier 1	
VYFEMLA	Tier 1	
VYLIBRA	Tier 1	
WERA	Tier 1	
WYMZYA FE	Tier 1	
XULANE	Tier 1	
ZAFEMY	Tier 1	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	Tier 2	
<i>raloxifene hcl</i>	Tier 1	QL (30 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (CONTINUED)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID	Tier 2	EX
CYTOMEL	Tier 2	
EUTHYROX	Tier 1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	Tier 1	
LEVOXYL	Tier 1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	Tier 1	
NP THYROID	Tier 1	EX
SYNTHROID	Tier 2	
UNITHYROID	Tier 1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) (CONTINUED)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
ISTURISA 1 MG TABLET	Tier 2	PA, QL (240 per 30 days)
ISTURISA 10 MG TABLET	Tier 2	PA, QL (180 per 30 days)
ISTURISA 5 MG TABLET	Tier 2	PA, QL (60 per 30 days)
LYSODREN	Tier 2	
RECORLEV	Tier 2	PA, QL (240 per 30 days)
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine 2.5 mg tablet</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
BYNFEZIA	Tier 2	
<i>cabergoline</i>	Tier 1	
ELIGARD	Tier 2	PA
FIRMAGON	Tier 2	
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	Tier 2	PA
<i>leuprolide depot</i>	Tier 2	PA
LUPRON DEPOT	Tier 2	PA
LUPRON DEPOT (LUPANETA)	Tier 2	PA
LUPRON DEPOT-PED	Tier 2	PA
METOPIRONE	Tier 2	PA
<i>octreotide acetate</i>	Tier 2	
ORGOVYX	Tier 2	PA
ORIAHNN	Tier 2	PA, QL (56 per 28 days)
ORILISSA 150 MG TABLET	Tier 2	PA, QL (28 per 28 days)
ORILISSA 200 MG TABLET	Tier 2	PA, QL (56 per 28 days)
SIGNIFOR	Tier 2	PA
SOMATULINE DEPOT	Tier 2	
SOMAVERT	Tier 2	PA
SYNAREL	Tier 2	
TRELSTAR	Tier 2	PA
TRIPTODUR	Tier 2	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	Tier 1	
<i>propylthiouracil</i>	Tier 1	
IMMUNOLOGICAL AGENTS (CONTINUED)		
ANGIOEDEMA AGENTS		
BERINERT	Tier 2	PA
CINRYZE	Tier 2	PA
HAEGARDA	Tier 2	PA, QL (16 per 28 days)
<i>icatibant</i>	Tier 2	PA
ORLADEYO	Tier 2	PA
RUCONEST	Tier 2	PA
SAJAZIR	Tier 2	PA
TAKHZYRO (300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	Tier 2	PA, QL (4 per 28 days)
TAKHZYRO 150 MG/ML SYRINGE	Tier 2	PA, QL (2 per 28 days)
IMMUNOGLOBULINS		
ASCENIV	Tier 2	PA

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
BIVIGAM	Tier 2	PA
CUTAQUIG	Tier 2	PA
CUVITRU	Tier 2	PA
FLEBOGAMMA DIF	Tier 2	PA
GAMMAGARD LIQUID	Tier 2	PA
GAMMAGARD S-D	Tier 2	PA
GAMMAKED (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	Tier 2	PA
GAMMAPLEX	Tier 2	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	Tier 2	PA
HIZENTRA	Tier 2	PA
HYQVIA	Tier 2	PA
OCTAGAM	Tier 2	PA
PANZYGA	Tier 2	PA
PRIVIGEN	Tier 2	PA
XEMBIFY	Tier 2	PA
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9 ML SYRINGE	Tier 2	PA
ACTEMRA ACTPEN	Tier 2	PA
ARCALYST	Tier 2	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	Tier 2	PA, QL (8 per 28 days)
COSENTYX (2 SYRINGES)	Tier 2	PA, QL (10 per 28 days)
COSENTYX 150 MG/ML SYRINGE	Tier 2	PA, QL (10 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE	Tier 2	PA, QL (2.5 per 28 days)
COSENTYX SENSOREADY (2 PENS)	Tier 2	PA, QL (10 per 28 days)
COSENTYX SENSOREADY PEN	Tier 2	PA, QL (10 per 28 days)
COSENTYX UNOREADY PEN	Tier 2	PA, QL (10 per 28 days)
DUPIXENT 100 MG/0.67 ML SYRINGE	Tier 2	PA, QL (1.34 per 28 days)
DUPIXENT 200 MG/1.14 ML PEN	Tier 2	PA, QL (4.6 per 28 days)
DUPIXENT 200 MG/1.14 ML SYRINGE	Tier 2	PA, QL (4.6 per 28 days)
DUPIXENT 300 MG/2 ML PEN	Tier 2	PA, QL (8 per 28 days)
DUPIXENT 300 MG/2 ML SYRINGE	Tier 2	PA, QL (8 per 28 days)
ENSPRYNG	Tier 2	PA
GRASTEK	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
ILUMYA	Tier 2	PA, QL (3 per 28 days)
KEVZARA	Tier 2	PA, QL (3 per 28 days)
KINERET	Tier 2	PA
LAGEVRIO (EUA)	Tier 2	QL (40 per 90 days)
ODACTRA	Tier 2	
OLUMIANT	Tier 2	PA, QL (30 per 30 days)
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	Tier 2	
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	Tier 2	PA
ORENCIA 50 MG/0.4 ML SYRINGE	Tier 2	PA, QL (1.6 per 28 days)
ORENCIA 87.5 MG/0.7 ML SYRINGE	Tier 2	PA, QL (2.8 per 28 days)
ORENCIA CLICKJECT	Tier 2	PA, QL (4 per 28 days)
PAXLOVID 150-100 MG DOSE PACK	Tier 2	QL (20 per 90 days)
PAXLOVID 300-100 MG DOSE PACK	Tier 2	QL (30 per 90 days)
RIDAURA	Tier 2	
RINVOQ ER 15 MG TABLET	Tier 2	PA, QL (30 per 30 days)
RINVOQ ER 30 MG TABLET	Tier 2	PA
RINVOQ ER 45 MG TABLET	Tier 2	PA, QL (168 per 365 days)
SILIQ	Tier 2	PA, QL (6 per 28 days)
SKYRIZI 150 MG/ML SYRINGE	Tier 2	PA, QL (1 per 28 days)
SKYRIZI 180 MG/1.2 ML ON-BODY	Tier 2	PA, QL (1.2 per 56 days)
SKYRIZI 360 MG/2.4 ML ON-BODY	Tier 2	PA, QL (2.4 per 56 days)
SKYRIZI PEN	Tier 2	PA, QL (1 per 28 days)
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	Tier 2	PA
TALTZ AUTOINJECTOR	Tier 2	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	Tier 2	PA, QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	Tier 2	PA, QL (4 per 28 days)
TALTZ SYRINGE	Tier 2	PA, QL (4 per 28 days)
TAVNEOS	Tier 2	PA
TREMFYA	Tier 2	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	Tier 2	PA, QL (60 per 30 days)
XELJANZ 1 MG/ML SOLUTION	Tier 2	PA
XELJANZ XR	Tier 2	PA, QL (30 per 30 days)
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
IMMUNOSTIMULANTS		
ACTIMMUNE	Tier 2	PA
INTRON A	Tier 2	
PEGASYS 180 MCG/0.5 ML SYRINGE	Tier 2	QL (2 per 28 days)
PEGASYS 180 MCG/ML VIAL	Tier 2	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL	Tier 2	B/D PA
<i>azathioprine (75 mg tablet, 100 mg tablet)</i>	Tier 2	B/D PA
<i>azathioprine 50 mg tablet</i>	Tier 1	B/D PA
CELLCEPT (250 MG CAPSULE, 500 MG TABLET)	Tier 2	B/D PA
CIMZIA	Tier 2	PA, QL (6 per 28 days)
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	Tier 2	B/D PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	Tier 2	B/D PA
CYLTEZO(CF) (20 MG/0.4 ML, 40 MG/0.8 ML)	Tier 2	PA, QL (6 per 28 days)
CYLTEZO(CF) 10 MG/0.2 ML SYRNG	Tier 2	PA, QL (2 per 28 days)
CYLTEZO(CF) PEN	Tier 2	PA, QL (6 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	Tier 2	PA, QL (6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV	Tier 2	PA, QL (4 per 28 days)
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	Tier 2	PA, QL (8 per 28 days)
ENBREL 25 MG KIT	Tier 2	PA, QL (16 per 28 days)
ENBREL MINI	Tier 2	PA, QL (8 per 28 days)
ENBREL SURECLICK	Tier 2	PA, QL (8 per 28 days)
ENVARSUS XR	Tier 2	B/D PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	Tier 2	B/D PA
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	Tier 1	B/D PA
HADLIMA	Tier 2	PA, QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	Tier 2	PA, QL (4.8 per 28 days)
HADLIMA(CF)	Tier 2	PA, QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	Tier 2	PA, QL (2.4 per 28 days)
HUMIRA (20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	Tier 2	PA, QL (6 per 28 days)
HUMIRA 10 MG/0.2 ML SYRINGE	Tier 2	PA, QL (2 per 28 days)
HUMIRA PEN 40 MG/0.8 ML	Tier 2	PA, QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS	Tier 2	PA, QL (6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	Tier 2	PA, QL (6 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
HUMIRA(CF) 10 MG/0.1 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 2	PA, QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) 40 MG/0.4 ML SYR (ABBVIE NDC STARTING WITH 00074-)	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80-40 MG	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN 80MG/0.8	Tier 2	PA, QL (3 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML (ABBVIE NDC STARTING WITH 00074-)	Tier 2	PA, QL (6 per 28 days)
HUMIRA(CF) PEN 80 MG/0.8 ML (ABBVIE NDC STARTING WITH 00074-)	Tier 2	PA, QL (3 per 28 days)
HUMIRA(CF) PEN CROHN'S-UC-HS	Tier 2	PA, QL (3 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC	Tier 2	PA, QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS <i>leflunomide</i>	Tier 2	PA, QL (3 per 28 days)
LUPKYNIS	Tier 1	
<i>methotrexate (1 gm vial, 2.5 mg tablet)</i>	Tier 2	PA
<i>methotrexate sodium</i>	Tier 1	
<i>mycophenolate 200 mg/ml susp</i>	Tier 2	B/D PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	Tier 1	B/D PA
<i>mycophenolic acid</i>	Tier 2	B/D PA
MYFORTIC	Tier 2	B/D PA
NEORAL (25 MG CAPSULE, 100 MG CAPSULE)	Tier 2	B/D PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	Tier 2	B/D PA
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	Tier 2	B/D PA
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	Tier 2	B/D PA
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	Tier 2	PA, QL (1 per 28 days)
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	Tier 2	PA, QL (0.5 per 28 days)
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	Tier 2	B/D PA
<i>tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
XATMEP	Tier 2	
VACCINES		
ABRYSVO	Tier 2	RV
ACTHIB	Tier 2	
ADACEL TDAP	Tier 1	RV
AREXVY	Tier 2	RV
<i>bcg (tice strain)</i>	Tier 2	
<i>bcg vaccine (tice strain)</i>	Tier 2	RV
BEXSERO	Tier 2	RV
BOOSTRIX TDAP	Tier 1	RV
DAPTACEL DTAP	Tier 2	
<i>diphtheria-tetanus toxoids-ped</i>	Tier 2	
ENGERIX-B ADULT	Tier 2	B/D PA, RV
ENGERIX-B PEDIATRIC-ADOLESCENT	Tier 2	B/D PA, RV
GARDASIL 9	Tier 1	RV
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	Tier 2	RV
HEPLISAV-B	Tier 2	B/D PA, RV
HIBERIX	Tier 2	
IMOVAX RABIES VACCINE	Tier 2	B/D PA, RV
INFANRIX DTAP	Tier 2	
IPOPOL	Tier 2	RV
IXCHIQ	Tier 2	RV
IXIARO	Tier 2	RV
JYNNEOS	Tier 2	RV
JYNNEOS (NATIONAL STOCKPILE)	Tier 2	RV
KINRIX	Tier 2	
M-M-R II VACCINE	Tier 1	RV
MENACTRA	Tier 2	RV
MENQUADFI	Tier 2	RV
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	Tier 2	RV
PEDIARIX	Tier 2	
PEDVAXHIB	Tier 2	
PENBRAYA	Tier 2	RV
PENTACEL	Tier 2	
PENTACEL ACTHIB COMPONENT	Tier 2	
PREHEVBRIOD	Tier 2	B/D PA, RV
PRIORIX	Tier 1	RV
PROQUAD	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
IMMUNOLOGICAL AGENTS (CONTINUED)		
QUADRACEL DTAP-IPV	Tier 2	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	Tier 2	B/D PA
RECOMBIVAX HB	Tier 2	B/D PA, RV
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SHINGRIX	Tier 1	RV
STAMARIL	Tier 2	RV
<i>tdvax</i>	Tier 1	RV
TENIVAC	Tier 1	RV
TICOVAC	Tier 2	
TRUMENBA	Tier 2	RV
TWINRIX	Tier 2	RV
TYPHIM VI	Tier 2	RV
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	Tier 2	
VARIVAX VACCINE	Tier 1	RV
YF-VAX	Tier 2	RV
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	Tier 2	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	Tier 2	
<i>mesalamine dr 400 mg capsule</i>	Tier 2	
<i>mesalamine er 0.375 gram cap</i>	Tier 2	
<i>sulfasalazine</i>	Tier 1	
<i>sulfasalazine dr</i>	Tier 1	
GLUCOCORTICOIDS		
<i>budesonide 2 mg rectal foam</i>	Tier 2	PA
<i>budesonide ec/dr capsule</i>	Tier 2	
<i>budesonide er</i>	Tier 2	QL (30 per 30 days)
DEXABLISS	Tier 2	
<i>dexamethasone 10 day 1.5 mg tb</i>	Tier 2	
<i>dexamethasone 4 mg tablet</i>	Tier 1	
DXEVO	Tier 2	
<i>hydrocort-pramoxine 2.5-1% crm</i>	Tier 2	EX
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)</i>	Tier 1	
<i>hydrocortisone ac 25 mg supp</i>	Tier 2	EX

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
<i>methylprednisolone (8 mg tablet, 32 mg tab)</i>	Tier 2	B/D PA
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 20 mg/5 ml soln)</i>	Tier 2	B/D PA
<i>prednisone 5 mg tab dose pack</i>	Tier 1	
PROCTO-MED HC	Tier 1	
PROCTO-PAK	Tier 1	
PROCTOFOAM-HC	Tier 2	
PROCTOSOL-HC	Tier 1	
PROCTOZONE-HC	Tier 1	
TAPERDEX (6 1.5 MG TABLET, 7 1.5 MG TAB PACK, 12 1.5 MG TABLET)	Tier 2	
METABOLIC BONE DISEASE AGENTS (CONTINUED)		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sod 70 mg/75 ml</i>	Tier 2	QL (300 per 28 days)
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	Tier 1	QL (4 per 28 days)
<i>alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>calcitonin-salmon (200 unit spr, 200 units sp)</i>	Tier 1	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	Tier 1	
<i>cinacalcet hcl</i>	Tier 2	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	Tier 2	
<i>etidronate disodium 200 mg tab</i>	Tier 1	
EVENITY	Tier 2	PA, QL (2.4 per 28 days)
EVENITY (2 SYRINGES)	Tier 2	PA, QL (2.4 per 28 days)
<i>ibandronate sodium 150 mg tab</i>	Tier 1	
NATPARA	Tier 2	PA, QL (30 per 30 days)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	Tier 2	
PROLIA	Tier 2	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	Tier 1	QL (30 per 30 days)
<i>risedronate sodium 150 mg tab</i>	Tier 1	QL (1 per 28 days)
<i>risedronate sodium 35 mg tab</i>	Tier 1	QL (4 per 28 days)
<i>risedronate sodium dr</i>	Tier 1	QL (4 per 28 days)
<i>teriparatide</i>	Tier 2	PA, QL (3 per 28 days)
XGEVA	Tier 2	PA
OPHTHALMIC AGENTS (CONTINUED)		
OPHTHALMIC AGENTS, OTHER		
<i>atropine 1% eye drops</i>	Tier 1	
BLEPHAMIDE S.O.P.	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
<i>brimonidine tartrate-timolol</i>	Tier 2	
<i>cyclosporine 0.05% eye emuls</i>	Tier 2	
<i>dorzolamide-timolol (preservative free)</i>	Tier 1	
<i>dorzolamide-timolol eye drops</i>	Tier 1	
LACRISERT	Tier 2	
NEO-POLYCIN HC	Tier 1	
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-poly-hc eye drops</i>	Tier 1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
OXERVATE	Tier 2	PA
<i>polymyxin b sul-trimethoprim</i>	Tier 1	
PRED-G S.O.P. EYE OINTMENT	Tier 2	
ROCKLATAN	Tier 2	
<i>sulfacetamide-prednisolone</i>	Tier 1	
TOBRADEX EYE OINTMENT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone</i>	Tier 1	
VERKAZIA	Tier 2	PA
ZYLET	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIL	Tier 2	
ALOMIDE	Tier 2	
<i>azelastine hcl 0.05% drops</i>	Tier 1	
<i>bepotastine besilate</i>	Tier 2	
<i>cromolyn 4% eye drops</i>	Tier 1	
<i>epinastine hcl</i>	Tier 1	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	Tier 1	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	Tier 2	
<i>bacitracin 500 unit/gm ophth</i>	Tier 1	
<i>bacitracin-polymyxin</i>	Tier 1	
BESIVANCE	Tier 2	
CILOXAN 0.3% OINTMENT	Tier 2	
<i>ciprofloxacin 0.3% eye drop</i>	Tier 1	
<i>erythromycin 0.5% eye ointment</i>	Tier 1	
<i>gatifloxacin</i>	Tier 1	

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 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
GENTAK	Tier 1	
<i>gentamicin sulfate (drop, ointment)</i>	Tier 1	
<i>levofloxacin (0.5% drops, 1.5% drops)</i>	Tier 1	
<i>moxifloxacin 0.5% eye drops</i>	Tier 2	QL (12 per 28 days)
<i>moxifloxacin 0.5% eye drp-visc</i>	Tier 2	QL (12 per 28 days)
NATACYN	Tier 2	
NEO-POLYCIN	Tier 1	
<i>ofloxacin 0.3% eye drops</i>	Tier 1	
POLYCIN	Tier 1	
<i>sulfacetamide sodium (drops, ointment)</i>	Tier 1	
<i>tobramycin 0.3% eye drop</i>	Tier 1	
TOBREX 0.3% EYE OINTMENT	Tier 2	
ZIRGAN	Tier 2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ALREX	Tier 2	
<i>bromfenac sodium 0.09% eye drp</i>	Tier 1	
<i>dexamethasone 0.1% eye drop</i>	Tier 1	
<i>diclofenac 0.1% eye drops</i>	Tier 1	
<i>disfluprednate</i>	Tier 2	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	Tier 1	
<i>loteprednol etabonate (0.2% drp, 0.5% drp, 0.5% ophthalmic gel)</i>	Tier 2	
<i>prednisolone ac 1% eye drop</i>	Tier 2	
<i>prednisolone sod 1% eye drop</i>	Tier 2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5% eye drop</i>	Tier 1	
<i>carteolol hcl</i>	Tier 1	
<i>levobunolol hcl</i>	Tier 1	
<i>timolol eye drops (generic for timoptic)</i>	Tier 1	
<i>timolol gel solution (generic for timoptic-xe eye gel)</i>	Tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide 125 mg tablet</i>	Tier 1	
<i>acetazolamide er</i>	Tier 1	
ALPHAGAN P 0.1% DROPS	Tier 2	
<i>apraclonidine hcl</i>	Tier 1	
<i>brimonidine 0.2% eye drop</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS (CONTINUED)		
<i>brimonidine tartrate (0.1% drop, 0.15% drp)</i>	Tier 2	
<i>brinzolamide</i>	Tier 2	
<i>dorzolamide hcl</i>	Tier 1	
IOPIDINE	Tier 2	
<i>methazolamide</i>	Tier 2	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	Tier 1	
RHOPRESSA	Tier 2	
SIMBRINZA	Tier 2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03% eye drops</i>	Tier 1	QL (7.5 per 25 days)
<i>latanoprost 0.005% eye drops</i>	Tier 1	
LUMIGAN	Tier 2	QL (7.5 per 25 days)
<i>travoprost</i>	Tier 2	
OTIC AGENTS (CONTINUED)		
OTIC AGENTS		
CIPRO HC	Tier 2	
<i>ciprofloxacin 0.2% otic soln</i>	Tier 1	
<i>ciprofloxacin-dexamethasone</i>	Tier 2	
COLY-MYCIN S	Tier 2	
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 2	
<i>neomycin-polymyxin-hc ear susp</i>	Tier 1	
<i>neomycin-polymyxin-hydrocort</i>	Tier 1	
<i>ofloxacin 0.3% ear drops</i>	Tier 1	
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA	Tier 2	QL (30 per 30 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	Tier 2	B/D PA
<i>flunisolide</i>	Tier 1	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i>	Tier 1	
<i>mometasone furoate 50 mcg spry</i>	Tier 1	QL (34 per 30 days)
QVAR REDIHALER 40 MCG	Tier 2	QL (10.6 per 30 days)
QVAR REDIHALER 80 MCG	Tier 2	QL (21.2 per 30 days)
XHANCE	Tier 2	PA
ANTIHISTAMINES		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	Tier 1	QL (30 per 25 days)
<i>azelastine-fluticasone</i>	Tier 2	QL (23 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>carbinoxamine maleate 4 mg tab</i>	Tier 1	
<i>clemastine fum 2.68 mg tab</i>	Tier 1	
<i>cyproheptadine 4 mg tablet</i>	Tier 1	
<i>desloratadine</i>	Tier 1	QL (30 per 30 days)
<i>diphenhydramine 50 mg/ml vial</i>	Tier 1	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	Tier 2	
<i>levocetirizine 2.5 mg/5 ml sol</i>	Tier 1	
<i>levocetirizine 5 mg tablet</i>	Tier 1	QL (60 per 30 days)
<i>olopatadine 665 mcg nasal spry</i>	Tier 2	QL (31 per 30 days)
RYALTRIS	Tier 2	
ANTILEUKOTRIENES		
<i>montelukast sod 4 mg granules</i>	Tier 1	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	Tier 1	QL (30 per 30 days)
<i>zafirlukast</i>	Tier 1	QL (60 per 30 days)
<i>zileuton er</i>	Tier 2	ST, QL (120 per 30 days)
ZYFLO	Tier 2	ST
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	Tier 2	QL (25.8 per 30 days)
INCRUSE ELLIPTA	Tier 2	QL (30 per 30 days)
<i>ipratropium br 0.02% soln</i>	Tier 1	B/D PA
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	Tier 1	
<i>tiotropium bromide</i>	Tier 2	QL (30 per 30 days)
YUPELRI	Tier 2	B/D PA
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol hfa 90 mcg inhaler (alternative to proair hfa)</i>	Tier 1	QL (17 per 30 days)
<i>albuterol hfa 90 mcg inhaler (alternative to proventil hfa)</i>	Tier 1	QL (14 per 30 days)
ALBUTEROL HFA 90 MCG INHALER (ALTERNATIVE TO VENTOLIN HFA)	Tier 2	QL (36 per 30 days)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	Tier 2	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	Tier 1	B/D PA
<i>arformoterol tartrate</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	Tier 2	QL (2 per 30 days)
<i>formoterol fumarate</i>	Tier 2	B/D PA
<i>levalbuterol 0.31 mg/3 ml sol</i>	Tier 2	B/D PA
<i>levalbuterol concentrate hcl vial-neb</i>	Tier 2	B/D PA
<i>levalbuterol hcl vial-neb</i>	Tier 2	B/D PA
<i>levalbuterol tar hfa 45mcg inhaler</i>	Tier 2	QL (30 per 30 days)
STRIVERDI RESPIMAT	Tier 2	QL (5 per 30 days)
SYMJEPI	Tier 2	QL (2 per 30 days)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	Tier 1	
CYSTIC FIBROSIS AGENTS		
BRONCHITOL	Tier 2	
CAYSTON	Tier 2	
KALYDECO	Tier 2	PA, QL (60 per 30 days)
KITABIS PAK	Tier 2	B/D PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	Tier 2	PA, QL (120 per 30 days)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	Tier 2	PA, QL (56 per 28 days)
PULMOZYME	Tier 2	B/D PA
SYMDEKO 100/150 MG-150 MG TABS	Tier 2	PA
SYMDEKO 50/75 MG-75 MG TABLETS	Tier 2	PA, QL (56 per 28 days)
TOBI PODHALER	Tier 2	
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	Tier 2	B/D PA
TRIKAFTA 100-50-75 MG/150 MG	Tier 2	PA
TRIKAFTA 50-25-37.5 MG/75 MG	Tier 2	PA, QL (84 per 28 days)
MAST CELL STABILIZERS		
<i>cromolyn 20 mg/2 ml neb soln</i>	Tier 2	B/D PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
DALIRESP 250 MCG TABLET	Tier 2	QL (28 per 28 days)
DALIRESP 500 MCG TABLET	Tier 2	QL (30 per 30 days)
ELIXOPHYLLIN	Tier 2	
<i>roflumilast</i>	Tier 2	QL (30 per 30 days)
THEO-24	Tier 2	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	Tier 1	
<i>theophylline er</i>	Tier 1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	Tier 2	PA, QL (90 per 30 days)
<i>alyq 20 mg tablet (generic for adcirca)</i>	Tier 2	PA, QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
<i>ambrisentan 10 mg tablet</i>	Tier 2	PA
<i>ambrisentan 5 mg tablet</i>	Tier 2	PA, QL (30 per 30 days)
<i>bosentan 125 mg tablet</i>	Tier 2	PA
<i>bosentan 62.5 mg tablet</i>	Tier 2	PA, QL (60 per 30 days)
OPSUMIT	Tier 2	PA, QL (30 per 30 days)
ORENITRAM ER	Tier 2	PA
ORENITRAM MONTH 1 TITRATION KT	Tier 2	PA
ORENITRAM MONTH 2 TITRATION KT	Tier 2	PA
ORENITRAM MONTH 3 TITRATION KT	Tier 2	PA
<i>sildenafil 20mg tablet (generic for revatio)</i>	Tier 2	PA, QL (90 per 30 days)
<i>tadalafil 20mg tablet (generic for adcirca)</i>	Tier 2	PA, QL (60 per 30 days)
TADLIQ	Tier 2	PA, QL (300 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	Tier 2	PA, QL (120 per 30 days)
TYVASO	Tier 2	PA, QL (87 per 30 days)
TYVASO INSTITUTIONAL START KIT	Tier 2	PA, QL (87 per 30 days)
TYVASO REFILL KIT	Tier 2	PA, QL (87 per 30 days)
TYVASO STARTER KIT	Tier 2	PA, QL (87 per 30 days)
UPTRAVI (400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	Tier 2	PA, QL (60 per 30 days)
UPTRAVI 200 MCG TABLET	Tier 2	PA, QL (140 per 28 days)
UPTRAVI 200-800 TITRATION PACK	Tier 2	PA, QL (200 per 30 days)
PULMONARY FIBROSIS AGENTS		
OFEV	Tier 2	PA, QL (60 per 30 days)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	Tier 2	PA, QL (270 per 30 days)
<i>pirfenidone (534 mg tablet, 801 mg tablet)</i>	Tier 2	PA, QL (90per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine</i>	Tier 1	B/D PA
ANORO ELLIPTA	Tier 2	QL (60 per 30 days)
<i>benzonatate (100 mg capsule, 200 mg capsule)</i>	Tier 1	EX
BREO ELLIPTA	Tier 2	QL (60 per 30 days)
BREYNA	Tier 2	QL (11 per 30 days)
BREZTRI AEROSPHERE	Tier 2	
<i>budesonide-formoterol fumarate</i>	Tier 2	QL (11 per 30 days)
<i>codeine-guaifenesin</i>	Tier 1	EX
CODITUSSIN AC	Tier 1	EX
COMBIVENT RESPIMAT	Tier 2	QL (8 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)		
DULERA	Tier 2	QL (13 per 30 days)
FASENRA	Tier 2	PA, QL (1 per 28 days)
FASENRA PEN	Tier 2	PA, QL (1 per 28 days)
<i>fluticasone-salmeterol 100-50 (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>fluticasone-salmeterol 113-14 (alternative to airduo respiclick)</i>	Tier 2	QL (1 per 30 days)
<i>fluticasone-salmeterol 232-14 (alternative to airduo respiclick)</i>	Tier 2	QL (1 per 30 days)
<i>fluticasone-salmeterol 250-50 (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>fluticasone-salmeterol 500-50 (generic for advair)</i>	Tier 1	QL (60 per 30 days)
<i>fluticasone-salmeterol 55-14 (alternative to airduo respiclick)</i>	Tier 2	QL (1 per 30 days)
G TUSSIN AC	Tier 1	EX
GUAIATUSSIN AC	Tier 1	EX
GUAIFENESIN AC	Tier 1	EX
<i>guaifenesin-codeine</i>	Tier 1	EX
<i>hydrocodone-homatropine mbr (5-1.5, soln)</i>	Tier 1	EX
HYDROMET	Tier 1	EX
<i>ipratropium-albuterol</i>	Tier 1	B/D PA
M-CLEAR WC	Tier 1	EX
MAR-COF CG	Tier 1	EX
MAXI-TUSS AC	Tier 1	EX
NINJACOF-XG	Tier 1	EX
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	Tier 2	PA
<i>promethazine-codeine</i>	Tier 1	EX
TRELEGY ELLIPTA	Tier 2	QL (60 per 30 days)
VIRTUSSIN AC	Tier 1	EX
<i>wixela 100-50 inh</i> (<i>generic for advair</i>)	Tier 1	QL (60 per 30 days)
<i>wixela 250-50 inh</i> (<i>generic for advair</i>)	Tier 1	QL (60 per 30 days)
<i>wixela 500-50 inh</i> (<i>generic for advair</i>)	Tier 1	QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol</i>	Tier 2	QL (120 per 30 days)
<i>chlorzoxazone (250 mg tablet, 375 mg tablet, 750 mg tablet)</i>	Tier 2	
<i>chlorzoxazone 500 mg tablet</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by going to page V.
 LAST UPDATED: 04/19/2024

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
cyclobenzaprine 7.5 mg tablet	Tier 2	
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	Tier 1	
metaxalone	Tier 2	
methocarbamol (500 mg tablet, 750 mg tablet)	Tier 1	
orphenadrine citrate er	Tier 1	
SLEEP DISORDER AGENTS (CONTINUED)		
SLEEP PROMOTING AGENTS		
BELSOMRA	Tier 2	QL (30 per 30 days)
doxepin hcl (3 mg tablet, 6 mg tablet)	Tier 2	QL (30 per 30 days)
EDLUAR	Tier 2	QL (30 per 30 days)
eszopiclone	Tier 2	QL (30 per 30 days)
HETLIOZ	Tier 2	PA, QL (30 per 30 days)
HETLIOZ LQ	Tier 2	PA, QL (158 per 30 days)
ramelteon	Tier 2	
tasimelteon	Tier 2	PA, QL (30 per 30 days)
temazepam (15 mg capsule, 30 mg capsule)	Tier 1	
temazepam (7.5 mg capsule, 22.5 mg capsule)	Tier 2	
zaleplon 10 mg capsule	Tier 1	
zaleplon 5 mg capsule	Tier 1	QL (30 per 30 days)
zolpidem tartrate (1.75 mg tab sl, 3.5 mg tablet sl)	Tier 2	QL (30 per 30 days)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	Tier 1	QL (30 per 30 days)
zolpidem tartrate er	Tier 2	QL (30 per 30 days)
WAKEFULLNESS PROMOTING AGENTS		
armodafinil	Tier 2	PA, QL (30 per 30 days)
modafinil	Tier 2	PA, QL (60 per 30 days)
sodium oxybate	Tier 2	PA, QL (540 per 30 days)
SUNOSI 150 MG TABLET	Tier 2	PA
SUNOSI 75 MG TABLET	Tier 2	PA, QL (30 per 30 days)
WAKIX 17.8 MG TABLET	Tier 2	PA
WAKIX 4.45 MG TABLET	Tier 2	PA, QL (60 per 30 days)
XYREM	Tier 2	PA, QL (540 per 30 days)
XYWAV	Tier 2	PA, QL (540 per 30 days)

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 LAST UPDATED: 04/19/2024

Index of Drugs

A

abacavir	30	albuterol hfa 90 mcg inhaler (alternative to proair hfa)	81	amitriptyline hcl	15
abacavir-lamivudine	30	albuterol hfa 90 mcg inhaler (alternative to proventil hfa)	81	amlodipine besylate	40
ABELCET	17	ALBUTEROL HFA 90 MCG		amlodipine besylate-benazepril	41
ABILIFY ASIMTUFII	27	INHALER (ALTERNATIVE		amlodipine-atorvastatin	41
ABILIFY MAINTENA 14,27,32	TO VENTOLIN HFA)	81	amlodipine-olmesartan	41	
ABILIFY MYCITE	14,27,32	albuterol sulfate	81	amlodipine-valsartan	42
abiraterone acetate	20	alclometasone dipropionate	49	ammonium lactate	49
ABRYSVO	75	alcohol pads	35	AMNESTEEM	48
acamprosate calcium	4	ALECENSA	21	amoxapine	15
acarbose	33	alendronate sodium	77	amoxicillin	8
acebutolol hcl	40	alfuzosin hcl er	60	amoxicillin-clavulanate pot er	8
acetaminophen-codeine	2	aliskiren	41	amoxicillin-clavulanate potass	8
acetazolamide	41,79	allopurinol	18	amphetamine sulfate	45
acetazolamide er	79	ALOCRIL	78	amphotericin b	17
acetic acid	5	ALOMIDE	78	ampicillin sodium	8
acetylcysteine	83	alosetron hcl	57	ampicillin trihydrate	8
acitretin	48	ALPHAGAN P	79	ampicillin-sulbactam	8
ACTEMRA	71	alprazolam	32	anagrelide hcl	37
ACTEMRA ACTPEN	71	alprazolam er	32	ANALPRAM HC	51
ACTHAR	61	alprazolam odt	32	anastrozole	21
ACTHIB	75	alprazolam xr	32	ANDRODERM	63
ACTIMMUNE	73	ALREX	79	ANGELIQ	65
acyclovir	31,52	ALTAVERA	79	ANNOVERA	63
acyclovir sodium	32	ALTRENO	48	ANORO ELLIPTA	83
ADACEL TDAP	75	ALUNBRIG	21	ANZEMET	16
adapalene	48	ALYACEN	65	APLENZIN	14
adapalene-benzoyl peroxide	48	alyq 20 mg tablet (generic for	65	apomorphine hcl	26
adefovir dipivoxil	29	adcirca)	82	apraclonidine hcl	79
ADEMPAS	82	AMABELZ	82	aprepitant	16
ADLARITY	13	amantadine	26,31	APTIOM	12
AIMOVIG AUTOINJECTOR (1-PACK)	18	ambrisentan	83	APTIVUS	31
AJOVY AUTOINJECTOR	18	amcinonide	49	ARALAST NP	58
AJOVY SYRINGE	18	AMETHIA	65	ARANELLE	65
AKEEGA	21	AMETHIA LO	65	ARAZLO	48
AKYNZEO	16	amikacin sulfate	5	ARCALYST	71
ALA-CORT	49	amiloride hcl	43	AREXVY	75
albendazole	25	amiloride-hydrochlorothiazide	41	arformoterol tartrate	81
		aminocaproic acid	38	ARIKAYCE	5
		amiodarone hcl	39	ariPIPRAZOLE	14,27,33

aripiprazole odt	14,27	azathioprine	73	BEXZERO	75
ARISTADA	27	azelaic acid	48	bicalutamide	20
ARISTADA INITIO	27	azelastine hcl	78,80	BICILLIN C-R	8
armodafinil	.85	azelastine-fluticasone	80	BICILLIN L-A	8
ARMOUR THYROID	69	AZELEX	48	BIKTARVY	29
ARNUITY ELLIPTA	80	azithromycin	9	bimatoprost	80
asa-butalb-caffeine-codeine	2	aztreonam	5	bismuth-metronidazole	
ASCENIV	70	AZURETTE	65	tetracyc	57
ASCOMP WITH CODEINE	2			bisoprolol fumarate	40
asenapine maleate	27,33	B		bisoprolol-hydrochlorothiazide	42
ASHLYNA	.65	bacitracin	78	BIVIGAM	71
aspirin-dipyridamole er	.38	bacitracin-polymyxin	78	BLEPHAMIDE S.O.P.	77
ASTAGRAF XL	.73	baclofen	29	BLISOVI 24 FE	65
atazanavir sulfate	.31	balsalazide disodium	76	BLISOVI FE	65
atenolol	.40	BALVERSA	21	BOOSTRIX TDAP	75
atenolol-chlorthalidone	.42	BALZIVA	65	bosentan	83
atomoxetine hcl	.45	BAQSIMI	36	BOSULIF	21
atorvastatin calcium	.43	BARACLUDE	29	BOTOX	18
atovaquone	.25	BAXDELA	9	BRAFTOVI	21
atovaquone-proguanil hcl	.25	bcg (tice strain)	75	BREO ELLIPTA	83
atropine sulfate	.77	bcg vaccine (tice strain)	75	BREYNA	83
ATROVENT HFA	.81	BEKYREE	65	BREZTRI AEROSPHERE	83
AUBRA	.65	BELBUCA	1	BRIELLYN	65
AUBRA EQ	.65	BELSOMRA	85	BRILINTA	38
AUGTYRO	.21	benazepril hcl	39	brimonidine tartrate	79,80
AUROVELA	.65	benazepril-hydrochlorothiazide	.42	brimonidine tartrate-timolol	.78
AUROVELA 24 FE	.65	BENLYSTA	71	brinzolamide	80
AUROVELA FE	.65	benzonatate	83	BRIVIACT	10
AURYXIA	.55	benztropine mesylate	26	bromfenac sodium	79
AUSTEDO	.46	bepotastine besilate	78	bromocriptine mesylate	.26,69
AUSTEDO XR	.46	BERINERT	70	BRONCHITOL	82
AUSTEDO XR TITRATION		BESIVANCE	78	BRUKINSA	22
KT(WK1-4)	.46	BESREMI	20	budesonide	.76,80
autopen	.35	betaine anhydrous	59	budesonide ec/dr capsule	.76
AUVELITY	.14	betamethasone diprop		budesonide er	.76
AVIANE	.65	augmented	49	budesonide-formoterol	
AVITA	.48	betamethasone dipropionate	.49	fumarate	.83
AVONEX	.47	betamethasone valerate	.49	bumetanide	.42
AVONEX PEN	.47	betaxolol hcl	.40,79	buprenorphine hcl	.4
AYVAKIT	.21	bethanechol chloride	.60	buprenorphine patch	.2
AZASITE	.78	bexarotene	.25	buprenorphine-naloxone	.4

bupropion hcl	14	carbamazepine er	12,46	cevimeline hcl	48
bupropion hcl sr	5,14	carbidopa	26	CHATEAL	65
bupropion xl	14	carbidopa-levodopa	26,27	CHEMET	54
buspirone hcl	32	carbidopa-levodopa er	27	CHENODAL	57
butalb-acetamin-caff 50-325-40		carbidopa-levodopa-entacapone	26	chlordiazepoxide hcl	32
tab	2	carbinoxamine maleate	81	chlordiazepoxide-amitriptyline	14
butalb-apap-caf-cod 50-325-40-30		CARDURA XL	60	chlordiazepoxide-clidinium	57
cap	2	carglumic acid	52	chlordiazepoxide/clidinium	
butalbital compound-codeine	2	carisoprodol	84 (select manufacturers only)	57	
butalbital-acetaminophen 50-325		carteolol hcl	79	chlorhexidine gluconate	48
tab	2	CARTIA XT	41	chloroquine phosphate	25
butalbital-aspirin-caffeine	2	carvedilol	40	chlorpromazine hcl	16
butorphanol tartrate	2	carvedilol er	40	chlorthalidone	43
BYLVAY	57	caspofungin acetate	17	chlorzoxazone	84
BYNFEZIA	70	CAYSTON	82	CHOLBAM	59
		cefaclor	7	cholestyramine	44
		cefaclor er	7	cholestyramine light	44
CABENUVA	29	cefadroxil	7	chorionic gonadotropin	62
cabergoline	70	cefazolin sodium	7	CICLODAN	17,52
CABLIVI	38	cefazolin sodium-dextrose	7	ciclopirox	17
CABOMETYX	22	cefdinir	7	cilostazol	38
CADEAU DHA	55	cefepime	7	CILOXAN	78
calcipotriene	51	cefepime hcl	7	CIMDUO	30
calcipotriene-betamethasone	51	cefepime-dextrose	7	cimetidine	58
calcipotriene-betamethasone dp	51	cefixime	7	CIMZIA	73
calcitonin-salmon	77	CEFOTAN	7	cinacalcet hcl	77
calcitriol	51,77	cefotaxime sodium	7	CINRYZE	70
calcium acetate	55	cefotetan	7	CINVANTI	16
CALQUENCE	22	cefotetan & dextrose	7	CIPRO HC	80
CAMILA	65	cefoxitin	7	ciprofloxacin	9
CAMRESE	65	cefoxitin sodium	7	ciprofloxacin hcl	9,78,80
CAMRESE LO	65	cefpodoxime proxetil	7	ciprofloxacin-d5w	9
CAMZYOS	42	ceprozil	7	ciprofloxacin-dexamethasone	80
candesartan cilexetil	39	ceftazidime	7	citalopram hbr	14
candesartan-hydrochlorothiazid	42	ceftriaxone	7	CLARAVIS	49
CAPLYTA	27,28	cefuroxime	7	clarithromycin	9
CAPRELSA	22	cefuroxime sodium	7	clarithromycin er	9
captopril	39	celecoxib	1	clemastine fumarate	81
CARAC	51	CELLCEPT	73	CLENPIQ	57
CARAFATE	58	cephalexin	7,8	CLEOCIN	5
carbamazepine	12	CERDELGA	59	CLIMARA PRO	63

<i>clind ph-benzoyl perox 1.2-5%</i>	.49	<i>colchicine</i>	.....	18	<i>cyclophosphamide</i>	.....	19	
CLINDACIN	.....	52	<i>colesevelam hcl</i>	.....	33,44	<i>cycloserine</i>	.....	19
CLINDACIN ETZ	.....	5	<i>colestipol hcl</i>	.....	44	<i>cyclosporine</i>	.....	73,78
CLINDACIN P	.....	5	<i>colistimethate</i>	.....	6	<i>cyclosporine modified</i>	.....	73
<i>clindamycin (pediatric)</i>	.....	5	COLY-MYCIN S	.....	80	CYLTEZO(CF)	.....	73
<i>clindamycin hcl</i>	.....	5	COMBIPATCH	.....	65	CYLTEZO(CF) PEN	.....	73
<i>clindamycin pediatric</i>	.....	5	COMBIVENT RESPIMAT	.....	83	CYLTEZO(CF) PEN	.....
<i>clindamycin phos-benzoyl peroxy</i>	.....	49	COMETRIQ	.....	22	CROHN'S-UC-HS	.....	73
COMPLERA	.....	30	CYLTEZO(CF) PEN	.....			
<i>clindamycin phosphate</i>	.....	5,52	COMPLETENATE	.....	55	PSORIASIS-UV	.....	73
<i>clindamycin phosphate 1% gel (alternative to clindagel)</i>	.....	52	COMPROM	.....	16	<i>cyproheptadine hcl</i>	.....	81
<i>clindamycin phosphate 1% gel (generic for cleocin t)</i>	.....	52	CONCEPT DHA	.....	55	CYRED	.....	65
<i>clindamycin phosphate-d5w</i>	.....	5	CONSTULOSE	.....	56	CYSTADROPS	.....	59
<i>clindamycin-benzoyl peroxy 1-5%</i>	.....	49	COPAXONE	.....	47	CYSTAGON	.....	59
<i>clindamycin-benzoyl peroxide</i>	.....	49	COPIKTRA	.....	22	CYSTARAN	.....	59
CLINDESSE	.....	52	CORTIFOAM	.....	51			
CLINISOL	.....	52	<i>cortisone acetate</i>	.....	61	D		
CLINOLIPID	.....	52	CORTROPHIN	.....	61	<i>dabigatran etexilate</i>	.....	37
<i>clobazam</i>	.....	12	COSENTYX (2 SYRINGES)	.....	71	<i>dalfampridine er</i>	.....	47
<i>clobetasol emollient</i>	.....	49	COSENTYX SENSOREADY	.....		DALIRESP	.....	82
<i>clobetasol emulsion</i>	.....	49 (2 PENS)	.....	71	DALVANCE	.....	6	
<i>clobetasol propionate</i>	.....	49,50	COSENTYX SENSOREADY	.....		<i>danazol</i>	.....	63
<i>clomiphene citrate</i>	.....	65	PEN	.....	71	<i>dantrolene sodium</i>	.....	29
<i>clomipramine hcl</i>	.....	15	COSENTYX SYRINGE	.....	71	<i>dapsone</i>	.....	19,52
<i>clonazepam</i>	.....	12	COSENTYX UNOREADY	.....		DAPTACEL DTAP	.....	75
<i>clonidine hcl</i>	.....	38	PEN	.....	71	<i>daptomycin</i>	.....	6
<i>clonidine hcl er</i>	.....	45	COTELLIC	.....	22	<i>daptomycin-0.9% nacl</i>	.....	6
<i>clonidine patch</i>	.....	38	CREON	.....	59	<i>darifenacin er</i>	.....	60
<i>clopidogrel</i>	.....	38	CRESEMBA	.....	17	<i>darunavir</i>	.....	31
<i>clorazepate dipotassium</i>	.....	12	CRIXIVAN	.....	31	DASETTA	.....	65
<i>clotrimazole</i>	.....	17	<i>cromolyn sodium</i>	.....	59,78,82	DAURISMO	.....	22
<i>clotrimazole-betamethasone</i>	.....	51	CROTAN	.....	52	DAYBUE	.....	59
<i>clozapine</i>	.....	29	CRYSELLE	.....	65	DAYSEE	.....	65
<i>clozapine odt</i>	.....	29	CUTAQUIG	.....	71	DAYTRANA	.....	45
COARTEM	.....	26	CUVITRU	.....	71	DEBLITANE	.....	65
<i>codeine sulfate</i>	.....	3	CUVRIOR	.....	54	<i>deferasirox</i>	.....	54
<i>codeine-guaifenesin</i>	.....	83	<i>cyanocobalamin injection</i>	.....	56	<i>deseriprone</i>	.....	54
CODITUSSIN AC	.....	83	<i>cyclobenzaprine hcl</i>	.....	85	<i>deseriprone (3 times a day)</i>	.....	54

deferoxamine mesylate.....	55	dextrose 5%-0.9% nacl.....	52	DIVIGEL.....	63
deflazacort.....	61	dextrose 5%-electrolyte #48.....	53	dofetilide.....	39
DELSTRIGO.....	30	dextrose in lactated ringers.....	53	DOJOLVI.....	59
DELYLA.....	65	dextrose in water.....	53	DOLISHALE.....	66
demeclocycline hcl.....	10	DIACOMIT.....	10	donepezil hcl.....	13
DENTA 5000 PLUS.....	48	DIASTAT.....	12	donepezil hcl odt.....	13
DENTAGEL.....	48	DIASTAT ACUDIAL.....	12	DOPTELET.....	38
DEPO-ESTRADIOL.....	63	diazepam.....	12,32	dorzolamide hcl.....	80
DEPO-MEDROL.....	61	diazoxide.....	36	dorzolamide-timolol.....	78
DEPO-SUBQ PROVERA 10465		dichlorphenamide.....	59	dorzolamide-timolol	
DESCOVY.....	30	diclofenac epolamine 1.3% patch 1 (preservative free).....			78
desipramine hcl.....	15	diclofenac potassium.....	1	DOTTI.....	63
desloratadine.....	81	diclofenac sodium.....	1,51,79	DOVATO.....	29
desmopressin acetate.....	62	diclofenac sodium er.....	1	doxazosin mesylate.....	38,60
desogestrel-eth estrad eth estra..	65	diclofenac sodium-misoprostol...	1	doxepin hcl.....	15,50,85
desogestrel-ethinyl estradiol....	65	dicloxacillin sodium.....	8	doxercalciferol.....	77
desonide.....	50	dicyclomine hcl.....	57	DOXY 100.....	10
desoximetasone.....	50	DIFFERIN.....	49	doxycycline hyclate.....	10,48
DESRX.....	50	DIFICID.....	9	doxycycline ir-dr.....	10
desvenlafaxine er.....	15	diflorasone diacetate.....	50	doxycycline monohydrate.....	10
desvenlafaxine succinate er....	15	disflunisal.....	1	DRIZALMA SPRINKLE....	15
DEXABLISS.....	76	disluprednate.....	79	dronabinol.....	16
dexamethasone.....	61,76	DIGITEK.....	42	drospirenone-eth estra-levomef.	66
dexamethasone sod phos-water.	61	digoxin.....	39	drospirenone-ethinyl estradiol.	64
dexamethasone sodium phosphate.....	61,79	dihydroergotamine mesylate...	18	DROXIA.....	20
dexamethylphenidate hcl.....	45	DILANTIN.....	12	droxidopa.....	38
dexamethylphenidate hcl er.....	45	DLT-XR.....	41	DUAVEE.....	69
dexamethylphenidate hcl er.....	45	diltiazem 12hr er.....	41	DULERA.....	84
dextroamphetamine sulfate....	45	diltiazem 24hr er.....	41	duloxetine hcl.....	15,32,47
dextroamphetamine sulfate er..	45	diltiazem 24hr er (cd).....	41	DUOBRII.....	50
dextroamphetamine-amphet er.	45	diltiazem 24hr er (la).....	41	DUPIXENT PEN.....	71
dextroamphetamine-amphetamine.....	45	diltiazem 24hr er (xr).....	41	DUPIXENT SYRINGE.....	71
dextroamphetamine.....	45	diltiazem hcl.....	41	dutasteride.....	60
dextrose 10%-0.2% nacl.....	52	dimethyl fumarate.....	47	dutasteride-tamsulosin.....	60
dextrose 10%-0.45% nacl.....	52	diphenhydramine hcl.....	81	DXEVO.....	76
dextrose 2.5%-0.45% nacl.....	52	diphenoxylate-atropine.....	57		
dextrose 5%-0.2% nacl.....	52	diphtheria-tetanus toxoids-ped.	75	E	
dextrose 5%-0.225% nacl.....	52	dipyridamole.....	38	E.E.S. 400.....	9
dextrose 5%-0.3% nacl.....	52	disulfiram.....	4	ec-naproxen.....	1
dextrose 5%-0.33% nacl.....	52	divalproex sodium.....	18	econazole nitrate.....	17
dextrose 5%-0.45% nacl.....	52	divalproex sodium er.....	18	EDARBI.....	39

EDARBYCLOR	42	ENSPRYNG	71	<i>eszopiclone</i>	85
EDLUAR	85	ENSTILAR	51	<i>ethacrynic acid</i>	43
EDURANT	30	<i>entacapone</i>	26	<i>ethambutol hcl</i>	19
<i>efavirenz</i>	30	ENTADFI	60	<i>ethosuximide</i>	11
<i>efavirenz-emtric-tenofovir disop.</i>	30	<i>entecavir</i>	29	<i>ethynodiol-ethinyl estradiol</i>	64
<i>efavirenz-lamivu-tenofovir disop.</i>	30	ENTRESTO	42	<i>etidronate disodium</i>	77
EFFER-K	53	ENULOSE	56	<i>etodolac</i>	1
EGRIFTA SV	62	ENVARSUS XR	73	<i>etodolac er</i>	1
ELESTRIN	64	EPIDIOLEX	10	<i>etonogestrel-ethinyl estradiol</i>	64
ELIGARD	70	<i>epinastine hcl</i>	78	<i>etravirine</i>	30
ELINEST	66	<i>epinephrine</i>	82	EUTHYROX	69
ELIQUIS	37	EPITOL	12	EVAMIST	64
ELITE-OB	56	EPIVIR HBV	29	EVENITY	77
ELIXOPHYLLIN	82	EPKINLY	22	EVENITY (2 SYRINGES)	77
ELLA	66	<i>eplerenone</i>	43	<i>everolimus</i>	22,73
ELMIRON	60	EPRONTIA	10	EVOTAZ	31
ELREXFIO	22	EQUETRO	13	EVRYSDI	59
ELURYNG	64	ERAXIS	17	<i>exemestane</i>	21
EMCYT	20	<i>ergoloid mesylates</i>	13	EXKIVITY	22
EMFLAZA	61	ERGOMAR	18	EXSERVAN	46
EMOQUETTE	66	<i>ergotamine-caffeine</i>	18	<i>ezetimibe</i>	44
EMSAM	14	ERIVEDGE	22	<i>ezetimibe-simvastatin</i>	44
<i>emtricitabine</i>	30	ERLEADA	20		
<i>emtricitabine-tenofovir disop.</i>	30	<i>erlotinib hcl</i>	22	F	
EMTRIVA	30	ERRIN	66	FABIOR	49
EMVERM	25	<i>ertapenem</i>	8	FALMINA	66
<i>enalapril maleate</i>	39	ERY 2% PADS	52	<i>famciclovir</i>	32
<i>enalapril-hydrochlorothiazide</i>	42	ERYTHROCIN STEARATE	9	<i>famotidine</i>	58
ENBRACE HR	56	<i>erythromycin</i>	9,52,78	FANAPT	28
ENBREL	73	<i>erythromycin ethylsuccinate</i>	9	FASENRA	84
ENBREL MINI	73	<i>erythromycin-benzoyl peroxide</i>	49	FASENRA PEN	84
ENBREL SURECLICK	73	<i>escitalopram oxalate</i>	15,32	FAYOSIM	66
ENDARI	59	<i>esomeprazole magnesium</i>	58	<i>febuxostat</i>	18
ENDOCET	3	ESTARYLLA	66	<i>felbamate</i>	11
ENGERIX-B ADULT	75	<i>estradiol</i>	64	<i>felodipine er</i>	40
ENGERIX-B PEDIATRIC-		<i>estradiol twice weekly patch</i>	64	FEMYNOR	66
ADOLESCENT	75	<i>estradiol valerate</i>	64	<i>fenofibrate</i>	43
ENILLORING	64	<i>estradiol weekly patch</i>	64	<i>fenofibric acid</i>	43
<i>enoxaparin sodium</i>	37	<i>estradiol-norethindrone acetat</i>	65	<i>fenoprofen calcium</i>	1
ENPRESSE	66	ESTRING	64	<i>fentanyl</i>	2
ENSKYCE	66	ESTROGEL	64	<i>fentanyl citrate</i>	3

FERRIPROX	55	flutamide	20	GALAFOLD	59
FERRIPROX (2 TIMES A DAY)	55	fluticasone propionate	50,80	galantamine 4 mg/ml oral soln.	13
FERRIPROX (3 TIMES A DAY)	55	fluticasone-salmeterol 100-50 (generic for advair)	84	galantamine er	13
fesoterodine fumarate er	60	(alternative to airduo FETROJA	8	galantamine hbr	13
		respiclick)		GAMMAGARD LIQUID	71
FETZIMA	15	fluticasone-salmeterol 113-14		GAMMAGARD S-D	71
FILSPARI	39	(alternative to airduo FINACEA	49	GAMMAKED	71
		respiclick)		GAMMAPLEX	71
finasteride 5 mg tablet	38	fluticasone-salmeterol 232-14		GAMUNEX-C	71
fingolimod	47	(generic for advair)		GARDASIL 9	75
FINTEPLA	11	fluticasone-salmeterol 250-50		gatifloxacin	78
FIRDAPSE	46	(generic for advair)		gauze pads 2 x 2	35
FIRMAGON	70	fluticasone-salmeterol 55-14		GAVILYTE-C	57
FIRVANQ	6	(alternative to airduo flavoxate hcl	60	GAVILYTE-G	57
		respiclick)		GAVILYTE-N	57
FLEBOGAMMA DIF	71	fluvastatin er	43	GAVRETO	22
flecainide acetate	39	fluvastatin sodium	43	gefitinib	22
fluconazole	17	fluvoxamine maleate	15	gemfibrozil	43
fluconazole in saline	17	fluvoxamine maleate er	15	GEMMILY	66
fluconazole-nacl	17	folic acid	56	GEMTESA	60
flucytosine	17	FOLIVANE-OB	56	GENERLAC	56
fludrocortisone acetate	61	fondaparinux sodium	37	GENGRAF	73
flunisolide	80	formoterol fumarate	82	GENOTROPIN	62
fluocinolone acetonide	50	fosamprenavir calcium	31	GENTAK	79
fluocinolone acetonide oil	80	fosfomycin tromethamine	6	gentamicin sulfate	5,79
fluocinonide	50	fosinopril sodium	39	gentamicin sulfate in ns	5
fluocinonide-e	50	fosinopril-hydrochlorothiazide	42	GENVOYA	29
fluoride	53	FOTIVDA	22	GIANVI	64
FLUORIMAX 5000	48	FRAGMIN	37	GIOTRIF	22
fluorometholone	79	FRUZAQLA	22	GLASSIA	59
fluorouracil	20,51	furosemide	43	glatiramer acetate	47
fluoxetine dr 90 mg capsule (weekly)	15	FUZEON	30	GLATOPA	47
fluoxetine hcl	15	FYAVOLV	66	gleostine	19
fluphenazine decanoate	27	FYCOMPA	11	glimepiride	33
fluphenazine hcl	27			glipizide	33
flurandrenolide	50	G TUSSIN AC	84	glipizide er	33
flurbiprofen	1	gabapentin	12,46	glipizide xl	33
flurbiprofen sodium	79	gabapentin er	46	GLUCAGEN	36

GLUCAGON EMERGENCY KIT	<i>haloperidol decanoate</i>	27	HUMIRA(CF) 10 MG/0.1 ML SYR (ABBVIE NDC)
<i>glucose in water</i>	<i>haloperidol lactate</i>	27	STARTING WITH 00074-.. 74
<i>glyburide</i>	<i>HAVRIX</i>	75	HUMIRA(CF) 20 MG/0.2 ML
<i>glyburide micronized</i>	<i>HEATHER</i>	66	SYR (ABBVIE NDC)
<i>glyburide-metformin hcl</i>	<i>HEMADY</i>	61	STARTING WITH 00074-.. 74
<i>glycopyrrolate</i>	<i>heparin sodium</i>	37	HUMIRA(CF) 40 MG/0.4 ML
GLYXAMBI	<i>heparin sodium in 0.45% nacl</i>	37	SYR (ABBVIE NDC)
GOCOVRI	<i>heparin sodium-0.45% nacl</i>	37	STARTING WITH 00074-.. 74
GRALISE	<i>heparin sodium-0.9% nacl</i>	37	HUMIRA(CF) PEDIATRIC
<i>granisetron hcl</i>	<i>HEPLISAV-B</i>	75	CROHN'S.....74
GRASTEK	<i>HETLIOZ</i>	85	HUMIRA(CF) PEN 40 MG/0.4
<i>griseofulvin</i>	<i>HETLIOZ LQ</i>	85	ML (ABBVIE NDC)
<i>griseofulvin ultramicrosize</i>	<i>HIBERIX</i>	75	STARTING WITH 00074-.. 74
GUAIATUSSIN AC	<i>HIZENTRA</i>	71	HUMIRA(CF) PEN 80 MG/0.8
GUAIFENESIN AC	<i>HORIZANT</i>	46	ML (ABBVIE NDC)
<i>guaifenesin-codeine</i>	<i>HUMALOG</i>	36	STARTING WITH 00074-.. 74
<i>guanfacine hcl</i>	<i>HUMALOG JUNIOR</i>		HUMIRA(CF) PEN
<i>guanfacine hcl er</i>	<i>KWIKPEN</i>	36	CROHN'S-UC-HS.....74
GVOKE	<i>HUMALOG KWIKPEN U-</i>		HUMIRA(CF) PEN
GVOKE HYPOOPEN 1-PACK	36 100.....	36	PEDIATRIC UC.....74
GVOKE HYPOOPEN 2-PACK	<i>HUMALOG KWIKPEN U-</i>		HUMIRA(CF) PEN PSOR-
GVOKE PFS 1-PACK	200.....	36	UV-ADOL HS.....74
SYRINGE	<i>HUMALOG MIX 50-50</i>	36	HUMULIN 70-30.....36
GVOKE PFS 2-PACK	<i>HUMALOG MIX 50-50</i>		HUMULIN 70/30
SYRINGE	<i>KWIKPEN</i>	36	<i>KWIKPEN</i>.....36
	<i>HUMALOG MIX 75-25</i>	36	HUMULIN N.....36
	<i>HUMALOG MIX 75-25</i>		HUMULIN N <i>KWIKPEN</i> ..36
H			
HADLIMA	<i>KWIKPEN</i>	36	HUMULIN R.....36
HADLIMA PUSHTOUCH	<i>HUMALOG TEMPO PEN U-</i>		HUMULIN R U-500.....36
HADLIMA(CF)	73 100.....	36	HUMULIN R U-500
HADLIMA(CF)	<i>HUMATROPE</i>	62,63	<i>KWIKPEN</i>.....36
PUSHTOUCH	<i>HUMIRA</i>	73	<i>hydralazine hcl</i>.....44
HAEGARDA	70 <i>HUMIRA PEN 40 MG/0.8</i>		<i>hydrochlorothiazide</i>.....43
HAILEY	66 <i>ML</i>	73	<i>hydrocodone bitartrate er</i>.....2
HAILEY 24 FE	66 <i>HUMIRA PEN CROHN'S-UC-</i>		<i>hydrocodone-acetaminophen</i>....3
HAILEY FE	66 <i>HS</i>	73	<i>hydrocodone-homatropine mbr</i> .84
<i>halcinonide</i>	50 <i>HUMIRA PEN PSOR-</i>		<i>hydrocodone-ibuprofen</i>.....3
<i>halobetasol propionate</i>	50 <i>UVEITS-ADOL HS</i>	73	<i>hydrocortisone</i>.....50,76
HALOETTE	64		<i>hydrocortisone acetate</i>.....76
<i>haloperidol</i>	27		<i>hydrocortisone butyrate</i>.....50

hydrocortisone valerate	50	indomethacin	1 ISOLYTE P WITH DEXTROSE	53
hydrocortisone-acetic acid	80	indomethacin er	1 DEXTROSE	53
hydrocortisone-pramoxine	51,76	INFANRIX DTAP	75 ISOLYTE S	53
HYDROMET	84	INGREZZA	46 isoniazid	19
hydromorphone er	2	INGREZZA INITIATION	isosorbide dinit-hydralazine	42
hydromorphone hcl	3	PACK	isosorbide dinitrate	44
hydroxychloroquine sulfate	26	INLYTA	isosorbide mononitrate	44
hydroxyurea	20	inpen (for humalog)	35 isosorbide mononitrate er	44
hydroxyzine hcl	81	inpen (for novolog or fiasp)	35 isotretinoin	49
hydroxyzine pamoate	32	INQOVI	21 isradipine	40
HYFTOR	51	INREBIC	22 ISTURISA	69
HYOPHEN	60	insulin glargine	36 itraconazole	17
hyoscyamine sulfate	57	insulin glargine max solostar	36 ivermectin	25,52
hyoscyamine sulfate er	57	insulin glargine solostar	36 IWILFIN	21
hyoscyamine sulfate sr	57	insulin lispro	36 IXCHIQ	75
HYQVIA	71	insulin lispro junior kwikpen	37 IXIARO	75
		insulin lispro kwikpen u-100	37	
		insulin lispro protamine mix	37 J	
I				
ibandronate sodium	77	INSULIN PEN NEEDLE	35 JAKAFI	23
IBRANCE	22	INSULIN SYRINGE	35 JANTOVEN	37
IBU	1	INTELENCE	30 JANUMET	34
ibuprofen	1	INTRALIPID	53 JANUMET XR	34
icatibant	70	INTRON A	73 JANUVIA	34
ICLEVIA	66	INTROVALE	66 JARDIANCE	34
ICLUSIG	22	INVEGA HAFYERA	28 JASMIEL	64
icosapent ethyl	44	INVEGA SUSTENNA	28 JAYPIRCA	23
IDHIFA	20	INVEGA TRINZA	28 JENCYCLA	66
ILUMYA	72	INVOKAMET	33,34 JENTADUETO	34
imatinib mesylate	22	INVOKAMET XR	34 JENTADUETO XR	34
IMBRUVICA	22	INVOKANA	34 JINTELI	66
imipenem-cilastatin sodium	8	IONOSOL MB-DEXTROSE	JOENJA	59
imipramine hcl	15 5%		JOLESSA	66
imipramine pamoate	16	IOPIDINE	80 JUBLIA	17
imiquimod	51	IPOL	75 JULEBER	66
IMOVAX RABIES VACCINE		ipratropium bromide	81 JULUCA	30
INBRIJA	75	ipratropium-albuterol	84 JUNEL	66
INCASSIA	27	irbesartan	39 JUNEL FE	66
INCRELEX	66	irbesartan-hydrochlorothiazide	42 JUNEL FE 24	66
INCRUSE ELLIPTA	63	ISENTRESS	29 JUST RIGHT 5000	48
indapamide	81	ISENTRESS HD	29 JUXTAPID	44
	43	ISIBLOOM	66 JYNARQUE	55

JYNNEOS.....	75	KLOR-CON M10.....	53	LARIN 24 FE.....	66
JYNNEOS (NATIONAL STOCKPILE).....	75	KLOR-CON M15.....	53	LARIN FE.....	66
		KLOR-CON M20.....	53	<i>latanoprost</i>	80
		KLOR-CON-EF.....	53	LAZANDA.....	3
K		KLOXXADO.....	4	LEENA.....	66
KABIVEN.....	53	KORLYM.....	35	<i>lesflunomide</i>	74
KAITLIB FE.....	66	KOSELUGO.....	23	<i>lenalidomide</i>	20
KALYDECO.....	82	KOURZEQ.....	48	LENVIMA.....	23
KARIVA.....	66	KRAZATI.....	23	LESSINA.....	66
<i>kcl-d5w-0.2% nacl</i>	53	KRINTAFEL.....	26	<i>letrozole</i>	21
<i>kcl-d5w-0.225% nacl</i>	53	KRISTALOSE.....	56	<i>leucovorin calcium</i>	25
<i>kcl-d5w-0.3% nacl</i>	53	KURVELO.....	66	LEUKERAN.....	19
<i>kcl-d5w-0.45% nacl</i>	53	KYNMOBI.....	26	LEUKINE.....	37
<i>kcl-d5w-0.9% nacl</i>	53			<i>leuprolide acetate</i>	70
KELNOR 1-35.....	64	L		<i>leuprolide depot</i>	70
KELNOR 1-50.....	64	<i>labetalol hcl</i>	40	<i>levalbuterol concentrate hcl vial</i> -	
KENALOG-10.....	62	<i>lacosamide</i>	13	<i>neb</i>	82
KENALOG-40.....	62	LACRISERT.....	78	<i>levalbuterol hcl</i>	82
KENALOG-80.....	62	<i>lactated ringers</i>	53	<i>levalbuterol hcl vial-neb</i>	82
KERENDIA.....	43	<i>lactulose</i>	56	<i>levalbuterol tar hfa 45mcg</i>	
KESIMPTA PEN.....	47	LAGEVRIO (EUA).....	72	<i>inhaler</i>	82
<i>ketoconazole</i>	17	<i>lamivudine</i>	29,30	<i>levetiracetam</i>	11
KETODAN.....	17	<i>lamivudine hbv</i>	29	<i>levetiracetam er</i>	11
<i>ketoprofen</i>	1	<i>lamivudine-zidovudine</i>	30	<i>levobunolol hcl</i>	79
<i>ketorolac tromethamine</i>	1,79	<i>lamotrigine</i>	33	<i>levocarnitine</i>	53
KEVEYIS.....	59	<i>lamotrigine (blue)</i>	33	<i>levocetirizine dihydrochloride</i> ..	81
KEVZARA.....	72	<i>lamotrigine (green)</i>	11	<i>levofloxacin</i>	9,79
KINERET.....	72	<i>lamotrigine (orange)</i>	11	<i>levofloxacin-d5w</i>	9
KINRIX.....	75	<i>lamotrigine er</i>	11	LEVONEST.....	66
KISQALI.....	23	<i>lamotrigine odt</i>	33	<i>levonorg-eth estrad eth estrad</i> ..	67
KISQALI FEMARA CO-		<i>lamotrigine odt (blue)</i>	33	<i>levonorgestrel-eth estradiol</i>	67
PACK.....	21	<i>lamotrigine odt (green)</i>	33	LEVORA-28.....	67
KITABIS PAK.....	82	<i>lamotrigine odt (orange)</i>	33	<i>levorphanol tartrate</i>	2
KLAYESTA.....	17	LANOXIN.....	39	<i>levothyroxine sodium</i>	69
KLISYRI.....	51	<i>lansoprazol-amoxicil-clarithro</i> ..	57	LEVOXYL.....	69
KLOR-CON 10.....	53	<i>lansoprazole</i>	58	LEXIVA.....	31
KLOR-CON 20 MEQ PACKET (SELECT MANUFACTURERS ONLY).....	53	<i>lanthanum carbonate</i>	55	<i>lidocaine</i>	4
		LANTUS.....	37	<i>lidocaine hcl</i>	4
		LANTUS SOLOSTAR.....	37	<i>lidocaine hcl viscous</i>	4
		<i>lapatinib</i>	23	<i>lidocaine-prilocaine</i>	4
KLOR-CON 8.....	53	LARIN.....	66	<i>linezolid</i>	6

<i>linezolid-0.9% nacl</i>	6	LYLEQ	67	MERZEE	67
<i>linezolid-d5w</i>	6	LYNPARZA	23	mesalamine	76
LINZESS	56	LYSODREN	69	mesalamine dr 400 mg capsule	76
<i>liothyronine sodium</i>	69	LYTGOBI	23	mesalamine er	76
<i>lisdexamfetamine dimesylate</i>	45	LYZA	67	MESNEX	25
<i>lisinopril</i>	39			<i>metaxalone</i>	85
<i>lisinopril-hydrochlorothiazide</i>	42	M		<i>metformin er 1000 mg osmotic</i>	
<i>lithium carbonate</i>	33	M-CLEAR WC	84	tablet (generic for fortamet)	34
<i>lithium carbonate er</i>	33	M-M-R II VACCINE	75	<i>metformin er 500 mg osmotic</i>	
<i>lithium citrate</i>	33	magnesium chloride	53	tablet (generic for fortamet)	34
LITHOSTAT	60	magnesium sulfate	53	<i>metformin hcl 1000mg tablet</i>	
LIVALO	43	malathion	52	(immediate-release)	34
LIVMARLI	57	MAR-COF CG	84	<i>metformin hcl 500 mg tablet</i>	
LIVTENCITY	29	maraviroc	31	(immediate-release)	34
LO LOESTRIN FE	67	MARLISSA	67	<i>metformin hcl 850 mg tablet</i>	
LOKELMA	55	MARPLAN	14	(immediate-release)	34
LOMEDIA 24 FE	67	MATULANE	20	<i>metformin hcl er 1000 mg tablet</i>	
LONSURF	21	MATZIM LA	41	(generic for glumetza)	34
<i>loperamide</i>	57	MAVYRET	29	<i>metformin hcl er 500mg (generic</i>	
<i>lopinavir-ritonavir</i>	31	MAXI-TUSS AC	84	<i>for glucophage xr)</i>	34
<i>lorazepam</i>	32	me-naphos-mb-hyo 1	60	<i>metformin hcl er 500mg (generic</i>	
LORBRENA	23	meclizine hcl	16	<i>for glumetza)</i>	34
LORYNA	64	meclofenamate sodium	1	<i>metformin hcl er 750 mg (generic</i>	
<i>losartan potassium</i>	39	MEDROL	62	<i>for glucophage xr)</i>	34
<i>losartan-hydrochlorothiazide</i>	42	medroxyprogesterone acetate	67	<i>methadone hcl</i>	2
<i>loteprednol etabonate</i>	79	mefloquine hcl	26	METHADONE INTENSOL	2
<i>lovastatin</i>	43	megestrol acetate	67	METHADOSE	2
LOW-OGESTREL	67	MEKINIST	23	<i>methamphetamine hcl</i>	45
<i>loxapine</i>	27	MEKTOVI	23	<i>methazolamide</i>	80
<i>lubiprostone</i>	56	MELODETTA 24 FE	67	<i>methenamine hippurate</i>	6
LUCEMYRA	4	meloxicam	1	<i>methimazole</i>	70
LUMAKRAS	23	melphalan 2mg tablet	20	METHITEST	63
LUMIGAN	80	memantine hcl	14	<i>methocarbamol</i>	85
LUPKYNIS	74	memantine hcl er	14	<i>methotrexate</i>	21,74
LUPRON DEPOT	70	MENACTRA	75	<i>methotrexate sodium</i>	74
LUPRON DEPOT		MENEST	64	<i>methoxsalen</i>	51
(LUPANETA)	70	MENQUADFI	75	<i>methscopolamine bromide</i>	57
LUPRON DEPOT-PED	70	MENVEO A-C-Y-W-135-DIP75	75	<i>methsuximide</i>	11
<i>urasidone hcl</i>	28,33	mercaptopurine	20	<i>methylergonovine maleate</i>	29
LUTERA	67	meropenem	9	<i>methylphenidate</i>	45
LYBALVI	28	meropenem-0.9% nacl	9	<i>methylphenidate er</i>	45

methylphenidate er (la)	45	montelukast sodium	81	NATPARA	77
methylphenidate hcl	45, 46	morphine sulfate	3	NAYZILAM	12
methylphenidate hcl cd	45, 46	morphine sulfate er	2	nebivolol hcl	40
methylphenidate hcl er (cd)	45, 46	MOTPOLY XR	13	NECON	67
methylphenidate la	46	MOVANTIK	56	NEEVODHA	56
methylprednisolone	62, 77	MOVIPREP	57	nefazodone hcl	15
methylprednisolone acetate	62	moxifloxacin	9, 79	NEO-POLYCIN	79
methylprednisolone sodium		moxifloxacin 0.5% eye drops	79	NEO-POLYCIN HC	78
succ	62	moxifloxacin hcl	9	NEO-SYNALAR	51
methyltestosterone	63	MULPLETA	37	neomycin sulfate	5
metoclopramide hcl	16, 57	MULTAQ	39	neomycin-bacitracin-poly-hc	78
metolazone	43	multiple electrolytes t1 ph5.5	53	neomycin-bacitracin-METOPIRONE	78
		multiple electrolytes t1 ph7.4	53	polymyxin	78
metoprolol succinate er	40	mupirocin	52	neomycin-polymyxin-dexameth	78
metoprolol tartrate	40	MYALEPT	57	neomycin-polymyxin-metoprolol-hydrochlorothiazide	78
		mycophenolate mofetil	74	gramicidin	78
METRO IV	6	mycophenolic acid	74	neomycin-polymyxin-hc	78, 80
metronidazole	6	MYFORTIC	74	neomycin-polymyxin-hydrocort	80
metyrosine	42	MYORISAN	49	NEORAL	74
mexiletine hcl	39	MYRBETRIQ	60	NERLYNX	23
MIBELAS 24 FE	67	MYTESI	57	NESTABS ONE	56
miconazole 3	17			NEULASTA	37
MICROGESTIN	67	N		NEULASTA ONPRO	37
MICROGESTIN FE	67	nabumetone	1	NEUPRO	26
midodrine hcl	38	nadolol	40	nevirapine	30
mifepristone	35	nafcillin	8	nevirapine er	30
MIGERGOT	18	nafcillin sodium	8	niacin 500 mg tablet (rx version	
miglitol	34	naftifine hcl	17	only)	44
miglustat	59	nalbuphine hcl	3	niacin er	44
MILI	67	naloxone hcl	4	nicardipine hcl	40
minocycline er	10	naltrexone hcl	4	NICOTROL	5
minocycline hcl	10	NAMZARIC	13	NICOTROL NS	5
minocycline hcl er	10	naproxen	1	nifedipine er	40
minoxidil	44	naproxen sodium	1	NIKKI	64
mirtazapine	14	naproxen sodium ds	1	nilutamide	20
misoprostol	58	naproxen-esomeprazole mag	1	nimodipine	40
modafinil	85	naratriptan hcl	19	NINJACOF-XG	84
moexipril hcl	39	NARCAN	5	NINLARO	21
molindone hcl	27	NATACYN	79	nisoldipine	41
mometasone furoate	50, 80	NATAZIA	64	nitazoxanide	26
MONO-LINYAH	67	nateglinide	34	nitisinone	59

NITRO-BID	44	nystatin	18	ONUREG	20
nitrofurantoin	6	nystatin-triamcinolone	51	OPFOLDA	59
nitrofurantoin mono-macro	6	NYSTOP	18	OPSUMIT	83
nitroglycerin	44		OPVEE		5
nitroglycerin 400 mcg lingual		O	OPZELURA		50
spray	44	OB COMPLETE	56	ORACEA	10
nitroglycerin patch	44	OCALIVA	57	ORALAIR	72
NITROMIST	44	OCELLA	64	ORALONE	48
NITYR	59	OCTAGAM	71	ORENCIA	72
nizatidine	58	octreotide acetate	70	ORENCIA CLICKJECT	72
NOCDURNA	63	ODACTRA	72	ORENITRAM ER	83
NORA-BE	67	ODEFSEY	30	ORENITRAM MONTH 1	
NORDITROPIN FLEXPRO	63	ODOMZO	23	TITRATION KT	83
norelgestromin-eth estradiol	67	OFEV	83	ORENITRAM MONTH 2	
noreth-estradiol-fe 1-0.02(24)-75	67	ofloxacin	9,79,80	TITRATION KT	83
noreth-in-eth estra-ferrous fum	67	OGSIVEO	23	ORENITRAM MONTH 3	
norethindron-ethinyl estradiol	67	OJJAARA	23	TITRATION KT	83
norethindrone	67	olanzapine	28,33	ORGOVYX	70
norethindrone ac (lupaneta)	67	olanzapine odt	28	ORIAHNN	70
norethindrone acetate	67	olanzapine-fluoxetine hcl	14	ORILISSA	70
norethindrone-e.estradiol-iron	67	olmesartan medoxomil	39	ORKAMBI	82
norgestimate-ethinyl estradiol	67	olmesartan-amlodipine-hctz	42	ORLADEYO	70
NORLYROC	68	olmesartan-hydrochlorothiazide	42	orphenadrine citrate er	85
NORTREL	68	olopatadine hcl	78,81	ORSERDU	20
nortriptyline hcl	16	OLUMIANT	72	ORSYTHIA	68
NORVIR	31	omega-3 acid ethyl esters	44	oseltamivir phosphate	31
NOURIANZ	26	OMEGAVEN	53	OTEZLA	51
novopen echo	35	omeprazole	58	oxacillin	8
NOXAFIL	18	omnipod 5 g6 intro kit (gen 5)	35	oxacillin sodium	8
NP THYROID	69	omnipod 5 g6 pods (gen 5)	35	oxandrolone	63
NUBEQA	20	omnipod 5 g6-g7 intro kt(gen5)	35	oxaprozin	1
NUCALA	84	omnipod 5 g6-g7 pods (gen 5)	35	oxazepam	32
NUEDEXTA	47	omnipod classic pods (gen 3)	35	OXBRYTA	59
NUPLAZID	28	omnipod dash intro kit (gen 4)	36	oxcarbazepine	13
NURTEC ODT	47	omnipod dash pdm kit (gen 4)	36	OXERVATE	78
NUTROPIN AQ NUSPIN	63	omnipod dash pods (gen 4)	36	oxiconazole nitrate	18
NUVESSA	6	OMNITROPE	63	oxybutynin chloride	60
NUZYRA	10	ondansetron hcl	16	oxybutynin chloride er	60
NYAMYC	18	ondansetron odt	17	oxycodone hcl	3
NYLIA	68	ONEXTON	49	oxycodone hcl er	2
NYMYO	68	ONGENTYS	26	oxycodone-acetaminophen	3

<i>oxymorphone hcl</i>	4	PERIKABIVEN	53	PLIAGLIS	4
<i>oxymorphone hcl er</i>	2	perindopril erbumine	39	PNV-DHA	56
OZEMPIC	34	PERIOGARD	48	PNV-OMEGA	56
		permethrin	52	podofilox	51
P		perphenazine	16	POLYCIN	79
PACERONE	39	perphenazine-amitriptyline	14	polymyxin b sul-trimethoprim	78
paliperidone er	28	PERSERIS	28	POMALYST	20
palonosetron hcl	17	PEXEVA	15	PORTIA	68
PALYNZIQ	59	PFIZERPEN	8	posaconazole	18
PANRETIN	25	PHENADOZ	16	potassium chloride	54
pantoprazole sodium	58	phenazopyridine hcl	60	potassium chloride in d5lr	53
PANZYGA	71	phenelzine sulfate	14	potassium chloride-dextrose	
paricalcitol	77	phenobarbital	12 5%		53
paromomycin sulfate	5	phenoxybenzamine hcl	39	potassium citrate er	54
paroxetine cr	15,32	phentermine hcl	47	potassium cl 20 meq packet	
paroxetine er	15,32	phenytoin	13	(select manufacturers only)	54
paroxetine hcl	15,32	phenytoin sodium extended	13	PRADAXA	37
PAXLOVID	72	PHESGO	23	pramipexole dihydrochloride	26
pazopanib hcl	23	PHILITH	68	pramipexole er	26
PEDIARIX	75	phytonadione	56	PRAMOSONE	50,51
PEDVAXHIB	75	PICATO	51	prasugrel hcl	38
peg 3350 electrolyte soln (4000 ml package)	PIFELTRO	30	pravastatin sodium	43	
peg-3350 and electrolytes soln (4000 ml package)	57	pilocarpine hcl	48,80	praziquantel	25
peg3350-sod sul-nacl-kcl-asb-c.	58	pimecrolimus	50	prazosin hcl	39
pen needle	57	pimozone	27	PRED-G	78
PENBRAYA	75	PIMTREA	68	prednicarbate	50
PEGASYS	73	pindolol	40	prednisolone	62
PEMAZYRE	23	pioglitazone hcl	34	prednisolone acetate	79
pen needle	36	pioglitazone-glimepiride	35	prednisolone sodium phos odt	62
penicillamine	55	pioglitazone-metformin	35	prednisolone sodium	
penicillin g procaine	8	piperacillin-tazobactam	8	phosphate	62,77,79
penicillin g sodium	8	PIQRAY	23	prednisone	62,77
penicillin gk-iso-osm dextrose	8	pirfenidone	83	PREDNISONE INTENSOL	62
penicillin v potassium	8	PIRMELLA	68	PREFEST	65
PENTACEL	75	pitavastatin calcium	43	PREGNYL	63
PENTACEL ACTHIB		PLASMA-LYTE 148	53	PREHEVBRIOD	75
COMPONENT	75	PLASMA-LYTE A PH 7.4	54	PREMARIN	64
pentamidine isethionate	26	PLEGRIDY	47	PREMASOL	54
pentazocine-naloxone hcl	4	PLEGRIDY PEN	47	PREMPHASE	64
pentoxifylline	42	PLENVU	58	PREMPRO	64

PRENATAL VITAMIN ORAL	PROMACTA	37,38	ramipril	39	
TABLET	56	<i>promethazine hcl</i>	16	<i>ranolazine er</i>	42
<i>prenatal-u</i>	56	<i>promethazine-codeine</i>	84	RAPAMUNE	74
PRENATE AM	56	PROMETHEGAN	16	<i>rasagiline mesylate</i>	27
PRENATE CHEWABLE	56	<i>propafenone hcl</i>	39	RAVICTI	59
PRENATE DHA	56	<i>propafenone hcl er</i>	40	RAYOS	62
PRENATE ESSENTIAL	56	<i>propranolol hcl</i>	40	REBIF	47
PREVALITE	44	<i>propranolol hcl er</i>	40	REBIF REBIDOSE	47
PREVIDENT	48	<i>propylthiouracil</i>	70	RECARBRIOT	9
PREVIDENT 5000 1.1% DRY		PROQUAD	75	RECLIPSEN	68
MOUTH	48	PROSOL	54	RECOMBIVAX HB	76
PREVIDENT 5000 ENAMEL		<i>protamine sulfate</i>	38	RECORLEV	69
PROTECT	48	<i>protriptyline hcl</i>	16	RECTIV	45
PREVIDENT 5000 ORTHO		PRUDOXIN	50	REGRANEX	51
DEFENSE	48	PULMOZYME	82	RELENZA	31
PREVIDENT 5000		PURIXAN	20	RELEXXII	46
SENSITIVE	48	PYLERA	58	RELISTOR	56,57
PREVYMIS	29	<i>pyrazinamide</i>	19	RELTONE	58
PREZCOBIX	31	<i>pyridostigmine bromide</i>	19	RELYVRIOT	47
PREZISTA	31	<i>pyridostigmine bromide er</i>	19	RENACIDIN	54
PRIFTIN	19	<i>pyrimethamine</i>	26	<i>repaglinide</i>	35
<i>primaquine</i>	26	PYRUKYND	38	REPATHA PUSHTRONEX	44
<i>primidone</i>	12			REPATHA SURECLICK	44
PRIMSOL	6	Q		REPATHA SYRINGE	44
PRIORIX	75	QINLOCK	23	RETACRIT	38
PRIVIGEN	71	QUADRACEL DTAP-IPV	76	RETEVMO	23
<i>probencid</i>	18	<i>quetiapine fumarate</i>	28	REVCVI	59
<i>probencid-colchicine</i>	18	<i>quetiapine fumarate er</i>	14,33	REVLIMID	20
<i>prochlorperazine</i>	16	<i>quinapril hcl</i>	39	REXULTI	28
<i>prochlorperazine maleate</i>	16	<i>quinapril-hydrochlorothiazide</i>	42	REYATAZ	31
PROCRT	37	<i>quinidine gluconate</i>	40	REZLIDHIA	24
PROCTO-MED HC	77	<i>quinidine sulfate</i>	40	REZUROCK	24
PROCTO-PAK	77	<i>quinine sulfate</i>	26	RHOPRESSA	80
PROCTOFOAM-HC	77	QVAR REDIHALER	80	<i>ribavirin</i>	29
PROCTOSOL-HC	77			RIDAURA	72
PROCTOZONE-HC	77	R		<i>rifabutin</i>	19
PROCYSB	59	RABAVERT	76	<i>rifampin</i>	19
<i>progesterone</i>	68	<i>rabeprazole sodium</i>	58	<i>riluzole</i>	47
PROGRAF	74	RADICAVA ORS	47	<i>rimantadine hcl</i>	31
PROLASTIN C	59	<i>raloxifene hcl</i>	69	<i>ringers injection</i>	54
PROLIA	77	<i>ramelteon</i>	85	<i>ringers irrigation</i>	54

RINVOQ	72	selegiline hcl	27	sodium chloride	54
risedronate sodium	77	selenium sulfide	50	sodium chloride-water	54
risedronate sodium dr	77	SELZENTRY	31	sodium fluoride	48
RISPERDAL CONSTA	28	SERNIVO	50	SODIUM FLUORIDE 5000	
risperidone	28,33	SEROSTIM	58,63	DRY MOUTH	48
risperidone er	28	sertraline hcl	15	SODIUM FLUORIDE 5000	
risperidone odt	28,33	SETLAKIN	68	PLUS	48
ritonavir	31	sevelamer 0.8 gm powder packet	sodium fluoride enamel protect	48	
rivastigmine	14	(generic for renvela)	55	sodium fluoride oral tablet	54
RIVELSA	68	sevelamer 2.4 gm powder packet	sodium fluoride sensitive	48	
rizatriptan	19	(generic for renvela)	55	sodium oxybate	85
ROCKLATAN	78	sevelamer carbonate 800 mg tab	sodium phenylbutyrate	59	
roflumilast	82	(generic for renvela)	55	sodium polystyrene sulfonate	55
ropinirole er	26	sevelamer hcl 400 mg tab (generic	sodium sulfacetamide	9,49	
ropinirole hcl	26	for renagel)	55	sodium sulfacetamide-sulfur	49
ROSADAN	6	sevelamer hcl 800 mg tab (generic	solifenacin succinate	60	
rosuvastatin calcium	43	for renagel)	55	SOLIQUA 100-33	35
rosuvastatin-ezetimibe	44	SF 1.1% GEL	48	SOLOSEC	6
ROTARIX	76	SF 5000 PLUS	48	SOLTAMOX	20
ROTATEQ	76	SHAROBEL	68	SOLU-CORTEF	62
ROZLYTREK	24	SHINGRIX	76	SOLU-MEDROL	62
RUBRACA	24	SIGNIFOR	70	SOMATULINE DEPOT	70
RUCONEST	70	sildenafil 20mg tablet (generic for	SOMAVERT	70	
rufinamide	13	revatio)	83	sorafenib	24
RUKOBIA	31	sildenafil citrate	60	SORINE	40
RYALTRIS	81	SILIQ	72	sotalol	40
RYBELSUS	35	silodosin	60	SOTALOL AF	40
RYDAPT	24	silver sulfadiazine	51	SOTYLIZE	40
		SIMBRINZA	80	spironolactone	43
S		SIMPONI	74	spironolactone-hctz	42
SAIZEN	63	simvastatin	44	SPRINTEC	68
SAIZEN-SAIZENPREP	63	sirolimus	74	SPRITAM	11
SAJAZIR	70	SIRTURO	19	SPRYCEL	24
SANCUSO	17	SIVEXTRO	6	SPS	55
SANDIMMUNE	74	SKYCLARYS	59	SRONYX	68
SANTYL	51	SKYRIZI	72	SSD	52
sapropterin dihydrochloride	59	SKYRIZI ON-BODY	72	STAMARIL	76
SAVELLA	47	SKYRIZI PEN	72	STELARA	72
SCEMBLIX	24	SLYND	68	STENDRA	60
scopolamine	16	SMOFLIPID	54	sterile water for irrigation	52
SECUADO	28	sod sulf-potass sulf-mag sulf	58	STIVARGA	24

streptomycin sulfate.....	5	SYNTHROID.....	69	TAYTULLA.....	68
STRIBILD.....	30			tazarotene.....	49
STRIVERDI RESPIMAT.....	82	T		TAZORAC.....	49
SUBSYS.....	4	TABLOID.....	20	TAZTIA XT.....	41
SUBVENITE.....	33	TABRECTA.....	24	TAZVERIK.....	24
SUBVENITE (BLUE).....	33	tacrolimus.....	50,74	tdvax.....	76
SUBVENITE (GREEN).....	11	tadalafil 10 mg tablet (generic for		TEFLARO.....	8
SUBVENITE (ORANGE).....	11	cialis).....	61	TEGLUTIK.....	47
SUCRAID.....	59	tadalafil 2.5 mg tablet (generic		TEGRETOL.....	13
sucralfate.....	58	for cialis).....	60	TEGRETOL XR.....	13
sulfacetamide sodium.....	9,79	tadalafil 20 mg tablet (generic for		TEGSEDI.....	59
sulfacetamide-prednisolone	78	cialis).....	61	telmisartan.....	39
sulfadiazine.....	10	tadalafil 20mg tablet (generic for		telmisartan-amldipine.....	42
sulfamethoxazole-trimethoprim 10 adcirca).....			83	telmisartan-hydrochlorothiazid	42
SULFAMYLYON.....	52	tadalafil 5 mg tablet (generic for		temazepam.....	85
sulfasalazine.....	76	cialis).....	60	TENIVAC.....	76
sulfasalazine dr.....	76	TADLIQ.....	83	tenofovir disoproxil fumarate..	29
SULFATRIM.....	10	TAFINLAR.....	24	TEPMETKO.....	24
sulindac.....	1	TAGRISSO.....	24	terazosin hcl.....	39,60
sumatriptan.....	19	TAKHZYRO.....	70	terbinafine hcl.....	18
sumatriptan succ-naproxen sod.	19	TALTZ AUTOINJECTOR	72	terbutaline sulfate.....	82
sumatriptan succinate.....	19	TALTZ AUTOINJECTOR (2		terconazole.....	18
sunitinib malate.....	24	PACK).....	72	teriflunomide.....	48
SUNLENCA.....	31	TALTZ AUTOINJECTOR (3		teriparatide.....	77
SUNOSI.....	85	PACK).....	72	testosterone.....	63
SUPREP.....	58	TALTZ SYRINGE.....	72	testosterone cypionate.....	63
SUTAB.....	58	TALZENNA.....	24	testosterone enanthate.....	63
SYEDA.....	64	tamoxifen citrate.....	20	tetrabenazine.....	47
SYMDEKO.....	82	tamsulosin hcl.....	60	tetracycline hcl.....	10
SYMJEPI.....	82	TAPERDEX.....	77	THALOMID.....	20
SYMLINPEN 120.....	35	TARINA 24 FE.....	68	THEO-24.....	82
SYMLINPEN 60.....	35	TARINA FE.....	68	theophylline anhydrous.....	82
SYMPAZAN.....	12	TARINA FE 1-20 EQ.....	68	theophylline er.....	82
SYMPROIC.....	57	TARON-C DHA.....	56	THIOLA EC.....	61
SYMTUZA.....	31	TARPEYO.....	62	thioridazine hcl.....	27
SYNAREL.....	70	TASIGNA.....	24	thiothixene.....	27
SYNDROS.....	17	tasimelteon.....	85	TIADYLT ER.....	41
SYNERA.....	4	tavaborole.....	18	tiagabine hcl.....	12
SYNJARDY.....	35	TAVALISSE.....	38	TIBSOVO.....	24
SYNJARDY XR.....	35	TAVNEOS.....	72	TICOVAC.....	76
SYNRIBO.....	21	TAYSOFY.....	68	tigecycline.....	6

TIGLUTIK	47	trandolapril	39	TRIPTODUR	70
TILIA FE	68	trandolapril-verapamil er	42	TRITOCIN	51
<i>timolol eye drops (generic for timoptic)</i>	79	tranexamic acid	38	TRIUMEQ	30
<i>timolol gel solution (generic for timoptic-xe eye gel)</i>	79	tranylcypromine sulfate	14	TRIUMEQ PD	30
<i>timolol maleate</i>	18	TRAVASOL	54	TRIVORA-28	68
<i>timolol maleate</i>	18	travoprost	80	TRIZIVIR	30
<i>timolol maleate</i>	18	trazodone hcl	15	TROGARZO	31
<i>timidazole</i>	6	TRECATOR	19	trospium chloride	60
<i>tiopronin</i>	61	TRELEGY ELLIPTA	84	trospium chloride er	60
<i>tiotropium bromide</i>	81	TRELSTAR	70	TRULICITY	35
TIS-U-SOL PENTALYTE	52	TREMFYA	72	TRUMENBA	76
TIVICAY	30	tretinoin	25,49	TRUQAP	24
TIVICAY PD	30	TRI-ESTARYLLA	68	TRUSELTIQ	24
<i>tizanidine hcl</i>	29	TRI-LEGEST FE	68	TUKYSA	24
TOBI PODHALER	82	TRI-LINYAH	68	TURALIO	24
TOBRADEX	78	TRI-LO-ESTARYLLA	68	TURQOZ	68
TOBRADEX ST	78	TRI-LO-MARZIA	68	TWINRIX	76
<i>tobramycin</i>	79,82	TRI-LO-SPRINTEC	68	TYBOST	31
<i>tobramycin sulfate</i>	5	TRI-MILI	68	TYDEMY	69
<i>tobramycin-dexamethasone</i>	78	TRI-NYMYO	68	TYPHIM VI	76
TOBREX	79	TRI-PREVIFEM	68	TYVASO	83
<i>tolbutamide</i>	35	TRI-SPRINTEC	68	TYVASO INSTITUTIONAL	
<i>tolcapone</i>	26	TRI-VYLIBRA	68	START KIT	83
<i>tolterodine tartrate</i>	60	TRI-VYLIBRA LO	68	TYVASO REFILL KIT	83
<i>tolterodine tartrate er</i>	60	<i>triamcinolone 0.147 mg/g topical</i>		TYVASO STARTER KIT	83
<i>tolvaptan</i>	55	spray	51		
<i>topiramate</i>	19	<i>triamcinolone acetonide</i>	48,51,62	U	
<i>topiramate er</i>	11	triamterene	43	UBRELVY	47
<i>topiramate er 200 mg capsule (generic qudexy xr)</i>	11	triamterene-hydrochlorothiazid	42	UDENYCA	38
<i>topiramate er 200 mg capsule (generic trokendi xr)</i>	19	TRIANEX	51	UDENYCA	
<i>topiramate er 200 mg capsule (generic trokendi xr)</i>	19	TRIDERM	51	AUTOINJECTOR	38
<i>toremifene citrate</i>	20	trientine hcl	55	UDENYCA ONBODY	38
<i>torsemide</i>	43	trifluoperazine hcl	27	UKONIQ	24
<i>torsemide</i>	43	trifluridine	32	UNITHROID	69
TOUJEO MAX SOLOSTAR	37	trihexyphenidyl hcl	26	UPTRAVI	83
TOUJEO SOLOSTAR	37	TRIJARDY XR	35	URETRON D-S	61
TRACLEER	83	TRIKAFTA	82	URIBEL	61
TRADJENTA	35	trimethobenzamide hcl	16	URIBEL TABS	61
<i>tramadol hcl</i>	4	trimethoprim	6	URO-MP	61
<i>tramadol hcl er</i>	2	trimipramine maleate	16	URO-SP	61
<i>tramadol hcl-acetaminophen</i>	4	TRINTELLIX	15	ursodiol	58

USTELL	61	verapamil er	40, 41	WELIREG	25
UZEDY	28	verapamil er pm	41	WERA	69
		verapamil hcl	40	wixela 100-50 inhub (generic for	
		verapamil sr	41	advair)	84
V					
v-go 20 disposable device	36	VERKAZIA	78	wixela 250-50 inhub (generic for	
v-go 30 disposable device	36	VERQUVO	42	advair)	84
v-go 40 disposable device	36	VERSACLOZ	29	wixela 500-50 inhub(generic for	
VABOMERE	9	VERZENIO	25	advair)	84
valacyclovir	32	VESTURA	64	WYMZYA FE	69
VALCHLOR	20	VIBERZI	57		
valganciclovir hcl	29	VIBRAMYCIN	10	X	
valproic acid	11	VICTOZA 2-PAK	35	XADAGO	27
valsartan	39	VICTOZA 3-PAK	35	XALKORI	25
valsartan-hydrochlorothiazide	42	VIENVA	69	XARELTO	37
VALTOCO	12	vigabatrin	12	XATMEP	75
vancomycin	6	VIGADRONE	12	XCOPRI	11
vancomycin hcl	6	VIGPODER	12	XELJANZ	72
vancomycin hcl-d5w	6	VIJOICE	25	XELJANZ XR	72
vancomycin in 0.9 % sodium		vilazodone hcl	15	XEMBIFY	71
chloride	6	VIORELE	69	XENLETA	6
VANFLYTA	24	VIRACEPT	31	XERESE	52
VAQTA	76	VIREAD	30	XERMELO	57
vardenafil hcl (generic for		VIRT-C DHA	56	XGEVA	77
levitra)	61	VIRT-PN DHA	56	XHANCE	80
vardenafil hcl odt (generic for		VIRTUSSIN AC	84	XIFAXAN	58
staxyn)	61	vitamin d2	56	XOFLUZA	31
varenicline starting month box	5	VITRAKVI	25	XOLAIR	72
varenicline tartrate	5	VIVITROL	4	XOSPATA	25
VARIVAX VACCINE	76	VIVJOA	18	XPOVIO	21
VARUBI	17	VIZIMPRO	25	XTANDI	20
VASCEPA	44	VONJO	25	XULANE	69
VECAMYL	42	voriconazole	18	XULTOPHY 100-3.6	35
VELIVET	69	VRAYLAR	28	XYREM	85
VELPHORO	55	VYFEMLA	69	XYWAV	85
VELTASSA	55	VYLIBRA	69		
VEMLIDY	29	VYNDAMAX	59	Y	
VENCLEXTA	24	VYNDAQEL	59	YF-VAX	76
VENCLEXTA STARTING				YONSA	20
PACK	25	W		YUPELRI	81
venlafaxine hcl	15	WAKIX	85	YUVAFEM	64
venlafaxine hcl er	15, 32	warfarin sodium	37		

Z

ZAFEMY.....	69
<i>zafirlukast</i>	81
<i>zaleplon</i>	85
ZARAH.....	64
ZARXIO.....	38
ZATEAN-PN DHA.....	56
ZATEAN-PN PLUS.....	56
ZEJULA.....	25
ZELAPAR.....	27
ZELBORAF.....	25
ZEMAIRA.....	59
ZENATANE.....	49
ZENPEP.....	59
ZERBAXA.....	8
<i>zidovudine</i>	30
<i>zileuton er</i>	81
ZIMHI.....	5
<i>ziprasidone hcl</i>	28
<i>ziprasidone mesylate</i>	28
ZIRGAN.....	79
ZOKINVY.....	59
ZOLINZA.....	21
<i>zolmitriptan</i>	19
<i>zolmitriptan odt</i>	19
<i>zolpidem tartrate</i>	85
<i>zolpidem tartrate er</i>	85
ZOMACTON.....	63
ZONISADE.....	13
<i>zonisamide</i>	13
ZONTIVITY.....	37
ZORBTIVE.....	63
ZOVIA 1-35.....	64
ZTALMY.....	11
ZTLIDO.....	4
ZURZUVAE.....	14
ZYDELIG.....	25
ZYFLO.....	81
ZYKADIA.....	25
ZYLET.....	78

Discrimination is Against the Law

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Our Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-662-1220). Monday - Friday, 8 a.m. - 8 p.m. From October 1 - March 31, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone Number: 1-800-614-6575 (TTY: 1-800-662-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-883-9577 (TTY: 1-800-662-1220). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-883-9577 (TTY: 1-800-662-1220). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如您需要此翻译服务，请致电 1-877-883-9577 (TTY: 1-800-662-1220)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-883-9577 (TTY: 1-800-662-1220)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-883-9577 (TTY: 1-800-662-1220). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-883-9577 (TTY: 1-800-662-1220). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-883-9577 (TTY: 1-800-662-1220) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-883-9577 (TTY: 1-800-662-1220). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-883-9577 (TTY: 1-800-662-1220)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-883-9577 (TTY: 1-800-662-1220). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-883-9577 (TTY: 1-800-662-1220). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-883-9577 (TTY: 1-800-662-1220) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-883-9577 (TTY: 1-800-662-1220). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-883-9577 (TTY: 1-800-662-1220). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-883-9577 (TTY: 1-800-662-1220). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-883-9577 (TTY: 1-800-662-1220). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-883-9577 (TTY: 1-800-662-1220)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



165 Court Street
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Important Excellus BlueCross BlueShield Information

This formulary was updated on [REDACTED]. For more recent information or other questions, please contact Excellus BlueCross BlueShield at 1-877-883-9577, (TTY users should call 711) Monday – Friday, 8:00 a.m. – 8:00 p.m.; From October 1 to March 31, representatives are available to assist you seven days a week from 8:00 a.m. – 8:00 p.m., or visit ExcellusMedicare.com/Formulary.