

Comprehensive Formulary

(List of Covered Drugs)

2022



Wellcare Value Script (PDP)

Plan in all states.



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

HPMS Approved Formulary File Submission ID 22388, Version Number 06

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact Wellcare Member Services at **1-888-550-5252** (TTY users should call, **711**), between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit www.wellcare.com/PDP.

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Wellcare. When it refers to “plan” or “our plan,” it means Wellcare Value Script (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the inside 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, 2022, and from time to time during the year.

What is the Wellcare Value Script (PDP) 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 Wellcare Value Script (PDP)’s 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 generic drug that is not new to market 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, 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 Wellcare Value Script (PDP)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 10/01/2021. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the inside front and back cover pages.

The formulary will be updated monthly and posted on our website. To get an updated printed formulary or to get information about the drugs covered by our plan, please visit our website or call Member Services at our contact information on the inside front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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.” 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 INDEX-1. 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 18 tablets per prescription for rizatriptan 5mg. 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 inside 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 Wellcare Value Script (PDP) 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 Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask 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 Wellcare Value Script (PDP)'s 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, unless the drug is on the specialty tier. 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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.

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 31-day supply (unless you have a prescription written for fewer days).

For more information

For more detailed information about your plan 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 inside front and back cover pages.

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

Our plan's Formulary

The formulary below 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 INDEX-1.

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

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

- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Requirements/ Limits column of your formulary. You may be able to receive more than one month's supply of most of the drugs on your formulary via mail service at a reduced cost share. Please see Chapter 3 of your Evidence of Coverage for more information.
- **SSM** stands for Senior Savings Model: If you are not receiving Extra Help to pay for your prescriptions, the amount you pay when you fill a prescription for select insulins will be a reduced, fixed amount during the deductible, initial coverage, and coverage gap phases of the Part D benefit. Please refer to your Evidence of Coverage for more information about this coverage.
- **PA** stands for Prior Authorization: Please see page III for details.
- **PA-NS** stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits: Please see page III for details.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Service **1-888-550-5252** (TTY users should call, **711**), between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **www.wellcare.com/PDP**.
- **ST** stands for Step Therapy: Please see page III for details.
- ^ = Drug may be available for up to a 30-day supply only.

Drug tier co-payment/coinsurance amounts

Prescription drugs are grouped into one of five tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your Evidence of Coverage and other plan materials.

- **Tier 1 (Preferred Generic Drugs)** includes preferred generic drugs and may include some brand drugs.
 - **Preferred** copayment: \$0
 - **Standard** copayment: \$8
- **Tier 2 (Generic Drugs)** includes generic drugs and may include some brand drugs.
 - **Preferred** copayment: \$4
 - **Standard** copayment: \$15
- **Tier 3 (Preferred Brand Drugs)** includes preferred brand drugs and may include some generic drugs.
 - **Preferred** copayment: \$42
 - **Standard** copayment: \$47
 - **Preferred** select insulins copayment: \$35
 - **Standard** select insulins copayment: \$35
- **Tier 4 (Non-Preferred Drugs)** includes non-preferred brand and non-preferred generic drugs.
 - **Preferred** coinsurance: 47%
 - **Standard** coinsurance: 50%
- **Tier 5 (Specialty Tier)** includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.
 - **Preferred** coinsurance: 25%
 - **Standard** coinsurance: 25%

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and amounts.

Table of Contents

ANALGESICS.....	3
ANESTHETICS.....	5
ANTI-INFECTIVES.....	5
ANTINEOPLASTIC AGENTS.....	17
CARDIOVASCULAR.....	25
CENTRAL NERVOUS SYSTEM.....	33
ENDOCRINE AND METABOLIC.....	48
GASTROINTESTINAL.....	63
GENITOURINARY.....	66
HEMATOLOGIC.....	67
IMMUNOLOGIC AGENTS.....	69
NUTRITIONAL/SUPPLEMENTS.....	74
OPHTHALMIC.....	77
OTIC.....	80
RESPIRATORY.....	80
TOPICAL.....	84

Drug Name	Drug Tier Requirements / Limits	
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ANALGESICS
GOUT

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	4	QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	PA
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	3	

NSAIDS

<i>celecoxib oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>celecoxib oral capsule 200 mg</i>	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	3	QL (30 EA per 30 days)
<i>celecoxib oral capsule 50 mg</i>	3	QL (240 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	3	
DUEXIS ORAL TABLET 800-26.6 MG	5^	PA
<i>ec-naproxen oral tablet delayed release 375 mg</i>	2	QL (120 EA per 30 days)
<i>ec-naproxen oral tablet delayed release 500 mg</i>	4	QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	3	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	

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

10/01/2021

Drug Name	Drug Tier	Requirements / Limits
naproxen oral tablet delayed release 375 mg	2	QL (120 EA per 30 days)
naproxen oral tablet delayed release 500 mg	4	QL (90 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	3	
oxaprozin oral tablet 600 mg	4	
piroxicam oral capsule 10 mg, 20 mg	3	
sulindac oral tablet 150 mg, 200 mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
methadone hcl intensol oral concentrate 10 mg/ml	3	PA; QL (90 ML per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	3	PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	3	PA; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	3	PA; QL (90 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine #3 oral tablet 300-30 mg	3	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	3	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	3	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	QL (180 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	4	
endocet oral tablet 10-325 mg	3	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5^	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	3	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	3	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	4	QL (600 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	3	QL (180 EA per 30 days)

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

10/01/2021

Drug Name	Drug Tier	Requirements / Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	4	B/D
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INTRAVENOUS 10 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INTRAVENOUS 4 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INTRAVENOUS 8 MG/ML	4	B/D
<i>morphine sulfate intravenous solution 1 mg/ml</i>	4	B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	4	
<i>oxycodone hcl oral capsule 5 mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	3	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	3	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	3	QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	3	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	3	B/D
ANTI-INFECTIVES		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5^	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	
<i>fluconazole oral tablet 150 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5^	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>ketoconazole oral tablet 200 mg</i>	3	PA
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	5^	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5^	PA; QL (630 ML per 30 days)
<i>nystatin oral tablet 500000 unit</i>	3	
<i>posaconazole oral tablet delayed release 100 mg</i>	5^	PA; QL (93 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (90 EA per 365 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5^	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5^	PA
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (480 EA per 30 days)
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole oral tablet 200 mg</i>	5^	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5^	PA; LA
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	4
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	3
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4
<i>dapsone oral tablet 100 mg, 25 mg</i>	3
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5^
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS 350 MG	5^
EMVERM ORAL TABLET CHEWABLE 100 MG	5^ QL (12 EA per 365 days)
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	3
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4
<i>ivermectin oral tablet 3 mg</i>	3
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	4
<i>linezolid intravenous solution 600 mg/300ml</i>	4
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5^ QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	4 QL (60 EA per 30 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4
<i>methenamine hippurate oral tablet 1 gm</i>	4
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	3
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1
<i>neomycin sulfate oral tablet 500 mg</i>	2
<i>nitazoxanide oral tablet 500 mg</i>	5^ QL (6 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	3

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits		
<i>paromomycin sulfate oral capsule 250 mg</i>	4		
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	B/D	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4		
<i>praziquantel oral tablet 600 mg</i>	4		
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^		
SIVEXTRO ORAL TABLET 200 MG	5^		
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4		
SULFADIAZINE ORAL TABLET 500 MG	4		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	4		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3		
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1		
SYNCERID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5^		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5^	PA	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	3		
<i>trimethoprim oral tablet 100 mg</i>	2		
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	4		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	4		
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (80 EA per 180 days)	
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (160 EA per 180 days)	
ANTIMALARIALS			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	4		
COARTEM ORAL TABLET 20-120 MG	4		
<i>mefloquine hcl oral tablet 250 mg</i>	3		

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	3
<i>primaquine phosphate oral tablet 26.3 mg</i>	3
<i>quinine sulfate oral capsule 324 mg</i>	4 PA
ANTIRETROVIRAL AGENTS	
<i>abacavir sulfate oral solution 20 mg/ml</i>	4
<i>abacavir sulfate oral tablet 300 mg</i>	3
APTIVUS ORAL CAPSULE 250 MG	5^
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	4
EDURANT ORAL TABLET 25 MG	5^
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4
<i>efavirenz oral tablet 600 mg</i>	4
<i>emtricitabine oral capsule 200 mg</i>	3
EMTRIVA ORAL SOLUTION 10 MG/ML	4
<i>etravirine oral tablet 100 mg, 200 mg</i>	5^
<i>fosamprenavir calcium oral tablet 700 mg</i>	5^
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5^
INTELENCE ORAL TABLET 100 MG, 200 MG	5^
INTELENCE ORAL TABLET 25 MG	4
INVIRASE ORAL TABLET 500 MG	5^
ISENTRESS HD ORAL TABLET 600 MG	5^
ISENTRESS ORAL PACKET 100 MG	3
ISENTRESS ORAL TABLET 400 MG	5^
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5^
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3
<i>lamivudine oral solution 10 mg/ml</i>	3
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3
LEXIVA ORAL SUSPENSION 50 MG/ML	4
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	4
<i>nevirapine oral suspension 50 mg/5ml</i>	4
<i>nevirapine oral tablet 200 mg</i>	2
NORVIR ORAL PACKET 100 MG	4
NORVIR ORAL SOLUTION 80 MG/ML	4
PIFELTRO ORAL TABLET 100 MG	5^

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

10/01/2021

Drug Name		Drug Tier Requirements / Limits
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5^	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5^	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5^	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5^	
<i>ritonavir oral tablet 100 mg</i>	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5^	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5^	
SELZENTRY ORAL TABLET 25 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	3	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5^	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5^	LA
TYBOST ORAL TABLET 150 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/GM	5^	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5^	
<i>zidovudine oral capsule 100 mg</i>	4	
<i>zidovudine oral syrup 50 mg/5ml</i>	4	
<i>zidovudine oral tablet 300 mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	3	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5^	
BIKTARVY ORAL TABLET 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
COMPLERA ORAL TABLET 200-25-300 MG	5^	
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 200-25 MG	5^	
DOVATO ORAL TABLET 50-300 MG	5^	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5^	

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5^	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5^	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5^	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
JULUCA ORAL TABLET 50-25 MG	5^	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5^	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5^	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
PREZCOBIX ORAL TABLET 800-150 MG	5^	
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5^	
TEMIXYS ORAL TABLET 300-300 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
ANTITUBERCULAR AGENTS		
<i>cycloserine oral capsule 250 mg</i>	5^	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	3	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5^	PA; LA
TRECATOR ORAL TABLET 250 MG	4	
ANTIVIRALS		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits		
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2		
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D	
<i>adefovir dipivoxil oral tablet 10 mg</i>	5^		
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5^	PA	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3		
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	4	B/D	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5^	PA	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5^	PA	
<i>lamivudine oral tablet 100 mg</i>	4		
MAVYRET ORAL TABLET 100-40 MG	5^	PA	
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)	
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (84 EA per 365 days)	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5^	PA	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5^	PA; QL (28 EA per 28 days)	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (120 EA per 365 days)	
<i>ribavirin oral capsule 200 mg</i>	3		
<i>ribavirin oral tablet 200 mg</i>	4		
<i>rimantadine hcl oral tablet 100 mg</i>	4		
SOVALDI ORAL TABLET 400 MG	5^	PA	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	3		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5^		
<i>valganciclovir hcl oral tablet 450 mg</i>	3		
VEMLIDY ORAL TABLET 25 MG	5^	PA	
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA	
CEPHALOSPORINS			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	4		

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
cefaclor oral capsule 250 mg, 500 mg	3
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	4
cefadroxil oral capsule 500 mg	2
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	3
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	3
cefazolin sodium intravenous solution reconstituted 1 gm	3
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	4
cefdinir oral capsule 300 mg	2
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3
cefepime hcl injection solution reconstituted 1 gm, 2 gm	4
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4
cefoxitin sodium injection solution reconstituted 10 gm	4
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	4
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4
cefpodoxime proxetil oral tablet 100 mg, 200 mg	3
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3
cefprozil oral tablet 250 mg, 500 mg	3
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	4
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4
cefuroxime axetil oral tablet 250 mg, 500 mg	3
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	3

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3
<i>tazicef injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm</i>	4
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5^
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3
<i>azithromycin oral packet 1 gm</i>	3
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	3
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5^
DIFICID ORAL TABLET 200 MG	5^
<i>ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5^
<i>erythrocin stearate oral tablet 250 mg</i>	4
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4
FLUOROQUINOLONES	
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	4
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	3
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	3
levofloxacin intravenous solution 25 mg/ml	4
levofloxacin oral solution 25 mg/ml	4
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1
moxifloxacin hcl oral tablet 400 mg	4
PENICILLINS	
amoxicillin oral capsule 250 mg, 500 mg	1
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1
amoxicillin oral tablet 500 mg, 875 mg	1
amoxicillin oral tablet chewable 125 mg, 250 mg	2
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	4
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4
amoxicillin-pot clavulanate oral tablet 250-125 mg	3
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	4
ampicillin oral capsule 500 mg	2
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	4
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	3
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5^
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	4
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	4
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	4
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1
<i>pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit</i>	4
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4
TETRACYCLINES	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg</i>	4 PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	3
<i>monodoxine nl oral capsule 100 mg</i>	2
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4 PA
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
<i>tigecycline solution reconstituted 50 mg intravenous 50 mg</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5^	B/D
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	3	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	3	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5^	B/D
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	5^	B/D
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	4	B/D
LEUKERAN ORAL TABLET 2 MG	4	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	4	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	5^	B/D
<i>paraplatin intravenous solution 1000 mg/100ml</i>	3	B/D
ANTIBIOTICS		
<i>adriamycin intravenous solution 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	5^	B/D
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	4	B/D
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5^	B/D
<i>azacitidine injection suspension reconstituted 100 mg</i>	5^	B/D
<i>cytarabine injection solution 20 mg/ml</i>	3	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	3	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	4	B/D
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	4	B/D

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
INQOVI ORAL TABLET 35-100 MG	5^	PA-NS; LA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS
<i>mercaptopurine oral tablet 50 mg</i>	3	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	3	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	3	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	3	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	5^	PA-NS; LA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5^	
TABLOID ORAL TABLET 40 MG	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5^	PA-NS
<i>anastrozole oral tablet 1 mg</i>	2	
<i>bicalutamide oral tablet 50 mg</i>	2	
EMCYT ORAL CAPSULE 140 MG	5^	
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA
<i>exemestane oral tablet 25 mg</i>	4	
<i>flutamide oral capsule 125 mg</i>	3	
<i>fulvestrant intramuscular solution 250 mg/5ml</i>	5^	B/D
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5^	PA-NS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5^	PA-NS
LYSODREN ORAL TABLET 500 MG	5^	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	3	
<i>nilutamide oral tablet 150 mg</i>	5^	
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA
ORGOVYX ORAL TABLET 120 MG	5^	PA-NS; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5^	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5^	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5^	PA-NS

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA
XTANDI ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA
IMMUNOMODULATORS		
POMALYST ORAL CAPSULE 1 MG, 2 MG	5^	PA-NS; LA; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5^	PA-NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; QL (56 EA per 28 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	5^	PA-NS
<i>hydroxyurea oral capsule 500 mg</i>	2	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	4	B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS; QL (49 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	5^	LA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
<i>tretinoin oral capsule 10 mg</i>	5^	
MITOTIC INHIBITORS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5^	B/D
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS 160 MG/8ML	5^	B/D
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS 80 MG/4ML	5^	B/D
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	5^	B/D
<i>docetaxel intravenous concentrate 20 mg/ml</i>	4	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	5^	B/D
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS 160 MG/16ML	5^	B/D

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
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DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS 20 MG/2ML	5^	B/D
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS 80 MG/8ML	5^	B/D
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	3	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	4	B/D
<i>toposar intravenous solution 1 gm/50ml, 100 mg/5ml</i>	3	B/D
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	4	B/D

MOLECULAR TARGET AGENTS

AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5^	PA-NS; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	5^	PA-NS; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5^	PA-NS; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5^	PA-NS; QL (30 EA per 30 days)
ALECensa ORAL CAPSULE 150 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5^	PA-NS; LA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5^	PA-NS
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA
BRUKINSA ORAL CAPSULE 80 MG	5^	PA-NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	5^	PA-NS; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5^	PA-NS; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5^	PA-NS; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5^	PA-NS; LA

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5^	PA-NS; LA
COTELLIC ORAL TABLET 20 MG	5^	PA-NS; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5^	PA-NS; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5^	PA-NS; LA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5^	PA-NS; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; LA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5^	PA-NS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5^	PA-NS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	5^	PA-NS; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5^	PA-NS; LA
IRESSA ORAL TABLET 250 MG	5^	PA-NS; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5^	B/D

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

Drug Name	Drug Tier	Requirements / Limits
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5^	PA-NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS; QL (63 EA per 28 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5^	PA-NS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
LUMAKRAS ORAL TABLET 120 MG	5^	PA-NS; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5^	PA-NS; LA
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^	PA-NS; LA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
NEXAVAR ORAL TABLET 200 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS; QL (3 EA per 28 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	5^	PA-NS; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5^	PA-NS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5^	PA-NS
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5^	PA-NS; LA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5^	PA-NS; LA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5^	PA-NS; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5^	PA-NS
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5^	PA-NS; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5^	PA-NS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5^	PA-NS

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
TAZVERIK ORAL TABLET 200 MG	5^	PA-NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5^	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	5^	PA-NS; LA
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS; LA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5^	PA-NS; LA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5^	PA-NS; LA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5^	PA-NS; LA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
TUKYSA ORAL TABLET 150 MG, 50 MG	5^	PA-NS; LA
TURALIO ORAL CAPSULE 200 MG	5^	PA-NS; LA
UKONIQ ORAL TABLET 200 MG	5^	PA-NS; LA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
VENCLEXTA ORAL TABLET 10 MG	4	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5^	PA-NS; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5^	PA-NS; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA
VOTRIENT ORAL TABLET 200 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; LA
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 50 MG	5^	PA-NS; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5^	PA-NS; LA

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5^	PA-NS; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 60 MG	5^	PA-NS; LA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG, 40 MG	5^	PA-NS; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
ZEJULA ORAL CAPSULE 100 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; LA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; LA
PROTECTIVE AGENTS		
leucovorin calcium injection solution 500 mg/50ml	4	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	4	B/D
leucovorin calcium oral tablet 10 mg, 5 mg	3	
leucovorin calcium oral tablet 15 mg, 25 mg	4	
MESNEX ORAL TABLET 400 MG	5^	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10- 40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	QL (30 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg, 20-25 mg, 5-6.25 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg, 20-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg, 20-25 mg	1	

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
ACE INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	3	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	3	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	3	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	3	QL (30 EA per 30 days)
<i>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</i>	4	QL (30 EA per 30 days)
<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>	3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartanamlodipinehctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartanamlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	QL (30 EA per 30 days)
<i>telmisartanhctz oral tablet 40-12.5 mg, 80-25 mg</i>	3	QL (30 EA per 30 days)
<i>telmisartanhctz oral tablet 80-12.5 mg</i>	3	QL (60 EA per 30 days)
<i>valsartanhydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartancilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60 EA per 30 days)
<i>candesartancilexetil oral tablet 32 mg</i>	3	QL (30 EA per 30 days)
<i>EDARBI ORAL TABLET 40 MG, 80 MG</i>	4	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartanpotassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartanmedoxomil oral tablet 20 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>olmesartanmedoxomil oral tablet 5 mg</i>	2	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 EA per 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	4	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	3	
<i>MULTAQ ORAL TABLET 400 MG</i>	4	
<i>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG</i>	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	3
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2
ANTILIPEMICS, FIBRATES	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	3
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	3
fenofibric acid oral capsule delayed release 135 mg, 45 mg	3
gemfibrozil oral tablet 600 mg	1
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1 QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4 ST; QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1 QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg, 40 mg	1 QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4 ST; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1 QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1 QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2 QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1 QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4 ST; QL (30 EA per 30 days)
ANTILIPEMICS, MISCELLANEOUS	
cholestyramine light oral packet 4 gm	3
cholestyramine light oral powder 4 gm/dose	3
cholestyramine oral packet 4 gm	3
cholestyramine oral powder 4 gm/dose	3
colesevelam hcl oral packet 3.75 gm	4
colesevelam hcl oral tablet 625 mg	4
colestipol hcl oral granules 5 gm	4
colestipol hcl oral packet 5 gm	4
colestipol hcl oral tablet 1 gm	3
ezetimibe oral tablet 10 mg	3
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1

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

Drug Name	Drug Tier Requirements / Limits
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3 QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3 PA
prevelite oral packet 4 gm	3
prevelite oral powder 4 gm/dose	3
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4
BETA-BLOCKER/DIURETIC COMBINATIONS	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	3
BETA-BLOCKERS	
acebutolol hcl oral capsule 200 mg, 400 mg	3
atenolol oral tablet 100 mg, 25 mg, 50 mg	1
bisoprolol fumarate oral tablet 10 mg, 5 mg	2
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4 QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4 QL (60 EA per 30 days)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	4
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	2
metoprolol tartrate intravenous solution 5 mg/5ml	4
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1
nadolol oral tablet 20 mg, 40 mg, 80 mg	4
pindolol oral tablet 10 mg, 5 mg	3
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	3
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	4

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
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CALCIUM CHANNEL BLOCKERS

amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	4
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	3
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2
isradipine oral capsule 2.5 mg, 5 mg	3
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3
nicardipine hcl oral capsule 20 mg, 30 mg	4
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3
nimodipine oral capsule 30 mg	4
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	4
NYMALIZE ORAL SOLUTION 6 MG/ML	5^
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	4
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	3
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	4
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1
DIURETICS	
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	4
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3
<i>amiloride hcl oral tablet 5 mg</i>	2
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2
<i>bumetanide injection solution 0.25 mg/ml</i>	3
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	3
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3
<i>spironolactone-hctz oral tablet 25-25 mg</i>	3
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1
MISCELLANEOUS	
<i>ADRENALIN INJECTION SOLUTION 1 MG/ML</i>	4
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
digitek oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
digox oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
digoxin injection solution 0.25 mg/ml	4	
digoxin oral solution 0.05 mg/ml	4	
digoxin oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
droxidopa oral capsule 100 mg	5^	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	5^	PA; QL (180 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	3	PA; PA if 70 years and older
hydralazine hcl injection solution 20 mg/ml	4	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
methyldopa oral tablet 250 mg, 500 mg	2	PA; PA if 70 years and older
metyrosine oral capsule 250 mg	5^	PA
midodrine hcl oral tablet 10 mg	4	
midodrine hcl oral tablet 2.5 mg, 5 mg	3	
minoxidil oral tablet 10 mg, 2.5 mg	2	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	4	
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
minitrans transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	3	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
<i>alyq oral tablet 20 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5^	PA-NS; LA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA-NS; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	5^	PA-NS; QL (60 EA per 30 days)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	5^	PA-NS; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5^	PA-NS
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	3	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	3	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	QL (150 EA per 30 days)
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5^	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5^	PA-NS; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	3	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA-NS; QL (480 ML per 30 days)

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

10/01/2021

Drug Name	Drug Tier	Requirements / Limits
clobazam oral tablet 10 mg, 20 mg	4	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	3	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5^	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
diazepam injection solution 5 mg/ml	4	
diazepam oral concentrate 5 mg/ml	3	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	3	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	
divalproex sodium oral capsule delayed release sprinkle 125 mg	4	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5^	PA-NS; LA; QL (600 ML per 30 days)
epitol oral tablet 200 mg	3	
ethosuximide oral capsule 250 mg	4	
ethosuximide oral solution 250 mg/5ml	3	
felbamate oral suspension 600 mg/5ml	5^	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5^	PA-NS; LA; QL (360 ML per 30 days)

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

10/01/2021

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5^	PA-NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5^	PA-NS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA-NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5^	PA-NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg</i>	2	QL (1080 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	3	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	3	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	4	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	3	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	3	
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	PA-NS; PA if 70 years and older
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	PA-NS; PA if 70 years and older
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	4	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	3	
<i>phenytoin oral tablet chewable 50 mg</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	

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

Drug Name	Drug Tier Requirements / Limits
phenytoin sodium injection solution 50 mg/ml	3
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3 QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	3 QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	3 QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	4 QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	2
roweepra oral tablet 500 mg	3
rufinamide oral suspension 40 mg/ml	5^ PA-NS; QL (2300 ML per 28 days)
rufinamide oral tablet 200 mg	5^ PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	5^ PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4 QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4 QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	4 QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4 QL (120 EA per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^ PA-NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4 PA-NS; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4
topiramate oral capsule sprinkle 15 mg, 25 mg	3
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2
valproate sodium intravenous solution 100 mg/ml	4
valproic acid oral capsule 250 mg	3
valproic acid oral solution 250 mg/5ml	3
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4
vigabatrin oral packet 500 mg	5^ PA-NS; LA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	5^ PA-NS; LA; QL (180 EA per 30 days)
vigadronе oral packet 500 mg	5^ PA-NS; LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5^
VIMPAT ORAL SOLUTION 10 MG/ML	5^ QL (1200 ML per 30 days)

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

10/01/2021

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	5^	QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5^	QL (28 EA per 28 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ANTIDEMENTIA		
<i>donepezil hcl oral tablet 10 mg</i>	2	
<i>donepezil hcl oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	3	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	3	QL (60 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	3	PA; PA if < 30 yrs
<i>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG</i>	4	
<i>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG</i>	4	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	3	QL (90 EA per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	3	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	3
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	3
bupropion hcl oral tablet 100 mg, 75 mg	3
citalopram hydrobromide oral solution 10 mg/5ml	3
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4 PA-NS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	4 PA-NS; QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	3
doxepin hcl oral capsule 150 mg	4
doxepin hcl oral concentrate 10 mg/ml	3
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4 PA-NS; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2 QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	4 QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5^ PA-NS; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	4
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	2
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4 PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	4 PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4 PA-NS
fluoxetine hcl oral capsule 10 mg, 20 mg	1
fluoxetine hcl oral capsule 40 mg	2
fluoxetine hcl oral solution 20 mg/5ml	3
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
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<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	
<i>mirtazapine oral tablet 7.5 mg</i>	3	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	3	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	PA-NS; QL (900 ML per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	3	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg</i>	4	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	4	QL (240 EA per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	QL (120 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>amantadine hcl oral syrup 50 mg/5ml</i>	3	

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

Drug Name	Drug Tier Requirements / Limits		
<i>amantadine hcl oral tablet 100 mg</i>	4		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5^	PA; LA; QL (60 ML per 30 days)	
<i>benztropine mesylate injection solution 1 mg/ml</i>	4		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	PA; PA if 70 years and older	
<i>bromocriptine mesylate oral capsule 5 mg</i>	4		
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4		
<i>carbidopa oral tablet 25 mg</i>	4		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2		
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4		
<i>entacapone oral tablet 200 mg</i>	4		
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; QL (150 EA per 30 days)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4		
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	4		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days)	
<i>rasagiline mesylate oral tablet 1 mg</i>	4	QL (30 EA per 30 days)	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4		
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2		
<i>selegiline hcl oral capsule 5 mg</i>	3		
<i>selegiline hcl oral tablet 5 mg</i>	3		
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	3	PA; PA if 70 years and older	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	3	PA; PA if 70 years and older	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
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ANTIPSYCHOTICS

ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5^	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5^	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5^	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5^	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	4	PA-NS; QL (30 EA per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet dispersible 100 mg</i>	4	PA-NS; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	4	PA-NS
<i>clozapine oral tablet dispersible 150 mg</i>	4	PA-NS; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5^	PA-NS; QL (135 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	PA-NS; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA-NS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	

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

Drug Name	Drug Tier Requirements / Limits	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	3	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5^	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5^	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5^	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5^	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
<i>loxpipamine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	4	QL (60 EA per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5^	QL (1 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	PA-NS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	4	PA-NS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5^	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	3	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	4	QL (90 EA per 30 days)
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	4	QL (30 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5^	PA-NS; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5^	PA-NS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA-NS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	4	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	QL (6 EA per 3 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5^	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5^	PA-NS; QL (1 EA per 28 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	3	PA; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	4	QL (120 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
atomoxetine hcl oral capsule 40 mg	4	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	3	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	3	PA; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	4	PA; QL (150 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	PA; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	3	PA; PA if 70 years and older; QL (30 EA per 30 days)
metadate er oral tablet extended release 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	4	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	4	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	3	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	4	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	4	PA; QL (30 EA per 30 days)

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
HYPNOTICS	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3 QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	3 QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4 PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5^ PA; LA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg</i>	4 PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg</i>	4 PA; PA if 65 years and older; QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4 PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2 PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
MIGRAINE	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3 PA; QL (1 ML per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	5^
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5^ PA; QL (8 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5^ PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3 PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3 PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3 PA; QL (40 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3 QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	3 QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3 QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4 QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4 QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2 QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	4 QL (9 ML per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (6 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	4	PA; QL (9 EA per 30 days)
<i>UBRELVY ORAL TABLET 100 MG, 50 MG</i>	5^	PA; QL (16 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
MISCELLANEOUS		
<i>AUSTEDO ORAL TABLET 12 MG, 9 MG</i>	5^	PA; QL (120 EA per 30 days)
<i>AUSTEDO ORAL TABLET 6 MG</i>	5^	PA; QL (60 EA per 30 days)
<i>GRALISE ORAL TABLET 300 MG</i>	4	PA; QL (180 EA per 30 days)
<i>GRALISE ORAL TABLET 600 MG</i>	4	PA; QL (90 EA per 30 days)
<i>INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG</i>	5^	PA; LA; QL (30 EA per 30 days)
<i>INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG</i>	5^	PA; LA; QL (28 EA per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>LITHIUM ORAL SOLUTION 8 MEQ/5ML</i>	4	
<i>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG</i>	3	PA; QL (60 EA per 30 days)
<i>NUEDEXTA ORAL CAPSULE 20-10 MG</i>	4	PA; QL (60 EA per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>riluzole oral tablet 50 mg</i>	4	
<i>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</i>	4	PA; QL (60 EA per 30 days)
<i>SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG</i>	4	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	5^	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5^	PA; QL (120 EA per 30 days)
MULTIPLE SCLEROSIS AGENTS		
<i>BETASERON SUBCUTANEOUS KIT 0.3 MG</i>	5^	PA-NS; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA

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

10/01/2021

Drug Name	Drug Tier	Requirements / Limits
GILENYA ORAL CAPSULE 0.5 MG	5^	PA-NS; QL (28 EA per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5^	PA-NS; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5^	PA-NS; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5^	PA-NS; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5^	PA-NS; QL (12 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG	5^	PA-NS; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5^	PA-NS; LA; QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	3	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	4	PA; PA if 70 years and older
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5^	PA; LA; QL (540 ML per 30 days)
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	3	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	3	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	QL (106 EA per 365 days)

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	3	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5^	
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR</i>	4	PA; QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (120 EA per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	4	PA; QL (150 GM per 30 days)
ANTIDIABETICS, INSULINS		
<i>ALCOHOL SWABS PAD 70 %</i>	3	
<i>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</i>	3	SSM
<i>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</i>	3	SSM
<i>FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</i>	3	SSM
<i>FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML</i>	3	SSM
<i>GAUZE PADS 2" X 2" PAD 2"X2"</i>	3	
<i>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</i>	5^	B/D
<i>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</i>	5^	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
INSULIN PEN NEEDLE 29G X 12MM	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	2	
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	2	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	SSM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	(brand RELION not covered); SSM
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	(brand RELION not covered); SSM
OMNIPOD 5 PACK	4	PA; QL (2 EA per 30 days)
OMNIPOD DASH 5 PACK PODS	4	PA; QL (2 EA per 30 days)
OMNIPOD STARTER KIT	4	PA; QL (1 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	SSM; QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	SSM
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SSM
V-GO 20 KIT	4	PA; QL (30 EA per 30 days)
V-GO 30 KIT	4	PA; QL (30 EA per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
V-GO 40 KIT	4	PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	SSM; QL (15 ML per 30 days)
ANTIDIABETICS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	5^	PA; QL (60 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5^	PA; QL (120 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	2	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	2	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
glipizide oral tablet 10 mg	1	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	1	QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	4	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	4	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG	4	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	4	QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	4	QL (60 EA per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
INVOKANA ORAL TABLET 300 MG	4	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5- 850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	2	PA; (generic of FORTAMET); QL (60 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	2	PA; (generic of FORTAMET); QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5^	PA

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5^	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
CALCIUM REGULATORS		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate sodium oral solution 70 mg/75ml</i>	4	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5^	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	ST
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	4	B/D; QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet 150 mg</i>	3	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5^	PA
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	3	B/D

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>	3	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	3	
<i>risedronate sodium oral tablet 30 mg</i>	4	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5^	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5^	PA
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	4	B/D
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	4	B/D
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5^	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5^	PA
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
<i>penicillamine oral tablet 250 mg</i>	5^	
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps oral suspension 15 gm/60ml</i>	3	
<i>trientine hcl oral capsule 250 mg</i>	5^	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA
CONTRACEPTIVES		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	
<i>apri oral tablet 0.15-30 mg-mcg</i>	2	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	3	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	2	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
aurovela fe 1/20 oral tablet 1-20 mg-mcg	2
aviane oral tablet 0.1-20 mg-mcg	2
ayuna oral tablet 0.15-30 mg-mcg	2
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	3
balziva oral tablet 0.4-35 mg-mcg	3
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	3
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	2
briellyn oral tablet 0.4-35 mg-mcg	3
camila oral tablet 0.35 mg	2
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	2
chateal oral tablet 0.15-30 mg-mcg	2
cryselle-28 oral tablet 0.3-30 mg-mcg	2
cyclafem 1/35 oral tablet 1-35 mg-mcg	2
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2
cyred eq oral tablet 0.15-30 mg-mcg	2
dasetta 1/35 oral tablet 1-35 mg-mcg	2
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2
deblitane oral tablet 0.35 mg	2
desogestrel-ethynodiol estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	3
desogestrel-ethynodiol estradiol oral tablet 0.15-30 mg-mcg	2
drospirenone-ethynodiol estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3
elinest oral tablet 0.3-30 mg-mcg	2
ELLA ORAL TABLET 30 MG	3
eluryng vaginal ring 0.12-0.015 mg/24hr	4
emoquette oral tablet 0.15-30 mg-mcg	2
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	2
enskyce oral tablet 0.15-30 mg-mcg	2
errin oral tablet 0.35 mg	2
estarrylla oral tablet 0.25-35 mg-mcg	2
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	2
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	3
etonogestrel-ethynodiol estradiol vaginal ring 0.12-0.015 mg/24hr	4

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>heather oral tablet 0.35 mg</i>	2
<i>iclevia oral tablet 0.15-0.03 mg</i>	3
<i>incassia oral tablet 0.35 mg</i>	2
<i>introvale oral tablet 0.15-0.03 mg</i>	3
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2
<i>jasmiel oral tablet 3-0.02 mg</i>	3
<i>jolessa oral tablet 0.15-0.03 mg</i>	3
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	3
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>larissa oral tablet 0.1-20 mg-mcg</i>	2
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	3
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	3
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125- 30 mcg</i>	2
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2
<i>lillow oral tablet 0.15-30 mg-mcg</i>	2
<i>loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>loestrin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2
<i>loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>loestrin fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>loryna oral tablet 3-0.02 mg</i>	3
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2
<i>lutera oral tablet 0.1-20 mg-mcg</i>	2
<i>lyeq oral tablet 0.35 mg</i>	2
<i>lyza oral tablet 0.35 mg</i>	2
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	3
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	3
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2
<i>mili oral tablet 0.25-35 mg-mcg</i>	2
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2
<i>nikki oral tablet 3-0.02 mg</i>	3
<i>nora-be oral tablet 0.35 mg</i>	2
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2
<i>norethindrone acet-ethynodiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2
<i>norethindrone oral tablet 0.35 mg</i>	2
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>norlyroc oral tablet 0.35 mg</i>	2
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2
<i>ocella oral tablet 3-0.03 mg</i>	3
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2
<i>philith oral tablet 0.4-35 mg-mcg</i>	3
<i>pimtrexa oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	2
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2
<i>setlakin oral tablet 0.15-0.03 mg</i>	3
<i>sharobel oral tablet 0.35 mg</i>	2
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2
<i>syeda oral tablet 3-0.03 mg</i>	3
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	4
<i>tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	4
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	2
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2

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

Drug Name	Drug Tier Requirements / Limits
vestura oral tablet 3-0.02 mg	3
vienna oral tablet 0.1-20 mg-mcg	2
viovere oral tablet 0.15-0.02/0.01 mg (21/5)	3
vyfemla oral tablet 0.4-35 mg-mcg	3
vylibra oral tablet 0.25-35 mg-mcg	2
wera oral tablet 0.5-35 mg-mcg	2
xulane transdermal patch weekly 150-35 mcg/24hr	4
zafemy transdermal patch weekly 150-35 mcg/24hr	4
zarah oral tablet 3-0.03 mg	3
zovia 1/35 (28) oral tablet 1-35 mg-mcg	2
zumandimine oral tablet 3-0.03 mg	3
ENDOMETRIOSIS	
danazol oral capsule 100 mg, 200 mg, 50 mg	4
SYNAREL NASAL SOLUTION 2 MG/ML	5^
ESTROGENS	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	3
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3
estradiol vaginal cream 0.1 mg/gm	3
estradiol vaginal tablet 10 mcg	4
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	3
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	3

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
jinteli oral tablet 1-5 mg-mcg	3
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3
mimvey oral tablet 1-0.5 mg	3
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3
PREMARIN VAGINAL CREAM 0.625 MG/GM	3
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625- 2.5 MG, 0.625-5 MG	3
yuvafem vaginal tablet 10 mcg	4
GLUCOCORTICOIDS	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4
dexamethasone oral elixir 0.5 mg/5ml	3
dexamethasone oral solution 0.5 mg/5ml	3
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3
dexamethasone sod phosphate pf injection solution 10 mg/ml	3
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	3
fludrocortisone acetate oral tablet 0.1 mg	2
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	3
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	3
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3
methylprednisolone oral tablet therapy pack 4 mg	2
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	3
prednisolone oral solution 15 mg/5ml	2
prednisolone sodium phosphate oral solution 15 mg/5ml	2
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	3

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral suspension 50 mg/ml</i>	5^	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
MISCELLANEOUS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5^	PA; LA
<i>cabergoline oral tablet 0.5 mg</i>	3	
CARBAGLU ORAL TABLET 200 MG	5^	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5^	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5^	PA; LA
<i>cinacalcet hcl oral tablet 30 mg</i>	4	B/D; QL (120 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5^	B/D; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5^	B/D; QL (120 EA per 30 days)
CYSTADANE ORAL POWDER	5^	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	5^	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	5^	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5^	PA; LA

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5^	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	5^	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5^	PA; LA
KORLYM ORAL TABLET 300 MG	5^	PA; LA
<i>levocarnitine oral solution 1 gm/10ml</i>	4	B/D
<i>levocarnitine oral tablet 330 mg</i>	3	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^	PA; LA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5^	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5^	PA
<i>miglustat oral capsule 100 mg</i>	5^	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5^	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5^	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5^	PA
<i>raloxifene hcl oral tablet 60 mg</i>	3	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5^	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5^	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5^	PA; LA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5^	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5^	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5^	PA-NS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5^	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; LA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5^	PA

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
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PHOSPHATE BINDER AGENTS

<i>calcium acetate (phos binder) oral capsule 667 mg</i>	3	QL (360 EA per 30 days)
<i>calcium acetate oral tablet 667 mg</i>	3	QL (360 EA per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	5^	QL (540 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	QL (540 EA per 30 days)

PROGESTINS

<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA
<i>norethindrone acetate oral tablet 5 mg</i>	3	

THYROID AGENTS

<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	3	
<i>SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</i>	4	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

VITAMIN D ANALOGS

<i>calcitriol intravenous solution 1 mcg/ml</i>	4	B/D
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	B/D

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
<i>calcitriol oral solution 1 mcg/ml</i>	4	B/D
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5^	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	4	B/D
<i>compro rectal suppository 25 mg</i>	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	B/D; QL (60 EA per 30 days)
<i>gransetron hcl intravenous solution 1 mg/ml</i>	3	
<i>gransetron hcl intravenous solution 4 mg/4ml</i>	4	
<i>gransetron hcl oral tablet 1 mg</i>	4	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	3	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	3	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	3	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	3	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	3	PA; PA if 70 years and older
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	PA; PA if 70 years and older
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	PA; PA if 70 years and older; QL (10 EA per 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl oral capsule 10 mg</i>	3	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits		
H2-RECEPTOR ANTAGONISTS			
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	3		
famotidine oral suspension reconstituted 40 mg/5ml	4	QL (300 ML per 30 days)	
famotidine oral tablet 20 mg	1	QL (120 EA per 30 days)	
famotidine oral tablet 40 mg	1	QL (60 EA per 30 days)	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	3		
nizatidine oral capsule 150 mg, 300 mg	4		
INFLAMMATORY BOWEL DISEASE			
balsalazide disodium oral capsule 750 mg	3		
budesonide er oral tablet extended release 24 hour 9 mg	5^	PA	
budesonide oral capsule delayed release particles 3 mg	4	PA	
hydrocortisone rectal enema 100 mg/60ml	4		
mesalamine er oral capsule extended release 24 hour 0.375 gm	4	QL (120 EA per 30 days)	
mesalamine oral capsule delayed release 400 mg	4	QL (180 EA per 30 days)	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	4		
mesalamine rectal enema 4 gm	4		
mesalamine rectal suppository 1000 mg	4		
mesalamine-cleanser rectal kit 4 gm	4		
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	QL (480 EA per 30 days)	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5^	QL (240 EA per 30 days)	
sulfasalazine oral tablet 500 mg	2		
sulfasalazine oral tablet delayed release 500 mg	3		
LAXATIVES			
constulose oral solution 10 gm/15ml	3		
enulose oral solution 10 gm/15ml	3		
gavilyte-c oral solution reconstituted 240 gm	2		
gavilyte-g oral solution reconstituted 236 gm	2		
gavilyte-n with flavor pack oral solution reconstituted 420 gm	2		
generlac oral solution 10 gm/15ml	3		
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3		
lactulose encephalopathy oral solution 10 gm/15ml	3		

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>lactulose oral solution 10 gm/15ml</i>	3
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2
PLENUV ORAL SOLUTION RECONSTITUTED 140 GM	4
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4
<i>trilyte oral solution reconstituted 420 gm</i>	2
MISCELLANEOUS	
<i>alosetron hcl oral tablet 0.5 mg</i>	4 PA; QL (60 EA per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	5^ PA; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG	4 QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	4 QL (180 EA per 30 days)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3
GATTEX SUBCUTANEOUS KIT 5 MG	5^ PA; LA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4 QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	3
<i>lubiprostone oral capsule 24 mcg</i>	4 QL (60 EA per 30 days)
<i>lubiprostone oral capsule 8 mcg</i>	4 QL (180 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3
MOVANTIK ORAL TABLET 12.5 MG	3 QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3 QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	5^ PA
<i>sucralfate oral tablet 1 gm</i>	3
<i>ursodiol oral capsule 300 mg</i>	3
<i>ursodiol oral tablet 250 mg, 500 mg</i>	4
XERMELO ORAL TABLET 250 MG	5^ PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5^ PA

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
PANCREATIC ENZYMES	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	
10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4
PROTON PUMP INHIBITORS	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	4 ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	3
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	4 ST
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	3
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2 QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	3 QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4 QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	2
<i>silodosin oral capsule 4 mg, 8 mg</i>	3 QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2
MISCELLANEOUS	
<i>acetic acid irrigation solution 0.25 %</i>	2
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4

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

10/01/2021

Drug Name	Drug Tier Requirements / Limits	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	ST; QL (30 EA per 30 days)
<i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG</i>	4	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	3	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	3	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	3	
<i>oxybutynin chloride oral tablet 5 mg</i>	3	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	4	ST; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	4	ST; QL (60 EA per 30 days)
<i>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</i>	3	QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	3	QL (60 EA per 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2 %</i>	3	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>terconazole vaginal suppository 80 mg</i>	3	
<i>vandazole vaginal gel 0.75 %</i>	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG</i>	3	QL (74 EA per 30 days)
<i>ELIQUIS ORAL TABLET 2.5 MG</i>	3	QL (60 EA per 30 days)
<i>ELIQUIS ORAL TABLET 5 MG</i>	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5^	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B/D
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG	4	QL (120 EA per 30 days)
PRADAXA ORAL CAPSULE 150 MG, 75 MG	4	QL (60 EA per 30 days)
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5^	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5^	PA
MISCELLANEOUS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	4	
BERINERT INTRAVENOUS KIT 500 UNIT	5^	PA; LA; QL (24 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5^	PA; LA; QL (20 EA per 30 days)
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5^	PA; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENDARI ORAL PACKET 5 GM	5^	PA; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5^	PA; LA; QL (20 EA per 30 days)

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5^ PA; QL (27 ML per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2
PROMACTA ORAL PACKET 12.5 MG	5^ PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5^ PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^ PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^ PA; LA; QL (60 EA per 30 days)
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	4
<i>tranexamic acid oral tablet 650 mg</i>	3
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4
BRILINTA ORAL TABLET 60 MG, 90 MG	3
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	3 PA; PA if 70 years and older
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3
IMMUNOLOGIC AGENTS	
AUTOIMMUNE AGENTS	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5^ PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5^ PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5^ PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5^ PA; QL (16 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5^ PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^ PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5^ PA; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5^ PA; QL (4 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5^ PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5^ PA

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	5^	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5^	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5^	PA; QL (30 EA per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5^	PA; QL (7 EA per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5^	PA; QL (7 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5^	PA; QL (7 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5^	PA; LA; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5^	PA; QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5^	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5^	PA; QL (30 EA per 30 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate oral tablet 200 mg	3	
leflunomide oral tablet 10 mg, 20 mg	3	QL (30 EA per 30 days)
methotrexate oral tablet 2.5 mg	3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	

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Drug Name	Drug Tier Requirements / Limits	
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IMMUNOGLOBULINS

BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5^	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	4	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5^	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5^	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5^	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5^	PA-NS; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5^	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5^	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	3	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	4	B/D

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
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INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5^	B/D
IMMUNOSUPPRESSANTS		
azathioprine oral tablet 50 mg	3	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5^	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5^	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5^	PA; QL (8 ML per 28 days)
cyclosporine intravenous solution 50 mg/ml	4	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	B/D
cyclosporine modified oral solution 100 mg/ml	4	B/D
cyclosporine oral capsule 100 mg, 25 mg	4	B/D
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	5^	B/D
gengraf oral capsule 100 mg, 25 mg	4	B/D
gengraf oral solution 100 mg/ml	4	B/D
mycophenolate mofetil oral capsule 250 mg	3	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5^	B/D
mycophenolate mofetil oral tablet 500 mg	3	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	4	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5^	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D
sirolimus oral solution 1 mg/ml	5^	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	B/D
ZORTRESS ORAL TABLET 1 MG	5^	B/D
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NM
BCG VACCINE INJECTION INJECTABLE	3	NM

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NM
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	B/D; NM
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NM
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NM
IPOV INJECTION INJECTABLE	3	NM
IXIARO INTRAMUSCULAR SUSPENSION	3	NM
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	NM
MENACTRA INTRAMUSCULAR INJECTABLE	3	NM
MENQUADFI INTRAMUSCULAR INJECTABLE	3	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NM
PEDIARIX INTRAMUSCULAR SUSPENSION	3	NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NM
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D; NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NM
ROTATEQ ORAL SOLUTION	3	NM

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D; NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NM
YF-VAX SUBCUTANEOUS INJECTABLE	3	NM
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	4	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	3	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5- 0.45 %	3	
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5- 0.45 %, 5-0.9 %</i>	3	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %</i>	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%- %, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	3	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	4	
<i>lactated ringers intravenous solution</i>	3	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	3	
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	3	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	3
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS 2 GM/50ML	3
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS 20 GM/500ML	3
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS 4 GM/100ML	3
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	3
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS 40 GM/1000ML	3
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4
PLASMA-LYTE A INTRAVENOUS SOLUTION	4
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	3
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	4
potassium chloride in nacl intravenous solution 20-0.9 meq/l-%	3
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous 20-0.45 meq/l-%	3
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	4
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	4
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	3
sodium chloride injection solution 2.5 meq/ml	3
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	3
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4 B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
klor-con 10 oral tablet extended release 10 meq	2
klor-con m10 oral tablet extended release 10 meq	2
klor-con m15 oral tablet extended release 15 meq	3
klor-con m20 oral tablet extended release 20 meq	2

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>klor-con oral packet 20 meq</i>	4
<i>klor-con oral tablet extended release 8 meq</i>	2
M-NATAL PLUS ORAL TABLET 27-1 MG	3
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	3
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2
<i>potassium chloride oral packet 20 meq</i>	4
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG	3
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG	3
<i>sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg</i>	2
TRICARE ORAL TABLET	3
IV NUTRITION	
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4 B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4 B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4 B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4 B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4 B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4 B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4 B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4 B/D
<i>clinisol sf intravenous solution 15 %</i>	4 B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	4 B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	3
<i>dextrose intravenous solution 50 %, 70 %</i>	3 B/D
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4 B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	4 B/D
<i>hepatamine intravenous solution 8 %</i>	4 B/D

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
<i>plenamine intravenous solution 15 %</i>	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D
OPHTHALMIC		
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	3	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	4	
ANTIGLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT OPHTHALMIC SUSPENSION 1 %	4	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	4
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	4
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3
ANTI-INFECTIVES	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	3
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2
<i>gentak ophthalmic ointment 0.3 %</i>	3
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3
NATACYN OPHTHALMIC SUSPENSION 5 %	4
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3

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

Drug Name	Drug Tier Requirements / Limits
<i>ofloxacin ophthalmic solution 0.3 %</i>	2
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	3
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	3
<i>tobramycin ophthalmic solution 0.3 %</i>	1
<i>trifluridine ophthalmic solution 1 %</i>	4
ZIRGAN OPHTHALMIC GEL 0.15 %	4
ANTI-INFLAMMATORIES	
ALREX OPHTHALMIC SUSPENSION 0.2 %	3
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	3
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2
DUREZOL OPHTHALMIC EMULSION 0.05 %	3
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4
<i>fluorometholone ophthalmic suspension 0.1 %</i>	3
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	3
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4
<i>prednisolone acetate ophthalmic suspension 1 %</i>	3
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	3
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3
MISCELLANEOUS	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5^ PA; LA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5^ PA; LA
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	3

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
OTIC		
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	3	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	
<i>flac otic oil 0.01 %</i>	2	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION 160-9-4.8 MCG/ACT	3	Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	3	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	3	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1 %, 0.15 %	3	
cetirizine hcl oral solution 1 mg/ml	2	
cyproheptadine hcl oral syrup 2 mg/5ml	3	PA; PA if 70 years and older
cyproheptadine hcl oral tablet 4 mg	3	PA; PA if 70 years and older
desloratadine oral tablet 5 mg	3	
diphenhydramine hcl injection solution 50 mg/ml	3	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl oral syrup 10 mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	4	
levocetirizine dihydrochloride oral tablet 5 mg	3	
olopatadine hcl nasal solution 0.6 %	4	
BETA AGONISTS		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act	3	(generic of Proair HFA); QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	3	(generic of Proventil HFA); QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	3	(generic of Ventolin HFA); QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	2	B/D
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	3	B/D
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	5^	B/D
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	5^	B/D
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	3	QL (30 GM per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	3	QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium oral packet 4 mg</i>	4	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	3	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5^	PA; LA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	(generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5^	PA; QL (90 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5^	PA; LA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5^	PA; LA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5^	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5^	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5^	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5^	PA; QL (112 EA per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5^	PA; LA

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5^	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5^	PA; LA; QL (56 EA per 28 days)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	3	
<i>theophylline oral solution 80 mg/15ml</i>	4	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5^	PA; LA; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5^	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5^	PA; LA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
NASAL STEROIDS		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	QL (75 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
NASONEX NASAL SUSPENSION 50 MCG/ACT	4	QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	QL (12.5 GM per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)

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10/01/2021

Drug Name	Drug Tier Requirements / Limits	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	4	QL (3 EA per 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane oral capsule 20 mg, 30 mg, 40 mg	4	PA
amnesteem oral capsule 10 mg, 20 mg, 40 mg	4	PA
avita external cream 0.025 %	4	PA; QL (45 GM per 30 days)
avita external gel 0.025 %	4	PA; QL (45 GM per 30 days)
benzoyl peroxide-erythromycin external gel 5-3 %	4	QL (46.6 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clindamycin phosphate external gel 1 %	4	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	3	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	3	QL (60 ML per 30 days)
ery external pad 2 %	3	QL (60 EA per 30 days)
erythromycin external solution 2 %	3	QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
sulfacetamide sodium (acne) external lotion 10 %	4	QL (118 ML per 30 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	4	PA; QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	4	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	3	QL (30 GM per 30 days)

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Drug Name	Drug Tier Requirements / Limits	
mupirocin external ointment 2 %	2	QL (220 GM per 30 days)
silver sulfadiazine external cream 1 %	2	
ssd external cream 1 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	QL (453.6 GM per 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine external cream 0.77 %	3	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	3	QL (60 ML per 30 days)
clotrimazole external cream 1 %	3	QL (45 GM per 30 days)
clotrimazole external solution 1 %	2	QL (30 ML per 30 days)
clotrimazole-betamethasone external cream 1-0.05 %	3	QL (45 GM per 30 days)
JUBLIA EXTERNAL SOLUTION 10 %	5^	QL (8 ML per 30 days)
ketoconazole external cream 2 %	3	QL (60 GM per 30 days)
nyamyc external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystatin external cream 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystop external powder 100000 unit/gm	3	QL (60 GM per 30 days)
oxiconazole nitrate external cream 1 %	4	PA; QL (90 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	PA
calcipotriene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	4	PA; QL (120 ML per 30 days)
calcitrene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
tazarotene external cream 0.1 %	3	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (60 GM per 30 days)
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	2	QL (120 ML per 30 days)
selenium sulfide external lotion 2.5 %	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort external cream 1 %	1	
ala-cort external cream 2.5 %	2	
alclometasone dipropionate external cream 0.05 %	3	QL (60 GM per 30 days)
alclometasone dipropionate external ointment 0.05 %	3	QL (60 GM per 30 days)
APEXICON E EXTERNAL CREAM 0.05 %	5^	QL (60 GM per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	4	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	3	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	3	QL (120 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external foam 0.05 %</i>	4	QL (100 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external liquid 0.05 %</i>	4	QL (125 ML per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	4	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	4	QL (118 ML per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	4	QL (50 ML per 30 days)
<i>clodan external shampoo 0.05 %</i>	4	QL (118 ML per 30 days)
<i>desonide external cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>desonide external lotion 0.05 %</i>	4	QL (118 ML per 30 days)
<i>desonide external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate external cream 0.05 %</i>	4	PA; QL (60 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	4	PA; QL (60 GM per 30 days)
<i>ENSTILAR EXTERNAL FOAM 0.005-0.064 %</i>	4	PA; QL (120 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	4	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	4	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	4	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	3	QL (120 GM per 30 days)

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10/01/2021

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide external gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	3	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	3	
<i>fluticasone propionate external ointment 0.005 %</i>	3	
<i>halcinonide external cream 0.1 %</i>	4	PA; QL (240 GM per 30 days)
<i>halobetasol propionate external cream 0.05 %</i>	4	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	4	QL (50 GM per 30 days)
<i>HALOG EXTERNAL CREAM 0.1 %</i>	4	PA; QL (240 GM per 30 days)
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	3	
<i>mometasone furoate external ointment 0.1 %</i>	3	
<i>mometasone furoate external solution 0.1 %</i>	3	
<i>PSORCON EXTERNAL CREAM 0.05 %</i>	4	PA; QL (60 GM per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external cream 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	3	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm external cream 0.5 %</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo external prefilled syringe 2 %</i>	4	PA; QL (60 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	4	PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	3	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	3	PA; QL (50 ML per 30 days)
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	4	PA; QL (30 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	3	PA; QL (30 GM per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	3	
<i>azelaic acid external gel 15 %</i>	4	QL (50 GM per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium external gel 1 %</i>	3	QL (1000 GM per 30 days)
<i>FINACEA EXTERNAL FOAM 15 %</i>	4	QL (50 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	4	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	3	QL (10 ML per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>imiquimod external cream 5 %</i>	3	QL (24 EA per 30 days)
<i>metronidazole external cream 0.75 %</i>	4	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	3	QL (45 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	4	QL (59 ML per 30 days)
<i>podofilox external solution 0.5 %</i>	3	QL (7 ML per 28 days)
<i>procto-med hc external cream 2.5 %</i>	3	
<i>procto-pak external cream 1 %</i>	3	
<i>proctozone-hc external cream 2.5 %</i>	3	
<i>RECTIV RECTAL OINTMENT 0.4 %</i>	4	QL (30 GM per 30 days)
<i>rosadan external cream 0.75 %</i>	4	QL (45 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	QL (100 GM per 30 days)
<i>TARGRETIN EXTERNAL GEL 1 %</i>	5^	PA-NS; QL (60 GM per 30 days)
<i>VALCHLOR EXTERNAL GEL 0.016 %</i>	5^	PA-NS; LA; QL (60 GM per 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion external lotion 0.5 %</i>	4	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	3	QL (60 GM per 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX EXTERNAL GEL 0.01 %</i>	5^	PA; QL (30 GM per 30 days)
<i>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</i>	4	QL (180 GM per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	3	
<i>sterile water for irrigation irrigation solution</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	4	QL (150 EA per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	3	

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10/01/2021

Drug Name	Drug Tier Requirements / Limits
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3

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10/01/2021

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

10/01/2021

Index of Drugs

<i>abacavir sulfate</i>	9	ALIMTA	17	APOKYN	40
<i>abacavir sulfate-lamivudine</i>	10	<i>aliskiren fumarate</i>	31	<i>aprepitant</i>	63
<i>abacavir-lamivudine-zidovudine</i>	10	<i>allopurinol</i>	3	<i>apri</i>	53
ABELCET	5	<i>alosetron hcl</i>	65	APTIOM	33
ABILIFY MAINTENA	41	ALPHAGAN P	77	APTIVUS	9
<i>abiraterone acetate</i>	18	<i>alprazolam</i>	33	ARALAST NP	82
ABRAXANE	19	ALREX	79	<i>aranelle</i>	53
<i>acamprosate calcium</i>	47	<i>altavera</i>	53	ARCALYST	71
<i>acarbose</i>	50	ALUNBRIG	20	<i>arformoterol tartrate</i>	81
<i>accutane</i>	84	<i>alyacen 1/35</i>	53	<i>ariPIPRAZOLE</i>	41
<i>acebutolol hcl</i>	29	<i>alyacen 7/7/7</i>	53	ARISTADA	41
<i>acetaminophen-codeine</i>	4	<i>alyq</i>	33	ARISTADA INITIO	41
<i>acetaminophen-codeine #3</i>	4	<i>amabelz</i>	58	<i>armodafinil</i>	47
<i>acetazolamide</i>	31	<i>amantadine hcl</i>	39, 40	ARNUITY ELLIPTA	83
<i>acetazolamide er</i>	31	AMBISOME	6	<i>asenapine maleate</i>	41
<i>acetic acid</i>	66, 80	<i>ambrisentan</i>	33	<i>aspirin-dipyridamole er</i>	69
<i>acetylcysteine</i>	82	<i>amikacin sulfate</i>	6	<i>atazanavir sulfate</i>	9
<i>acitretin</i>	85	<i>amiloride hcl</i>	31	<i>atenolol</i>	29
ACTHIB	72	<i>amiloride-hydrochlorothiazide</i>	31	<i>atenolol-chlorthalidone</i>	29
ACTIMMUNE	71	AMINOSYN-PF	76	<i>atomoxetine hcl</i>	44
ACTONEL	52	<i>amiodarone hcl</i>	27	<i>atorvastatin calcium</i>	28
<i>acyclovir</i>	11, 12	AMITIZA	65	<i>atovaquone</i>	6
<i>acyclovir sodium</i>	12	<i>amitriptyline hcl</i>	37	<i>atovaquone-proguanil hcl</i>	8
ADACEL	72	<i>amlodipine besy-benazepril hcl</i>	25	ATROpine Sulfate	79
ADCIRCA	32	<i>amlodipine besylate</i>	30	ATROVENT HFA	80
<i>adefoviro dipivoxil</i>	12	<i>amlodipine besylate-valsartan</i>	26	<i>aubra eq</i>	53
ADEMPAS	33	<i>amlodipine-atorvastatin</i>	31	<i>aurovela 1/20</i>	53
ADRENALIN	31	<i>amlodipine-olmesartan</i>	26	<i>aurovela fe 1.5/30</i>	53
<i>adriamycin</i>	17	<i>amlodipine-valsartan-hctz</i>	26	<i>aurovela fe 1/20</i>	54
ADVAIR DISKUS	84	<i>ammonium lactate</i>	87	AUSTEDO	46
ADVAIR HFA	84	<i>amnesteem</i>	84	AVASTIN	20
AFINITOR	20	<i>amoxapine</i>	38	<i>aviane</i>	54
AFINITOR DISPERZ	20	<i>amoxicillin</i>	15	<i>avita</i>	84
<i>afirmelle</i>	53	<i>amoxicillin-pot clavulanate</i>	15	<i>ayuna</i>	54
AIMOVIG	45	<i>amoxicillin-pot clavulanate er</i>	15	AYVAKIT	20
<i>ala-cort</i>	85	<i>amphetamine-dextroamphetamine er</i>	44	<i>azacitidine</i>	17
<i>albendazole</i>	6	<i>amphetamine-</i>		<i>azathioprine</i>	72
<i>albuterol sulfate</i>	81	<i>dextroamphetamine</i>	44	<i>azelaic acid</i>	87
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	81	<i>amphotericin b</i>	6	<i>azelastine hcl</i>	77, 81
<i>alclometasone dipropionate</i>	85	<i>ampicillin</i>	15	<i>azithromycin</i>	14
ALCOHOL SWABS	48	<i>ampicillin sodium</i>	15	AZOPT	77
ALDURAZYME	60	<i>ampicillin-sulbactam sodium</i>	15	<i>aztreonam</i>	6
ALECENSA	20	<i>anagrelide hcl</i>	68	<i>azurette</i>	54
<i>alendronate sodium</i>	52	<i>anastrozole</i>	18	<i>bacitracin</i>	78
<i>alfuzosin hcl er</i>	66	ANDRODERM	48	<i>bacitracin-polymyxin b</i>	78
		ANORO ELLIPTA	80	<i>bacitra-neomycin-polymyxin-hc</i>	78
		APEXICON E	85	<i>baclofen</i>	47

<i>balsalazide disodium</i>	64	BROMSITE	79	<i>caziant</i>	54
BALVERSA	20	BROVANA	81	<i>cefaclor</i>	13
<i>balziva</i>	54	BRUKINSA	20	<i>CEFACLOR ER</i>	12
BARACLUDE	12	<i>budesonide</i>	64, 83	<i>cefadroxil</i>	13
BASAGLAR KWIKPEN	48	<i>budesonide er</i>	64	<i>cefazolin sodium</i>	13
BCG VACCINE	72	<i>bumetanide</i>	31	<i>CEFAZOLIN SODIUM-DEXTROSE</i>	13
<i>bekyree</i>	54	<i>buprenorphine hcl</i>	47	<i>cefdinir</i>	13
BELSOMRA	45	<i>buprenorphine hcl-naloxone hcl</i>	47	<i>cefepime hcl</i>	13
<i>benazepril hcl</i>	26	<i>bupropion hcl</i>	38	<i>cefixime</i>	13
<i>benazepril-hydrochlorothiazide</i>	25	<i>bupropion hcl er (smoking det)</i>	47	<i>cefoxitin sodium</i>	13
BENDEKA	17	<i>bupropion hcl er (sr)</i>	38	<i>cefodoxime proxetil</i>	13
BENLYSTA	72	<i>bupropion hcl er (xl)</i>	38	<i>cefprozil</i>	13
<i>benzoyl peroxide-erythromycin</i>	84	<i>buspirone hcl</i>	33	<i>ceftazidime</i>	13
<i>benztropine mesylate</i>	40	<i>butorphanol tartrate</i>	4	<i>CEFTAZIDIME AND DEXTROSE</i>	13
BEPREVE	77	BYDUREON BCISE	50	<i>ceftriaxone sodium</i>	13
BERINERT	68	BYETTA 10 MCG PEN	50	<i>cefuroxime axetil</i>	13
BESIVANCE	78	BYETTA 5 MCG PEN	50	<i>cefuroxime sodium</i>	13, 14
<i>betamethasone dipropionate</i>	86	BYSTOLIC	29	<i>celecoxib</i>	3
<i>betamethasone dipropionate aug</i>	86	<i>cabergoline</i>	60	CELONTIN	33
<i>betamethasone valerate</i>	86	CABOMETYX	20	<i>cephalexin</i>	14
BETASERON	46	<i>calcipotriene</i>	85	CERDELGA	60
<i>betaxolol hcl</i>	77	<i>calcitonin (salmon)</i>	52	CEREZYME	60
<i>bethanechol chloride</i>	66	<i>calcitrene</i>	85	<i>cetirizine hcl</i>	81
BETOPTIC-S	77	<i>calcitriol</i>	62, 63	<i>cevimeline hcl</i>	88
BEVESPI AEROSPHERE	80	<i>calcium acetate</i>	62	CHANTIX	47
<i>bexarotene</i>	19	<i>calcium acetate (phos binder)</i>	62	CHANTIX CONTINUING MONTH	
BEXZERO	73	CALQUENCE	20	PAK	47
<i>bicalutamide</i>	18	<i>camila</i>	54	CHANTIX STARTING MONTH	
BICILLIN L-A	15	<i>candesartan cilexetil</i>	27	PAK	47
BIKTARVY	10	<i>candesartan cilexetil-hctz</i>	26	<i>chateal</i>	54
<i>bisoprolol fumarate</i>	29	CAPLYTA	41	CHEMET	53
<i>bisoprolol-hydrochlorothiazide</i>	29	CAPRELSA	20	<i>chlorhexidine gluconate</i>	88
BIVIGAM	71	<i>captopril</i>	26	<i>chloroquine phosphate</i>	8
BLEPHAMIDE S.O.P.	78	CARBAGLU	60	<i>chlorpromazine hcl</i>	41
<i>blisovi fe 1.5/30</i>	54	<i>carbamazepine</i>	33	<i>chlorthalidone</i>	31
BOOSTRIX	73	<i>carbamazepine er</i>	33	<i>cholestyramine</i>	28
BORTEZOMIB	20	<i>carbidopa</i>	40	<i>cholestyramine light</i>	28
BOSULIF	20	<i>carbidopa-levodopa</i>	40	<i>ciclopirox olamine</i>	85
BRAFTOVI	20	<i>carbidopa-levodopa er</i>	40	<i>cilstostazol</i>	68
BREO ELLIPTA	84	<i>carbidopa-levodopa-</i>		CILOXAN	78
BREZTRI AEROSPHERE	80	<i>entacapone</i>	40	CIMDUO	10
<i>briellyn</i>	54	<i>carboplatin</i>	17	<i>cinacalcet hcl</i>	60
BRILINTA	69	<i>carteolol hcl</i>	77	CINRYZE	68
<i>brimonidine tartrate</i>	77	<i>cartia xt</i>	30	CIPRO	14
BRIVIACT	33	<i>carvedilol</i>	29	<i>CIPRO HC</i>	80
<i>bromfenac sodium (once-daily)</i>	79	<i>carvedilol phosphate er</i>	29	<i>CIPRODEX</i>	80
<i>bromocriptine mesylate</i>	40	<i>caspofungin acetate</i>	6	<i>ciprofloxacin hcl</i>	14, 15, 78
		CAYSTON	6	<i>ciprofloxacin in d5w</i>	15

<i>cisplatin</i>	17	<i>compro</i>	63	<i>desonide</i>	86
<i>citalopram hydrobromide</i>	38	<i>constulose</i>	64	<i>desvenlafaxine succinate er</i>	38
<i>claravis</i>	84	<i>COPIKTRA</i>	21	<i>dexamethasone</i>	59
<i>clarithromycin</i>	14	<i>CORLANOR</i>	32	<i>DEXAMETHASONE INTENSOL</i>	59
<i>clarithromycin er</i>	14	<i>COTELLIC</i>	21	<i>dexamethasone sod phosphate pf</i>	59
<i>clindamycin hcl</i>	6	<i>CREON</i>	66	<i>dexamethasone sodium phosphate</i>	59, 79
<i>clindamycin palmitate hcl</i>	6	<i>cromolyn sodium</i>	65, 77, 82	<i>DEXILANT</i>	66
<i>clindamycin phosphate</i>	7, 67, 84	<i>cryselle-28</i>	54	<i>dextroamphetamine sulfate er</i>	44
<i>clindamycin phosphate in d5w</i>	7	<i>cyclafem 1/35</i>	54	<i>dextrose</i>	76
CLINDAMYCIN PHOSPHATE IN NACL	7	<i>cyclafem 7/7/7</i>	54	DEXTROSE 5%/ELECTROLYTE	
CLINIMIX/DEXTROSE (4.25/10)	76	<i>cyclobenzaprine hcl</i>	47	#48	74
CLINIMIX/DEXTROSE (4.25/5)	76	<i>cyclophosphamide</i>	17	<i>dextrose in lactated ringers</i>	74
CLINIMIX/DEXTROSE (5/15)	76	CYCLOPHOSPHAMIDE	17	DEXTROSE-NACL	74
CLINIMIX/DEXTROSE (5/20)	76	<i>cycloserine</i>	11	<i>dextrose-nacl</i>	74
CLINIMIX/DEXTROSE (6/5)	76	<i>cyclosporine</i>	72	<i>dextrose-sodium chloride</i>	74
CLINIMIX/DEXTROSE (8/10)	76	<i>cyclosporine modified</i>	72	DIACOMIT	34
CLINIMIX/DEXTROSE (8/14)	76	<i>cyproheptadine hcl</i>	81	<i>diazepam</i>	34
<i>clinisol sf</i>	76	<i>cyred eq</i>	54	<i>diazoxide</i>	60
CLINOLIPID	76	CYSTADANE	60	<i>diclofenac potassium</i>	3
<i>clobazam</i>	33, 34	CYSTADROPS	79	<i>diclofenac sodium</i>	3, 79, 88
<i>clobetasol propionate</i>	86	CYSTAGON	60	<i>diclofenac sodium er</i>	3
<i>clobetasol propionate e</i>	86	CYSTARAN	79	<i>diclofenac-misoprostol</i>	3
<i>clodan</i>	86	<i>cytarabine</i>	17	<i>dicloxacillin sodium</i>	16
<i>clomipramine hcl</i>	38	<i>dalfampridine er</i>	46	<i>dicyclomine hcl</i>	63
<i>clonazepam</i>	34	DALIRESP	82	DIFICID	14
<i>clonidine</i>	32	<i>danazol</i>	58	<i>diflorasone diacetate</i>	86
<i>clonidine hcl</i>	32	<i>dantrolene sodium</i>	47	<i>diflunisal</i>	3
<i>clopidogrel bisulfate</i>	69	<i>dapsone</i>	7	<i>digitek</i>	32
<i>clorazepate dipotassium</i>	34	DAPTACEL	73	<i>digox</i>	32
<i>clotrimazole</i>	85, 88	<i>daptomycin</i>	7	<i>digoxin</i>	32
<i>clotrimazole-betamethasone</i>	85	DAPTOMYCIN	7	<i>dihydroergotamine mesylate</i>	45
<i>clozapine</i>	41	<i>darifenacin hydrobromide er</i>	67	DILANTIN	34
COARTEM	8	<i>dasetta 1/35</i>	54	DILANTIN INFATABS	34
<i>colchicine</i>	3	<i>dasetta 7/7/7</i>	54	<i>diltiazem hcl</i>	30
<i>colchicine-probenecid</i>	3	DAURISMO	21	<i>diltiazem hcl er</i>	30
<i>colesevelam hcl</i>	28	<i>deblitane</i>	54	<i>diltiazem hcl er beads</i>	30
<i>colestipol hcl</i>	28	<i>deferasirox</i>	53	<i>diltiazem hcl er coated beads</i>	30
<i>colistimethate sodium (cba)</i>	7	<i>deferasirox granules</i>	53	<i>dilt-xr</i>	30
COMBIGAN	77	DELESTROGEN	58	<i>diphenhydramine hcl</i>	81
COMBIVENT RESPIMAT	80	DELSTRIGO	10	<i>diphenoxylate-atropine</i>	65
COMETRIQ (100 MG DAILY DOSE)	20	DESCOVY	10	DIPHTHERIA-TETANUS TOXOIDS DT	73
COMETRIQ (140 MG DAILY DOSE)	20	<i>desipramine hcl</i>	38	<i>dipyridamole</i>	69
COMETRIQ (60 MG DAILY DOSE)	20	<i>desloratadine</i>	81	<i>disopyramide phosphate</i>	27
COMPLERA	10	<i>desmopressin ace spray refrig</i>	60	<i>disulfiram</i>	48
		<i>desmopressin acetate</i>	60		
		<i>desmopressin acetate pf</i>	60		
		<i>desmopressin acetate spray</i>	60		
		<i>desogestrel-ethinyl estradiol</i>	54		

<i>divalproex sodium</i>	34	EMTRIVA	9	<i>ethynodiol diac-eth estradiol</i>	54
<i>divalproex sodium er</i>	34	EMVERM	7	<i>etodolac</i>	3
DOCETAXEL	19, 20	<i>enalapril maleate</i>	26	<i>etodolac er</i>	3
<i>docetaxel</i>	19	<i>enalapril-hydrochlorothiazide</i>	25	<i>etonogestrel-ethinyl estradiol</i>	54
<i>dofetilide</i>	27	ENBREL	69	<i>etoposide</i>	20
<i>donepezil hcl</i>	37	ENBREL MINI	69	<i>etravirine</i>	9
DOPTELET	68	ENBREL SURECLICK	69	<i>euthyrox</i>	62
<i>dorzolamide hcl</i>	77	ENDARI	68	<i>everolimus</i>	21, 72
<i>dorzolamide hcl-timolol mal</i>	77	<i>endocet</i>	4	EVOTAZ	11
<i>dotti</i>	58	ENGERIX-B	73	<i>exemestane</i>	18
DOVATO	10	<i>enoxaparin sodium</i>	67	EZALLOR SPRINKLE	28
<i>doxazosin mesylate</i>	26	<i>enpresse-28</i>	54	<i>ezetimibe</i>	28
<i>doxepin hcl</i>	38, 45	<i>enskyce</i>	54	<i>ezetimibe-simvastatin</i>	28
<i>doxercalciferol</i>	63	ENSTILAR	86	FABRAZYME	60
<i>doxorubicin hcl</i>	17	<i>entacapone</i>	40	<i>falmina</i>	55
<i>doxorubicin hcl liposomal</i>	17	<i>entecavir</i>	12	<i>famciclovir</i>	12
<i>doxy 100</i>	16	ENTRESTO	26	<i>famotidine</i>	64
<i>doxycycline hydiate</i>	16	<i>enulose</i>	64	<i>famotidine premixed</i>	64
<i>doxycycline monohydrate</i>	16	EPCLUSA	12	FANAPT	41
DRIZALMA SPRINKLE	38	EPIDIOLEX	34	FANAPT TITRATION PACK	41
<i>dronabinol</i>	63	<i>epinephrine</i>	82	FARXIGA	50
<i>drospirenone-ethinyl estradiol</i>	54	<i>epirubicin hcl</i>	17	FARYDAK	21
DROXIA	68	<i>epitol</i>	34	FASENRA	82
<i>droxidopa</i>	32	EPIVIR HBV	12	FASENRA PEN	82
DUEXIS	3	<i>eplerenone</i>	26	<i>febuxostat</i>	3
<i>duloxetine hcl</i>	38	<i>ergotamine-caffeine</i>	45	<i>felbamate</i>	34
DUREZOL	79	ERIVEDGE	21	<i>felodipine er</i>	30
<i>dutasteride</i>	66	ERLEADA	18	<i>femynor</i>	55
<i>dutasteride-tamsulosin hcl</i>	66	<i>erlotinib hcl</i>	21	<i>fenofibrate</i>	28
<i>ec-naproxen</i>	3	<i>errin</i>	54	<i>fenofibrate micronized</i>	28
EDARBI	27	<i>ertapenem sodium</i>	7	<i>fenofibric acid</i>	28
EDARBYCLOR	26	<i>ery</i>	84	<i>fentanyl</i>	4
EDURANT	9	<i>ery-tab</i>	14	<i>fentanyl citrate</i>	4
<i>efavirenz</i>	9	ERYTHROCIN LACTOBIONATE	14	FETZIMA	38
<i>efavirenz-emtricitab-tenofovir</i>	10	<i>erythrocin stearate</i>	14	FETZIMA TITRATION	38
<i>efavirenz-lamivudine-tenofovir</i>	11	<i>erythromycin</i>	78, 84	FIASP	48
<i>elinest</i>	54	<i>erythromycin base</i>	14	FIASP FLEXTOUCH	48
ELIQUIS	67	<i>erythromycin ethylsuccinate</i>	14	FIASP PENFILL	48
ELIQUIS DVT/PE STARTER PACK	67	ESBRIET	82	FINACEA	88
ELLA	54	<i>escitalopram oxalate</i>	38	<i>finasteride</i>	66
<i>eluryng</i>	54	<i>esomeprazole magnesium</i>	66	FINTEPLA	34
EMCYT	18	<i>estarrylla</i>	54	<i>flac</i>	80
EMGALITY	45	<i>estradiol</i>	58	FLAREX	79
EMGALITY (300 MG DOSE)	45	<i>estradiol valerate</i>	58	FLEBOGAMMA DIF	71
<i>emoquette</i>	54	<i>estradiol-norethindrone acet</i>	58	<i>flecainide acetate</i>	27
EMSAM	38	<i>eszopiclone</i>	45	FLOVENT DISKUS	83
<i>emtricitabine</i>	9	<i>ethambutol hcl</i>	11	FLOVENT HFA	83
<i>emtricitabine-tenofovir df</i>	11	<i>ethosuximide</i>	34	<i>fluconazole</i>	6

<i>fluconazole in sodium chloride</i>	6	GATTEX.....	65	HEPARIN (PORCINE) IN NACL.....	68
<i>flucytosine</i>	6	GAUZE PADS 2" X 2"	48	<i>heparin sod (porcine) in d5w</i>	68
<i>fludrocortisone acetate</i>	59	<i>gavilyte-c</i>	64	<i>heparin sodium (porcine)</i>	68
<i>flunisolide</i>	83	<i>gavilyte-g</i>	64	<i>hepatamine</i>	76
<i>fluocinolone acetonide</i>	80, 86	<i>gavilyte-n with flavor pack</i>	64	HERCEPTIN.....	21
<i>fluocinolone acetonide body</i>	86	GAVRETO.....	21	HERCEPTIN HYLECTA.....	21
<i>fluocinolone acetonide scalp</i>	86	<i>gemcitabine hcl</i>	17	HERZUMA.....	21
<i>fluocinonide</i>	86, 87	<i>gemfibrozil</i>	28	HETLIOZ.....	45
<i>fluocinonide emulsified base</i>	86	<i>generlac</i>	64	HIBERIX.....	73
<i>fluorometholone</i>	79	<i>gengraf</i>	72	HUMIRA.....	70
<i>fluorouracil</i>	17, 88	GENOTROPIN.....	61	HUMIRA PEDIATRIC CROHNS	
<i>fluoxetine hcl</i>	38	GENOTROPIN MINIQUICK.....	61	START.....	69
<i>fluphenazine decanoate</i>	41	<i>gentak</i>	78	HUMIRA PEN.....	69
<i>fluphenazine hcl</i>	41, 42	<i>gentamicin in saline</i>	7	HUMIRA PEN-CD/UC/HS	
<i>flurbiprofen</i>	3	<i>gentamicin sulfate</i>	7, 78, 84	STARTER.....	69
<i>flurbiprofen sodium</i>	79	GENVOYA.....	11	HUMIRA PEN-PEDIATRIC UC	
<i>flutamide</i>	18	GILENYA.....	47	START.....	69
<i>fluticasone propionate</i>	83, 87	GILOTRIF.....	21	HUMIRA PEN-PS/UV/ADOL HS	
<i>fluvastatin sodium</i>	28	<i>glatiramer acetate</i>	47	START.....	70
<i>fluvastatin sodium er</i>	28	<i>glatopa</i>	47	HUMIRA PEN-PSOR/UVEIT	
<i>fluvoxamine maleate</i>	33	<i>glimepiride</i>	50	STARTER.....	70
<i>fondaparinux sodium</i>	67	<i>glipizide</i>	50	HUMULIN R U-500	
FORTAMET.....	50	<i>glipizide er</i>	50	(CONCENTRATED).....	48
FORTEO.....	52	<i>glipizide xl</i>	50	HUMULIN R U-500 KWIKPEN.....	48
FOSAMAX PLUS D.....	52	<i>glipizide-metformin hcl</i>	50	hydralazine hcl.....	32
<i>fosamprenavir calcium</i>	9	<i>glycopyrrolate</i>	63	hydrochlorothiazide.....	31
<i>fosinopril sodium</i>	26	<i>glydo</i>	87	hydrocodone-acetaminophen.....	4
<i>fosinopril sodium-hctz</i>	25	GLYXAMBI.....	50	hydrocodone-ibuprofen.....	4
FOTIVDA.....	21	GOLYTELY.....	64	hydrocortisone.....	59, 64, 87
FREAMINE HBC.....	76	GRALISE.....	46	hydrocortisone (perianal).....	88
FREAMINE III.....	76	<i>granisetron hcl</i>	63	hydromorphone hcl.....	4
<i>fulvestrant</i>	18	<i>griseofulvin microsize</i>	6	hydroxychloroquine sulfate.....	70
<i>furosemide</i>	31	<i>griseofulvin ultramicrosize</i>	6	hydroxyurea.....	19
FUZEON.....	9	<i>guanfacine hcl</i>	32	hydroxyzine hcl.....	81
<i>fyavolv</i>	58	<i>guanfacine hcl er</i>	44	hydroxyzine pamoate.....	81
FYCOMPA.....	35	GVOKE HYPOEN 2-PACK.....	60	HYSINGLA ER.....	4
<i> gabapentin</i>	35	GVOKE PFS.....	60	<i>ibandronate sodium</i>	52
<i>galantamine hydrobromide</i>	37	HAEGARDA.....	68	IBRANCE.....	21
<i>galantamine hydrobromide er</i>	37	<i>hailey 1.5/30</i>	55	<i>ibu</i>	3
GAMASTAN.....	71	<i>halcinonide</i>	87	<i>ibuprofen</i>	3
GAMMAGARD.....	71	<i>halobetasol propionate</i>	87	<i>icatibant acetate</i>	69
GAMMAGARD S/D LESS IGA.....	71	HALOG	87	<i>iclevia</i>	55
GAMMAKED.....	71	<i>haloperidol</i>	42	ICLUSIG.....	21
GAMMAPLEX.....	71	<i>haloperidol decanoate</i>	42	IDHIFA.....	21
GAMUNEX-C.....	71	<i>haloperidol lactate</i>	42	ILEVRO.....	79
<i>ganciclovir sodium</i>	12	HARVONI.....	12	<i>imatinib mesylate</i>	21
GARDASIL 9.....	73	HAVRIX.....	73	IMBRUVICA.....	21
<i>gatifloxacin</i>	78	<i>heather</i>	55	<i>imipenem-cilastatin</i>	7

<i>imipramine hcl</i>	38	<i>isosorbide mononitrate</i>	32	<i>klor-con 10</i>	75
<i>imipramine pamoate</i>	39	<i>isosorbide mononitrate er</i>	32	<i>klor-con m10</i>	75
<i>imiquimod</i>	88	<i>isotretinoin</i>	84	<i>klor-con m15</i>	75
IMOVAZ RABIES	73	<i>isradipine</i>	30	<i>klor-con m20</i>	75
IMVEXXY MAINTENANCE PACK	58	<i>itraconazole</i>	6	KORLYM	61
IMVEXXY STARTER PACK	58	<i>ivermectin</i>	7	<i>kurvelo</i>	55
<i>incassia</i>	55	IXIARO	73	KYNMOBI	40
INCRELEX	61	JAKAFI	21	<i>labetalol hcl</i>	29
INCRUSE ELLIPTA	80	<i>jantoven</i>	68	<i>lactated ringers</i>	74
<i>indapamide</i>	31	JANUMET	51	<i>lactulose</i>	65
INFANRIX	73	JANUMET XR	51	<i>lactulose encephalopathy</i>	64
INGREZZA	46	JANUVIA	51	<i>lamivudine</i>	9, 12
INLYTA	21	JARDIANC	51	<i>lamivudine-zidovudine</i>	11
INQOVI	18	<i>jasmiel</i>	55	<i>lamotrigine</i>	35
INREBIC	21	JENTADUETO	51	<i>lamotrigine er</i>	35
INSULIN PEN NEEDLE	49	JENTADUETO XR	51	<i>lansoprazole</i>	66
INSULIN SYRINGE (DISP) U-100		<i>jinteli</i>	59	<i>lapatinib ditosylate</i>	22
0.3 ML	49	<i>jolessa</i>	55	<i>larin 1.5/30</i>	55
INSULIN SYRINGE (DISP) U-100		JUBLIA	85	<i>larin 1/20</i>	55
1 ML	49	<i>juleber</i>	55	<i>larin fe 1.5/30</i>	55
INSULIN SYRINGE (DISP) U-100		JULUCA	11	<i>larin fe 1/20</i>	55
1/2 ML	49	<i>junel 1.5/30</i>	55	<i>larissia</i>	55
INTELENCE	9	<i>junel 1/20</i>	55	LASTACRAFT	77
INTRALIPID	77	<i>junel fe 1.5/30</i>	55	<i>latanoprost</i>	77
INTRON A	71, 72	<i>junel fe 1/20</i>	55	LATUDA	42
<i>introvale</i>	55	KADCYLA	21	<i>leena</i>	55
INVEGA SUSTENNA	42	KALETRA	11	<i>leflunomide</i>	70
INVEGA TRINZA	42	KALYDECO	82	LENVIMA (10 MG DAILY DOSE)	22
INVIRASE	9	KANJINTI	22	LENVIMA (12 MG DAILY DOSE)	22
INVOKAMET	50	<i>kariva</i>	55	LENVIMA (14 MG DAILY DOSE)	22
INVOKAMET XR	50	<i>kcl in dextrose-nacl</i>	74	LENVIMA (18 MG DAILY DOSE)	22
INVOKANA	50, 51	KCL IN DEXTROSE-NACL	74	LENVIMA (20 MG DAILY DOSE)	22
IPOP	73	<i>kelnor 1/35</i>	55	LENVIMA (24 MG DAILY DOSE)	22
<i>ipratropium bromide</i>	80	<i>kelnor 1/50</i>	55	LENVIMA (4 MG DAILY DOSE)	22
<i>ipratropium-albuterol</i>	80	<i>ketoconazole</i>	6, 85	LENVIMA (8 MG DAILY DOSE)	22
<i>irbesartan</i>	27	<i>ketorolac tromethamine</i>	79	<i>lessina</i>	55
<i>irbesartan-hydrochlorothiazide</i>	26	KEYTRUDA	22	<i>letrozole</i>	18
IRESSA	21	KINRIX	73	<i>leucovorin calcium</i>	25
<i>irinotecan hcl</i>	19	KISQALI (200 MG DOSE)	22	LEUKERAN	17
ISENTRESS	9	KISQALI (400 MG DOSE)	22	<i>leuprolide acetate</i>	18
ISENTRESS HD	9	KISQALI (600 MG DOSE)	22	<i>levalbuterol hcl</i>	81
<i>isibloom</i>	55	KISQALI FEMARA (400 MG		<i>levalbuterol tartrate</i>	81
ISOLYTE-P IN D5W	74	DOSE)	19	LEVEMIR	49
ISOLYTE-S	74	KISQALI FEMARA (600 MG		LEVEMIR FLEXTOUCH	49
ISOLYTE-S PH 7.4	74	DOSE)	19	<i>levetiracetam</i>	35
<i>isoniazid</i>	11	KISQALI FEMARA(200 MG		<i>levetiracetam er</i>	35
ISOPTO ATROPINE	79	DOSE)	19	<i>levetiracetam in nacl</i>	35
<i>isosorbide dinitrate</i>	32	klor-con	76	<i>levobunolol hcl</i>	77

<i>levocarnitine</i>	61	<i>loxapine succinate</i>	42	<i>metformin hcl</i>	51
<i>levocetirizine dihydrochloride</i>	81	<i>lubiprostone</i>	65	<i>metformin hcl er</i>	51
<i>levofloxacin</i>	15	<i>LUMAKRAS</i>	22	<i>metformin hcl er (osm)</i>	51
<i>levofloxacin in d5w</i>	15	<i>LUMIGAN</i>	77	<i>methadone hcl</i>	4
<i>levonest</i>	55	<i>LUMIZYME</i>	61	<i>methadone hcl intensol</i>	4
<i>levonorgest-eth estrad 91-day</i>	55	<i>LUPRON DEPOT (1-MONTH)</i>	18	<i>methazolamide</i>	31
<i>levonorgestrel-ethinyl estrad</i>	55	<i>LUPRON DEPOT (3-MONTH)</i>	18	<i>methenamine hippurate</i>	7
<i>levonorg-eth estrad triphasic</i>	55	<i>LUPRON DEPOT-PED (1-</i>		<i>methimazole</i>	62
<i>levora 0.15/30 (28)</i>	55	<i>MONTH)</i>	61	<i>methotrexate</i>	70
<i>levo-t</i>	62	<i>LUPRON DEPOT-PED (3-</i>		<i>methotrexate sodium</i>	18
<i>levothyroxine sodium</i>	62	<i>MONTH)</i>	61	<i>methotrexate sodium (pf)</i>	18
<i>levoxyl</i>	62	<i>lutera</i>	56	<i>methyldopa</i>	32
<i>LEXIVA</i>	9	<i>lyeq</i>	56	<i>methylphenidate hcl</i>	44
<i>lidocaine</i>	87	<i>lyllana</i>	59	<i>methylphenidate hcl er</i>	44
<i>lidocaine hcl</i>	5, 87	<i>LYNPARZA</i>	22	<i>methylprednisolone</i>	59
<i>lidocaine hcl (pf)</i>	5	<i>LYRICA CR</i>	46	<i>methylprednisolone acetate</i>	59
<i>lidocaine hcl urethral/mucosal</i>	87	<i>LYSODREN</i>	18	<i>methylprednisolone sodium</i>	
<i>lidocaine viscous hcl</i>	88	<i>lyza</i>	56	<i>succ</i>	59
<i>lidocaine-prilocaine</i>	87	<i>magnesium sulfate</i>	75	<i>metoclopramide hcl</i>	63
<i>lillow</i>	55	<i>MAGNESIUM SULFATE</i>	75	<i>metolazone</i>	31
<i>linezolid</i>	7	<i>magnesium sulfate in d5w</i>	74	<i>metoprolol succinate er</i>	29
<i>linezolid in sodium chloride</i>	7	<i>MAGNESIUM SULFATE IN D5W</i>	74	<i>metoprolol tartrate</i>	29
<i>LINZESS</i>	65	<i>malathion</i>	88	<i>metoprolol-hydrochlorothiazide</i>	29
<i>liothyronine sodium</i>	62	<i>marlissa</i>	56	<i>metronidazole</i>	7, 67, 88
<i>lisinopril</i>	26	<i>MARPLAN</i>	39	<i>metronidazole in nacl</i>	7
<i>lisinopril-hydrochlorothiazide</i>	25	<i>MATULANE</i>	19	<i>metyrosine</i>	32
<i>LITHIUM</i>	46	<i>matzim la</i>	30	<i>micafungin sodium</i>	6
<i>lithium carbonate</i>	46	<i>MAVYRET</i>	12	<i>microgestin 1.5/30</i>	56
<i>lithium carbonate er</i>	46	<i>meclizine hcl</i>	63	<i>microgestin 1/20</i>	56
<i>LIVALO</i>	28	<i>medroxyprogesterone acetate</i>		<i>microgestin fe 1.5/30</i>	56
<i>loestrin 1.5/30 (21)</i>	55		56, 62	<i>microgestin fe 1/20</i>	56
<i>loestrin 1/20 (21)</i>	56	<i>mefloquine hcl</i>	8	<i>midodrine hcl</i>	32
<i>loestrin fe 1.5/30</i>	56	<i>megestrol acetate</i>	18, 62	<i> miglustat</i>	61
<i>loestrin fe 1/20</i>	56	<i>MEKINIST</i>	22	<i> mili</i>	56
<i>LOKELMA</i>	53	<i>MEKTOVI</i>	22	<i> mimvey</i>	59
<i>LONSURF</i>	18	<i>meloxicam</i>	3	<i> minitran</i>	32
<i>loperamide hcl</i>	65	<i>memantine hcl</i>	37	<i> minocycline hcl</i>	16
<i>lopinavir-ritonavir</i>	11	<i>memantine hcl er</i>	37	<i> minoxidil</i>	32
<i>lorazepam</i>	33	<i>MENACTRA</i>	73	<i> mirtazapine</i>	39
<i>lorazepam intensol</i>	33	<i>MENQUADFI</i>	73	<i> misoprostol</i>	65
<i>LORBRENA</i>	22	<i>MENVEO</i>	73	<i> MITIGARE</i>	3
<i>loryna</i>	56	<i>mercaptopurine</i>	18	<i> M-M-R II</i>	73
<i>losartan potassium</i>	27	<i>meropenem</i>	7	<i> M-NATAL PLUS</i>	76
<i>losartan potassium-hctz</i>	26	<i>mesalamine</i>	64	<i> modafinil</i>	47
<i>LOTEMAX</i>	79	<i>mesalamine er</i>	64	<i> moexipril hcl</i>	26
<i>loteprednol etabonate</i>	79	<i>mesalamine-cleanser</i>	64	<i> molindone hcl</i>	42
<i>lovastatin</i>	28	<i>MESNEX</i>	25	<i> mometasone furoate</i>	83, 87
<i>low-ogestrel</i>	56	<i>metadate er</i>	44	<i> mondoxyne nl</i>	16

MONJUVI.....	22	nevirapine er.....	9	NUBEQA.....	18
mono-linyah	56	NEXAVAR.....	22	NUEDEXTA.....	46
montelukast sodium	82	niacin er (antihyperlipidemic)	29	NULOJIX.....	72
morphine sulfate	5	nicardipine hcl.....	30	NULYTELY LEMON-LIME.....	65
morphine sulfate (concentrate)	5	NICOTROL.....	48	NUPLAZID.....	42
MORPHINE SULFATE (PF).....	5	NICOTROL NS.....	48	NUTRILIPID.....	77
morphine sulfate (pf)	5	nifedipine er.....	30	nyamyc	85
morphine sulfate er	4	nifedipine er osmotic release	30	nylia 7/7/7.....	57
MOVANTIK.....	65	nikki.....	56	NYMALIZE.....	30
moxifloxacin hcl.....	15, 78	nilutamide	18	nymyo	57
MULTAQ.....	27	nimodipine	30	nystatin	6, 85, 88
mupirocin	85	NINLARO	22	nystop	85
MVASI.....	22	nisoldipine er.....	30	ocella	57
mycophenolate mofetil	72	nitazoxanide	7	OCTAGAM.....	71
mycophenolate sodium	72	nitisinone	61	octreotide acetate	61
myorisan	84	NITRO-BID	32	ODEFSEY.....	11
MYRBETRIQ.....	67	nitrofurantoin macrocrystal	7	ODOMZO.....	23
nabumetone	3	nitrofurantoin monohyd macro ...	7	OFEV.....	82
nadolol	29	nitroglycerin	32	ofloxacin	79, 80
nafcillin sodium	16	nizatidine	64	OGIVRI.....	23
NAGLAZYME	61	nora-be	56	olanzapine	42, 43
nalbuphine hcl	5	norethnin ace-eth estrad-fe	56	olmesartan medoxomil	27
naloxone hcl	48	norethindrone	56	olmesartan medoxomil-hctz	26
naltrexone hcl	48	norethindrone acetate	62	olmesartan-amlodipine-hctz	27
NAMZARIC.....	37	norethindrone acet-ethynil est ...	56	olopatadine hcl	77, 81
naproxen	3, 4	norethindrone-eth estradiol	59	omeprazole	66
naproxen sodium	4	norgestimate-eth estradiol	56	OMNARIS.....	83
naratriptan hcl	45	norgestim-eth estrad triphasic ...	56	OMNIPOD 5 PACK.....	49
NARCAN.....	48	norlyroc	56	OMNIPOD DASH 5 PACK PODS ..	49
NASONEX.....	83	NORPACE CR.....	27	OMNIPOD STARTER.....	49
NATACYN.....	78	nortrel 0.5/35 (28)	56	ondansetron	63
nateglinide	51	nortrel 1/35 (21)	56	ondansetron hcl	63
NATPARA.....	52	nortrel 1/35 (28)	56	ONTRUZANT	23
NAYZILAM.....	35	nortrel 7/7/7	57	ONUREG	18
necon 0.5/35 (28).....	56	nortriptyline hcl	39	OPSUMIT	33
NEEDLES, INSULIN DISP.,		NORVIR	9	ORGOVYX	18
SAFETY	49	NOVOLIN 70/30	49	ORKAMBI	82
nefazodone hcl	39	NOVOLIN 70/30 FLEXPEN	49	orsythia	57
neomycin sulfate	7	NOVOLIN N	49	oseltamivir phosphate	12
neomycin-bacitracin zn- polymyx	78	NOVOLIN N FLEXPEN	49	oxacillin sodium	16
neomycin-polymyxin-dexameth ..	78	NOVOLIN R	49	oxaliplatin	17
neomycin-polymyxin-gramicidin ..	78	NOVOLIN R FLEXPEN	49	oxandrolone	48
neomycin-polymyxin-hc	78, 80	NOVOLOG	49	oxaprozin	4
NERLYNX.....	22	NOVOLOG FLEXPEN	49	oxcarbazepine	35
NEUPRO	40	NOVOLOG MIX 70/30	49	oxiconazole nitrate	85
NEVANAC.....	79	NOVOLOG MIX 70/30 FLEXPEN ..	49	oxybutynin chloride	67
nevirapine	9	NOVOLOG PENFILL	49	oxybutynin chloride er	67
		NOXAFL	6	oxycodone hcl	5

oxycodone-acetaminophen	5	philith	57	PREMASOL	77
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	51	PIFELTRO	9	PREMPRO	59
OZEMPIC (1 MG/DOSE).....	51	pilocarpine hcl	77, 88	PRENATAL VITAMIN PLUS LOW IRON	76
pacerone	27	pimozone	43	PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	76
paclitaxel	20	pindolol	29	prevalite	29
paliperidone er	43	pioglitazone hcl	51	previfem	57
pamidronate disodium	52, 53	piperacillin sod-tazobactam so ..	16	PREVYMIS	12
PAMIDRONATE DISODIUM	53	PIQRAY (200 MG DAILY DOSE)....	23	PREZCOBIX	11
pantoprazole sodium	66	PIQRAY (250 MG DAILY DOSE)....	23	PREZISTA	10
PANZYGA	71	PIQRAY (300 MG DAILY DOSE)....	23	PRIFTIN	11
paraplatin	17	pirmella 1/35	57	PRILOSEC	66
paricalcitol	63	piroxicam	4	PRIMAQUINE PHOSPHATE	9
paromomycin sulfate	8	PLASMA-LYTE 148	75	primaquine phosphate	9
paroxetine hcl	39	PLASMA-LYTE A	75	primidone	36
paroxetine hcl er	39	plenamine	77	PRIVIGEN	71
PASER	11	PLENU	65	probencid	3
PAXIL	39	podofilox	88	PROCALAMINE	77
PEDIARIX	73	polymyxin b-trimethoprim	79	prochlorperazine	63
PEDVAX HIB	73	POMALYST	19	prochlorperazine edisylate	63
peg 3350-kcl-na bicarb-nacl	65	portia-28	57	prochlorperazine maleate	63
peg-3350/electrolytes	65	posaconazole	6	PROCRT	68
PEGASYS	12	potassium chloride	75, 76	procto-med hc	88
PEMAZYRE	23	POTASSIUM CHLORIDE	75	procto-pak	88
penicillamine	53	potassium chloride crys er	76	proctozone-hc	88
PENICILLIN G POT IN DEXTROSE ..	16	potassium chloride er	76	PROGRAF	72
penicillin g potassium	16	potassium chloride in dextrose ..	75	PROLASTIN-C	82, 83
PENICILLIN G PROCAINE	16	POTASSIUM CHLORIDE IN NACL ..	75	PROLENSA	79
penicillin g sodium	16	potassium chloride in nacl	75	PROLIA	53
penicillin v potassium	16	potassium citrate er	66	PROMACTA	69
PENTACEL	73	PRADAXA	68	promethazine hcl	63
pentamidine isethionate	8	PRALUENT	29	propafenone hcl	27
PENTASA	64	pramipexole dihydrochloride ..	40	propafenone hcl er	27
pentoxifylline er	69	pramipexole dihydrochloride er..	40	paracetamol hcl	79
perindopril erbumine	26	prasugrel hcl	69	propranolol hcl	29
periogard	88	pravastatin sodium	28	propranolol hcl er	29
permethrin	88	praziquantel	8	propylthiouracil	62
perphenazine	43	prazosin hcl	26	PROQUAD	73
PERSERIS	43	prednisolone	59	PROSOL	77
pfizerpen	16	prednisolone acetate	79	protriptyline hcl	39
phenelzine sulfate	39	prednisolone sodium phosphate ..	59, 60	PSORCON	87
phenobarbital	35	PREDNISOLONE SODIUM PHOSPHATE ..	79	PULMICORT FLEXHALER	84
phenobarbital sodium	35	prednisone	60	PULMOZYME	83
PHENYTEK	35	PREDNISONE INTENSOL	60	PURIXAN	18
phenytoin	35	pregabalin	36	pyrazinamide	11
phenytoin sodium	36	PREMARIN	59	pyridostigmine bromide	46

QINLOCK	23	<i>ropinirole hcl</i>	40	<i>solifenacin succinate</i>	67
QUADRACEL	73	<i>ropinirole hcl er</i>	40	SOLIQUA	49
<i>quetiapine fumarate</i>	43	<i>rosadan</i>	88	SOLTAMOX	18
<i>quetiapine fumarate er</i>	43	<i>rosuvastatin calcium</i>	28	SOLU-CORTEF	60
<i>quinapril hcl</i>	26	ROTARIX	73	SOMATULINE DEPOT	61
<i>quinapril-hydrochlorothiazide</i>	25	ROTATEQ	73	SOMAVERT	61
<i>quinidine sulfate</i>	27	<i>roweepra</i>	36	<i>sorine</i>	28
<i>quinine sulfate</i>	9	ROZLYTREK	23	<i>sotalol hcl</i>	28
RABAVERT	73	RUBRACA	23	<i>sotalol hcl (af)</i>	28
<i>rabeprazole sodium</i>	66	<i>rufinamide</i>	36	SOVALDI	12
<i>raloxifene hcl</i>	61	RUKOBIA	10	<i>spironolactone</i>	26
<i>ramipril</i>	26	RUXIENCE	23	<i>spironolactone-hctz</i>	31
<i>ranolazine er</i>	32	RYBELSUS	51	<i>sprintec 28</i>	57
<i>rasagiline mesylate</i>	40	RYDAPT	23	SPRITAM	36
RAYALDEE	63	SANDIMMUNE	72	SPRYCEL	23
<i>reclipsen</i>	57	SANTYL	88	<i>sps</i>	53
RECOMBIVAX HB	73	<i>sapropterin dihydrochloride</i>	61	<i>sronyx</i>	57
RECTIV	88	SAVELLA	46	<i>ssd</i>	85
REGRANEX	88	SAVELLA TITRATION PACK	46	STELARA	70
RELENZA DISKHALER	12	<i>scopolamine</i>	63	<i>sterile water for irrigation</i>	88
RELISTOR	65	SECUADO	43	STIVARGA	23
REMICADE	70	<i>selegiline hcl</i>	40	<i>streptomycin sulfate</i>	8
RENFLEXIS	70	<i>selenium sulfide</i>	85	STRIBILD	11
<i>repaglinide</i>	51	SELZENTRY	10	<i>subvenite</i>	36
RESTASIS	80	SEREVENT DISKUS	82	<i>sucralfate</i>	65
RESTASIS MULTIDOSE	80	<i>sertraline hcl</i>	39	<i>sulfacetamide sodium</i>	79
RETEVMO	23	<i>setlakin</i>	57	<i>sulfacetamide sodium (acne)</i>	84
REVLIMID	19	<i>sevelamer carbonate</i>	62	<i>sulfacetamide-prednisolone</i>	78
REXULTI	43	<i>sharobel</i>	57	SULFADIAZINE	8
REYATAZ	10	SHINGRIX	74	<i>sulfamethoxazole-trimethoprim</i>	8
RHOPRESSA	77	SIGNIFOR	61	SULFAMYLYON	85
RIABNI	23	<i>sildenafil citrate</i>	33	<i>sulfasalazine</i>	64
<i>ribavirin</i>	12	<i>silodosin</i>	66	<i>sulindac</i>	4
<i>rifabutin</i>	11	<i>silver sulfadiazine</i>	85	<i>sumatriptan</i>	45
<i>rifampin</i>	11	SIMBRINZA	77	<i>sumatriptan succinate</i>	45, 46
<i>riluzole</i>	46	<i>simliya</i>	57	<i>sumatriptan succinate refill</i>	45, 46
<i>rimantadine hcl</i>	12	<i>simvastatin</i>	28	<i>sumatriptan-naproxen sodium</i>	46
RINVOQ	70	<i>sirolimus</i>	72	SUPREP BOWEL PREP KIT	65
<i>risedronate sodium</i>	53	SIRTURO	11	SUTENT	23
RISPERDAL CONSTA	43	SIVEXTRO	8	<i>syeda</i>	57
<i>risperidone</i>	43	SKYRIZI	70	SYMBICORT	84
<i>ritonavir</i>	10	SKYRIZI (150 MG DOSE)	70	SYMDEKO	83
RITUXAN	23	SKYRIZI PEN	70	SYMLINPEN 120	51
RITUXAN HYCELA	23	<i>sodium chloride</i>	75, 88	SYMLINPEN 60	52
<i>rivastigmine</i>	37	<i>sodium fluoride chew, tab, 1.1</i>		SYMPAZAN	36
<i>rivastigmine tartrate</i>	37	<i>(0.5 f) mg/ml soln</i>	76	SYMTUZA	11
<i>rizatriptan benzoate</i>	45	<i>sodium phenylbutyrate</i>	61	SYNAREL	58
ROCKLATAN	77	<i>sodium polystyrene sulfonate</i>	53	SYNERCID	8

SYNJARDY	52	<i>thiothixene</i>	43	<i>trifluoperazine hcl</i>	43
SYNJARDY XR	52	<i>tiadylt er</i>	30	<i>trifluridine</i>	79
SYNRIBO	19	<i>tiagabine hcl</i>	36	<i>trihexyphenidyl hcl</i>	40
SYNTHROID	62	TIBSOVO	24	TRIJARDY XR	52
TABLOID	18	TIGECYCLINE	16	TRIKAFTA	83
TABRECTA	23	<i>tigecycline</i>	17	<i>tri-legest fe</i>	57
<i>tacrolimus</i>	72, 88	<i>tilia fe</i>	57	<i>tri-linyah</i>	57
<i>tadalafil (pah)</i>	33	<i>timolol maleate</i>	29, 78	<i>tri-lo-estarrylla</i>	57
TAFINLAR	23	TIVICAY	10	<i>tri-lo-marzia</i>	57
TAGRISSO	23	TIVICAY PD	10	<i>tri-lo-mili</i>	57
TALTZ	70	<i>tizanidine hcl</i>	47	<i>tri-lo-sprintec</i>	57
TALZENNA	23	TOBRADEX	78	<i>trilyte</i>	65
<i>tamoxifen citrate</i>	18	<i>tobramycin</i>	8, 79	<i>trimethoprim</i>	8
<i>tamsulosin hcl</i>	66	<i>tobramycin sulfate</i>	8	<i>tri-mili</i>	57
TARGETIN	88	<i>tobramycin-dexamethasone</i>	78	<i>trimipramine maleate</i>	39
<i>tarina fe 1/20 eq</i>	57	<i>tolterodine tartrate</i>	67	TRINTELLIX	39
TASIGNA	23	<i>tolterodine tartrate er</i>	67	<i>tri-nymyo</i>	57
<i>tazarotene</i>	85	<i>tolvaptan</i>	61	<i>tri-previfem</i>	57
<i>tazicef</i>	14	<i>topiramate</i>	36	<i>tri-sprintec</i>	57
TAZORAC	85	<i>toposar</i>	20	TRIUMEQ	11
<i>taztia xt</i>	30	<i>toremifene citrate</i>	18	<i>trivora (28)</i>	57
TAZVERIK	24	<i>torsemide</i>	31	<i>tri-vylibra</i>	57
TDVAX	74	TOVIAZ	67	<i>tri-vylibra lo</i>	57
TECENTRIQ	24	TPN ELECTROLYTES	75	TROGARZO	10
TECFIDERA	47	TRADJENTA	52	TROPHAMINE	77
TEFLARO	14	<i>tramadol hcl</i>	5	<i>trospium chloride</i>	67
<i>telmisartan</i>	27	<i>tramadol-acetaminophen</i>	5	TRULICITY	52
<i>telmisartan-amlodipine</i>	27	<i>trandolapril</i>	26	TRUMENBA	74
<i>telmisartan-hctz</i>	27	<i>tranexamic acid</i>	69	TRUSELTIQ (100MG DAILY DOSE)	24
<i>temazepam</i>	45	<i>tranylcypromine sulfate</i>	39	TRUSELTIQ (125MG DAILY DOSE)	24
TEMIXYS	11	TRAVASOL	77	TRUSELTIQ (50MG DAILY DOSE)	24
TENIVAC	74	<i>travoprost (bak free)</i>	78	TRUSELTIQ (75MG DAILY DOSE)	24
<i>tenofovir disoproxil fumarate</i>	10	TRAZIMERA	24	TRUXIMA	24
TEPMETKO	24	<i>trazodone hcl</i>	39	TRELEGY ELLIPTA	80
<i>terazosin hcl</i>	26	TRECATOR	11	TRELSTAR MIXJECT	18
<i>terbinafine hcl</i>	6	TREXALL	70	<i>treprostинil</i>	33
<i>terbutaline sulfate</i>	82	<i>triamcinolone acetonide</i>	87, 89	TRESIBA	49
<i>terconazole</i>	67	<i>triamterene-hctz</i>	31	TRESIBA FLEXTOUCH	49
<i>testosterone</i>	48	<i>tretinoин</i>	19, 84	<i>tretinoин</i>	19, 84
<i>testosterone cypionate</i>	48	TREXALL	70	TUKYSA	24
<i>testosterone enanthate</i>	48	<i>triamterene-hctz</i>	31	TURALIO	24
<i>tetrabenazine</i>	46	<i>tricare</i>	76	TWINRIX	74
<i>tetracycline hcl</i>	16	<i>triderm</i>	87	TYBOST	10
THALOMID	19	<i>trientine hcl</i>	53	TYMLOS	53
THEO-24	83	<i>tri-estarrylla</i>	57	TYPHIM VI	74
<i>theophylline</i>	83			UBRELVY	46
<i>theophylline er</i>	83			UKONIQ	24
<i>thioridazine hcl</i>	43			<i>unithroid</i>	62
				<i>ursodiol</i>	65
				<i>valacyclovir hcl</i>	12
				VALCHLOR	88
				<i>valganciclovir hcl</i>	12

<i>valproate sodium</i>	36	VOSEVI	12	ZEMAIRA	83
<i>valproic acid</i>	36	VOTRIENT	24	<i>zenatane</i>	84
<i>valsartan</i>	27	VRAYLAR	43	ZENPEP	66
<i>valsartan-hydrochlorothiazide</i>	27	VUMERITY	47	ZERVIATE	77
VALTOCO 10 MG DOSE	36	<i>vyfemla</i>	58	<i>zidovudine</i>	10
VALTOCO 15 MG DOSE	36	<i>vylibra</i>	58	<i>ziprasidone hcl</i>	43
VALTOCO 20 MG DOSE	36	VYVANSE	44	<i>ziprasidone mesylate</i>	43
VALTOCO 5 MG DOSE	36	VYZULTA	78	ZIRABEV	25
<i>vancomycin hcl</i>	8	<i>warfarin sodium</i>	68	ZIRGAN	79
VANCOMYCIN HCL IN NACL	8	<i>wera</i>	58	<i>zoledronic acid</i>	53
<i>vandazole</i>	67	XALKORI	24	ZOLINZA	25
VAQTA	74	XARELTO	68	<i>zolmitriptan</i>	46
VARIVAX	74	XARELTO STARTER PACK	68	<i>zolpidem tartrate</i>	45
VASCEPA	29	XATMEP	70	<i>zonisamide</i>	37
VELCADE	24	XCOPRI	37	ZORTRESS	72
<i>velvet</i>	57	XCOPRI (250 MG DAILY DOSE)	37	<i>zovia 1/35 (28)</i>	58
VELTASSA	53	XCOPRI (350 MG DAILY DOSE)	37	<i>zumandimine</i>	58
VEMLIDY	12	XELJANZ	70	ZYDELIG	25
VENCLEXTA	24	XELJANZ XR	70	ZYKADIA	25
VENCLEXTA STARTING PACK	24	XERMELO	65	ZYLET	78
<i>venlafaxine hcl</i>	39	XGEVA	53	ZYPITAMAG	28
<i>venlafaxine hcl er</i>	39	XIFAXAN	65	ZYPREXA RELPREVV	44
VENTAVIS	33	XIGDUO XR	52		
VENTOLIN HFA	82	XOLAIR	83		
<i>verapamil hcl</i>	31	XOSPATA	24		
<i>verapamil hcl er</i>	31	XPOVIO (100 MG ONCE			
VERSACLOZ	43	WEEKLY)	24		
VERZENIO	24	XPOVIO (40 MG ONCE WEEKLY)	24		
<i>vestura</i>	58	XPOVIO (40 MG TWICE			
V-GO 20	49	WEEKLY)	25		
V-GO 30	49	XPOVIO (60 MG ONCE WEEKLY)	25		
V-GO 40	50	XPOVIO (60 MG TWICE			
VICTOZA	52	WEEKLY)	25		
<i>vienna</i>	58	XPOVIO (80 MG ONCE WEEKLY)	25		
<i>vigabatrin</i>	36	XPOVIO (80 MG TWICE			
<i>vigadrone</i>	36	WEEKLY)	25		
VIIBRYD	39	XTANDI	19		
VIIBRYD STARTER PACK	39	xulane	58		
VIMPAT	36, 37	XULTOPHY	50		
<i>vincristine sulfate</i>	20	XYREM	47		
<i>vinorelbine tartrate</i>	20	YF-VAX	74		
<i>viorele</i>	58	<i>yuvafem</i>	59		
VIRACEPT	10	<i>zafemy</i>	58		
VIREAD	10	<i>zafirlukast</i>	82		
VITRAKVI	24	<i>zarah</i>	58		
VIVITROL	48	ZARXIO	68		
VIZIMPRO	24	ZEJULA	25		
<i>voriconazole</i>	6	ZELBORAF	25		

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Our plans use a formulary. The formulary may change at any time. You will receive notice when necessary. Please contact your plan for details.

For MAPD plans that offer preferred pharmacies

WellCare's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of MO and NE. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-833-444-9088 (TTY 711)** for Wellcare No Premium (HMO) and Wellcare Giveback (HMO) in MO or consult the online pharmacy directory at **www.wellcare.com/medicare**, and **1-833-542-0693 (TTY 711)** for Wellcare No Premium (HMO), Wellcare Giveback (HMO) and Wellcare No Premium Open (PPO) in NE or consult the online pharmacy directory at **www.wellcare.com/NE**.

For NM Dual Eligible Plans

For Allwell New Mexico D-SNP members: Such services are funded in part with the state of New Mexico.

For LA Dual Eligible Plans

For Louisiana D-SNP members: As a WellCare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through WellCare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting **https://www.myplan.healthy.la.gov/myaccount/choose/find-provider**. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at **https://ldh.la.gov/medicaid** and select the "Learn about Medicaid Services" link.

For TN Dual Eligible plans

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al 1-877-374-4056 (TTY: 711).

注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-877-374-4056 (TTY : 711)。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số 1-877-374-4056 (TTY: 711).

주의사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다.
1-877-374-4056 (TTY: 711) 번으로 연락해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa 1-877-374-4056 (TTY: 711).

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagan ti 1-877-374-4056 (TTY: 711).

La Silafia: Afai e te tautala i le gagana Sāmoa, gagana ‘au’au naga fesoasoani, fai fua leai se totogi, o lo’o avanoa ia te ‘oe. Vala’au le 1-877-374-4056 (TTY: 711).

Maliu: Inā ‘ōlelo Hawai‘i ‘oe, he lawelawe māhele ‘ōlelo, manuahi, i lako iā ‘oe. E kelepona iā 1-877-374-4056 (TTY: 711).

This formulary was updated on 10/01/2021.

For more recent information or other questions, please contact Wellcare Member Services at **1-888-550-5252** (TTY users should call, **711**), between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit **www.wellcare.com/PDP**.

10/01/2021

MedicareRx
Prescription Drug Coverage