

Independent Health's Medicare Advantage

2027 Enhanced Part D Formulary



(List of Covered Drugs or “Drug List”)

This document includes:

Independent Health's Encompass 65[®] RED 045 (HMO)
Independent Health's Medicare Family Choice[®] (HMO I-SNP)

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

HPMS Approved Formulary File Submission ID 27396

This formulary was updated on 10/1/2026. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.

The formulary may change at any time. You will receive notice when necessary.

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 Independent Health. When it refers to “plan” or “our plan,” it means Independent Health’s Medicare Advantage Plan.

This document includes a Drug List (formulary) for our plan which is current as of 10/1/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Independent Health Medicare Advantage Enhanced Part D Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Independent Health 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. Independent Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Independent Health 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 change?

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

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the the Independent Health Medicare Advantage Plan Enhanced Part D Formulary?”

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

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Independent Health Medicare Advantage Plan Enhanced Part D Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2026. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/Medicare and in printed form.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. 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?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Independent Health requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health based on specific criteria before you fill your prescriptions. If you don't get approval, Independent Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, Independent Health provides 30 tablets per prescription for digoxin 125 mcg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Independent Health 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, Independent Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Independent Health 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, quantity limit, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Independent Health 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 Independent Health's Medicare Advantage Plan Enhanced Part D Formulary?" on page V 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 Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Independent Health.

- You can ask Independent Health 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 Independent Health's Medicare Advantage Enhanced Part D Formulary?

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

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

Generally, Independent Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or 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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum

30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, 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 34-day emergency supply of that drug while you pursue a formulary exception.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. Long Term Care (LTC) pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However, the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with the transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication if needed.
- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills to total 34 days of medication if needed.

After authorizing the temporary refills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Independent Health Medicare Advantage Plan Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

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

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

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

Independent Health's Formulary

The formulary below provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

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

Drugs listed with an **“AL”** in the Requirements/Limits column have age limitations.

Drugs listed with a **“BD”** in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in the drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with **“EDS”** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended day supply. EDS drugs on Tier 1 can be filled for a 100-day supply. EDS drugs on Tiers 2, 3 and 4 can be filled for a 90-day supply.

Drugs listed with an **“ENH”** in the Requirements/Limits column are prescription drugs that are not normally covered under a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a **“LA”** in the Requirements/Limits column may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Member Services Department at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.

Drugs listed with a **“PA”** in the Requirements/Limits column require prior authorization (see “Are there any restrictions to my coverage on page IV).

Drugs listed with a **“QL”** in the Requirements/Limits column have quantity limits (see “Are there any restrictions to my coverage” on page IV).

Drugs listed with a **“ST”** in the Requirements/Limits column are restricted to step therapy requirements (see “Are there any restrictions on my coverage” on page IV).

TABLE OF CONTENTS

Analgesics.....	3
Anesthetics.....	5
Anti-Addiction/ Substance Abuse Treatment Agents.....	5
Antibacterials.....	6
Anticonvulsants.....	12
Antidementia Agents.....	15
Antidepressants.....	16
Antiemetics.....	19
Antifungals.....	20
Antigout Agents.....	21
Antimigraine Agents.....	22
Antimyasthenic Agents.....	23
Antimycobacterials.....	23
Antineoplastics.....	23
Antiparasitics.....	32
Antiparkinson Agents.....	33
Antipsychotics.....	34
Antispasticity Agents.....	37
Antivirals.....	37
Anxiolytics.....	42
Bipolar Agents.....	42
Blood Glucose Regulators.....	43
Blood Products And Modifiers.....	47
Cardiovascular Agents.....	49
Central Nervous System Agents.....	57
Dental And Oral Agents.....	60
Dermatological Agents.....	60
Electrolytes/Minerals/Metals/Vitamins.....	65
Gastrointestinal Agents.....	67
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment.....	69
Genitourinary Agents.....	70
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	72
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	72
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	73
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	80
Hormonal Agents, Suppressant (Adrenal Or Pituitary).....	80
Hormonal Agents, Suppressant (Thyroid).....	81
Immunological Agents.....	81
Inflammatory Bowel Disease Agents.....	88
Metabolic Bone Disease Agents.....	89
Ophthalmic Agents.....	90
Otic Agents.....	92
Respiratory Tract/ Pulmonary Agents.....	93
Skeletal Muscle Relaxants.....	98
Sleep Disorder Agents.....	98

Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	EDS
<i>diclofenac epolamine external patch 1.3 %</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	4	EDS
<i>diclofenac sodium external solution 1.5 %</i>	4	QL (300 ML per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	4	QL (120 EA per 30 days); EDS
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	2	EDS
<i>diflunisal oral tablet 500 mg</i>	2	EDS
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	EDS
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<i>indomethacin er oral capsule extended release 75 mg</i>	4	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	EDS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	EDS
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	EDS
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	EDS
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	EDS
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	4	QL (4 EA per 28 days)

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

Drug Name	Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	4	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	4	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	4	QL (15 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	4	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	4	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	4	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	4	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	4	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	4	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	4	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	4	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	4	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	4	QL (180 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	4	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	4	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	4	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	
<i>oxymorphone hcl oral tablet 10 mg</i>	4	
<i>oxymorphone hcl oral tablet 5 mg</i>	4	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	4	
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external solution 4 %</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>tridacaine ii external patch 5 %</i>	2	PA
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	3	EDS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	EDS
<i>naltrexone hcl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	

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

Drug Name	Tier	Requirements/Limits
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	
<i>lofexidine hcl oral tablet 0.18 mg</i>	5	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
<i>naloxone hcl injection solution 0.4 mg/ml</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	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	EDS
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; LA
<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-%</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	4	QL (1 EA per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	
<i>sterile water for irrigation irrigation solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i>	4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	4	
<i>vandazole vaginal gel 0.75 %</i>	2	
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg</i>	5	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	

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

Drug Name	Tier	Requirements/Limits
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
<i>naftillin sodium injection solution reconstituted 1 gm</i>	4	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	2	
<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>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 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>	3	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	
<i>e.e.s. 400 oral tablet 400 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 ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>fidaxomicin oral tablet 200 mg</i>	5	
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4	

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

Drug Name	Tier	Requirements/Limits
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
<i>brivaracetam oral solution 10 mg/ml</i>	5	
<i>brivaracetam oral tablet 10 mg</i>	5	QL (240 EA per 30 days)
<i>brivaracetam oral tablet 100 mg</i>	5	
<i>brivaracetam oral tablet 25 mg, 50 mg, 75 mg</i>	5	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA New Starts; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA New Starts; LA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	EDS
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	EDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA New Starts; LA
<i>felbamate oral suspension 600 mg/5ml</i>	4	EDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	EDS
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA New Starts; LA
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	EDS
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	EDS
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	2	EDS
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	EDS
<i>perampanel oral suspension 0.5 mg/ml</i>	5	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	QL (30 EA per 30 days); EDS
<i>roweepra oral tablet 500 mg</i>	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	4	EDS
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	EDS
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	EDS
<i>topiramate oral solution 25 mg/ml</i>	4	ST; EDS
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	EDS
<i>valproic acid oral capsule 250 mg</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 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, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	
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)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA New Starts; LA
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	EDS
<i>ethosuximide oral solution 250 mg/5ml</i>	2	EDS
<i>methsuximide oral capsule 300 mg</i>	4	EDS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>pregabalin oral solution 20 mg/ml</i>	4	EDS
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	EDS
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	EDS
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	3	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	4	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	EDS
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	EDS
<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>	2	EDS
<i>primidone oral tablet 250 mg, 50 mg</i>	2	EDS
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	ST
SYMPAZAN ORAL FILM 5 MG	4	ST; EDS
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	EDS
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
<i>vigabatrin oral packet 500 mg</i>	5	
<i>vigabatrin oral tablet 500 mg</i>	5	
<i>vigadrone oral packet 500 mg</i>	5	

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

Drug Name	Tier	Requirements/Limits
<i>vigadrone oral tablet 500 mg</i>	5	
Sodium Channel Agents		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet 200 mg</i>	2	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	4	QL (30 EA per 30 days); EDS
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	4	QL (60 EA per 30 days); EDS
<i>lacosamide oral solution 10 mg/ml</i>	4	EDS
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	EDS
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	EDS
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable 50 mg</i>	2	EDS
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	EDS
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	EDS
<i>rufinamide oral tablet 400 mg</i>	5	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	EDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	EDS
Antidementia Agents		
Antidementia Agents, Other		
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML	5	PA; LA; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	5	PA; LA; QL (7.2 ML per 28 days)
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg</i>	4	PA New Starts; QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 21-10 mg, 28-10 mg</i>	4	PA New Starts; EDS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	PA New Starts; QL (30 EA per 30 days); EDS
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg</i>	2	QL (30 EA per 30 days); EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	2	EDS
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	EDS
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	EDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	3	EDS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 7 mg</i>	2	QL (30 EA per 30 days); EDS
<i>memantine hcl er oral capsule extended release 24 hour 28 mg</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	3	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
Antidepressants		
Antidepressants, Other		
<i>aripiprazole oral solution 1 mg/ml</i>	3	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA New Starts
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	5	PA New Starts; QL (102 EA per 365 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	EDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	EDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	5	PA New Starts; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	5	PA New Starts; QL (32 EA per 32 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	EDS
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	EDS
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	EDS
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	5	PA New Starts; LA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	5	
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	EDS
<i>phenelzine sulfate oral tablet 15 mg</i>	2	EDS
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	EDS
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	EDS
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>drizalma sprinkle oral capsule delayed release sprinkle 20 mg, 30 mg, 40 mg</i>	4	QL (60 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>drizalma sprinkle oral capsule delayed release sprinkle 60 mg</i>	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	EDS
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days); EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	2	EDS
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	4	EDS
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	4	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	4	EDS
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	EDS
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	EDS
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	EDS
RALDESY ORAL SOLUTION 10 MG/ML	5	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	4	EDS
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	EDS
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	EDS
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	EDS

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

Drug Name	Tier	Requirements/Limits
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	EDS
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	EDS
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>doxepin hcl oral concentrate 10 mg/ml</i>	4	EDS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	EDS
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	EDS
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	EDS
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	EDS
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	EDS
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	EDS
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	EDS
<i>compro rectal suppository 25 mg</i>	4	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.

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

Drug Name	Tier	Requirements/Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	BD
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	4	BD
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA
<i>granisetron hcl oral tablet 1 mg</i>	2	BD
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
Antifungals		
Antifungals		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	4	BD
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole external solution 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	3	

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

Drug Name	Tier	Requirements/Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>itraconazole oral solution 10 mg/ml</i>	4	
<i>ketoconazole external cream 2 %</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	4	
<i>miconazole 3 vaginal suppository 200 mg</i>	2	
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystop external powder 100000 unit/gm</i>	2	
<i>posaconazole oral suspension 40 mg/ml</i>	5	
<i>posaconazole oral tablet delayed release 100 mg</i>	4	
<i>terbinafine hcl oral tablet 250 mg</i>	2	QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	4	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	4	BD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	EDS
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; EDS
<i>probenecid oral tablet 500 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
Antimigraine Agents		
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA; EDS
NURTEC ORAL TABLET DISPERSIBLE 75 MG	5	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	5	PA; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	4	ST; QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	
Prophylactic		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	EDS
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	EDS
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	EDS
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	EDS
<i>valproic acid oral capsule 250 mg</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
Serotonin (5-Ht) Receptor Agonist		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	2	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	4	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	EDS
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	2	EDS
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	EDS
<i>pretomanid oral tablet 200 mg</i>	4	PA
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
<i>rifapentine oral tablet 150 mg</i>	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	BD
<i>cyclophosphamide oral tablet 50 mg</i>	2	BD
LEUKERAN ORAL TABLET 2 MG	3	
<i>lomustine oral capsule 10 mg, 40 mg</i>	4	
<i>lomustine oral capsule 100 mg</i>	5	

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

Drug Name	Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	5	LA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA New Starts
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	
<i>abirtega oral tablet 250 mg</i>	2	
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA New Starts
EULEXIN ORAL CAPSULE 125 MG	4	
<i>nilutamide oral tablet 150 mg</i>	5	
NUBEQA ORAL TABLET 300 MG	5	PA New Starts; LA
XTANDI ORAL CAPSULE 40 MG	5	PA New Starts
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA New Starts
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA New Starts
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	5	PA New Starts
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA New Starts; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	LA
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	5	PA New Starts; LA; QL (21 EA per 28 days)
Antiestrogens/Modifiers		
INLURIYO ORAL TABLET 200 MG	5	PA New Starts; LA
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA New Starts; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	EDS
<i>toremifene citrate oral tablet 60 mg</i>	4	EDS
Antimetabolites		
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	5	PA New Starts; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA New Starts; LA
<i>hydroxyurea oral capsule 500 mg</i>	2	EDS
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	
<i>mercaptopurine oral tablet 50 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA New Starts; QL (30 EA per 30 days)
TABLOID ORAL TABLET 40 MG	4	
Antineoplastics, Other		
INQOVI ORAL TABLET 35-100 MG	5	PA New Starts; LA
IWILFIN ORAL TABLET 192 MG	5	PA New Starts; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	4	BD
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA New Starts; LA
LYSODREN ORAL TABLET 500 MG	5	
ORGOVYX ORAL TABLET 120 MG	5	PA New Starts; LA
VORANIGO ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA New Starts
ZOLINZA ORAL CAPSULE 100 MG	5	
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	2	EDS
<i>exemestane oral tablet 25 mg</i>	2	EDS
<i>letrozole oral tablet 2.5 mg</i>	2	EDS
Enzyme Inhibitors		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA New Starts; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA New Starts; LA
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA New Starts; LA
ALECENSA ORAL CAPSULE 150 MG	5	PA New Starts
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA New Starts; LA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	5	PA New Starts; LA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 100 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 50 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 500 MG	5	PA New Starts; LA
<i>bosutinib oral tablet 100 mg, 400 mg, 500 mg</i>	5	PA New Starts
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE 80 MG	5	PA New Starts
BRUKINSA ORAL TABLET 160 MG	5	PA New Starts
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA New Starts; LA
CALQUENCE ORAL TABLET 100 MG	5	PA New Starts
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET 20 MG	5	PA New Starts
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	5	PA New Starts; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA New Starts; QL (90 EA per 30 days)
<i>dasatinib oral tablet 50 mg, 70 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA New Starts; LA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA New Starts
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	
<i>erlotinib hcl oral tablet 25 mg</i>	3	QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	5	PA New Starts; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>everolimus oral tablet soluble 2 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>everolimus oral tablet soluble 3 mg</i>	5	PA New Starts; QL (90 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	5	PA New Starts; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA New Starts; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA New Starts; LA
<i>gefitinib oral tablet 250 mg</i>	5	PA New Starts
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA New Starts; LA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA New Starts; LA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA New Starts; LA
HERNEXEOS ORAL TABLET 60 MG	5	PA New Starts; LA
HYRNUO ORAL TABLET 10 MG	5	PA New Starts
IBRANCE ORAL CAPSULE 100 MG, 125 MG	5	PA New Starts; LA
IBTROZI ORAL CAPSULE 200 MG	5	PA New Starts; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA New Starts
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
<i>imatinib mesylate oral tablet 100 mg</i>	4	QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	4	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA New Starts; LA
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA New Starts
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA New Starts; LA
INREBIC ORAL CAPSULE 100 MG	5	PA New Starts; LA
ITOVEBI ORAL TABLET 3 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA New Starts; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA New Starts; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
JIDEYTRO ORAL TABLET 100 MG	5	PA New Starts; LA
JIDEYTRO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KOMZIFTI ORAL CAPSULE 200 MG	5	PA New Starts; LA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA New Starts; LA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	5	PA New Starts
KRAZATI ORAL TABLET 200 MG	5	PA New Starts; LA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	5	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	5	PA New Starts; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA New Starts; LA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	5	PA New Starts; LA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA New Starts
LUMAKRAS ORAL TABLET 240 MG	5	PA New Starts; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA New Starts
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA New Starts
MEKTOVI ORAL TABLET 15 MG	5	PA New Starts; LA
MODEYSO ORAL CAPSULE 125 MG	5	PA New Starts; LA
NERLYNX ORAL TABLET 40 MG	5	PA New Starts; LA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	5	PA New Starts
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA New Starts; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA New Starts
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA New Starts; LA
OJJAARA ORAL TABLET 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA New Starts; LA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	5	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
QINLOCK ORAL TABLET 50 MG	5	PA New Starts; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA New Starts; LA
REVUFORJ ORAL TABLET 25 MG	5	PA New Starts; LA; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA New Starts
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA New Starts; LA
ROZLYTREK ORAL PACKET 50 MG	5	PA New Starts; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA New Starts; QL (60 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA New Starts
STIVARGA ORAL TABLET 40 MG	5	PA New Starts; LA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA New Starts
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA New Starts
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA New Starts
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
TEPMETKO ORAL TABLET 225 MG	5	PA New Starts
TRUQAP ORAL TABLET 200 MG	5	PA New Starts; LA
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA New Starts; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA New Starts; LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA New Starts; LA; QL (42 EA per 30 days)
VEPPANU ORAL TABLET 100 MG, 200 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE 100 MG	5	PA New Starts; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA New Starts
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA New Starts; LA
XOSPATA ORAL TABLET 40 MG	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (32 EA per 28 days)

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

Drug Name	Tier	Requirements/Limits
<i>yulithira oral tablet 10 mg, 7.5 mg</i>	4	PA New Starts; QL (60 EA per 30 days)
<i>yulithira oral tablet 2.5 mg, 5 mg</i>	4	PA New Starts; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA New Starts
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA New Starts
ZYKADIA ORAL TABLET 150 MG	5	PA New Starts
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA New Starts
<i>bexarotene oral capsule 75 mg</i>	5	
<i>tretinoin oral capsule 10 mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>mesna oral tablet 400 mg</i>	4	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	
<i>ivermectin oral tablet 3 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	4	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	EDS
COARTEM ORAL TABLET 20-120 MG	4	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	EDS
IMPAVIDO ORAL CAPSULE 50 MG	5	
<i>mefloquine hcl oral tablet 250 mg</i>	2	EDS
<i>nitazoxanide oral tablet 500 mg</i>	5	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	

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

Drug Name	Tier	Requirements/Limits
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	
<i>quinine sulfate oral capsule 324 mg</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	EDS
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	EDS
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	2	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	EDS
<i>amantadine hcl oral tablet 100 mg</i>	2	EDS
<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>	2	EDS
<i>entacapone oral tablet 200 mg</i>	2	EDS
Dopamine Agonists		
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (30 EA per 30 days); EDS
<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>	3	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	4	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg</i>	4	QL (30 EA per 30 days); EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>	4	QL (60 EA per 30 days); EDS
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	4	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	EDS
INBRIJA INHALATION CAPSULE 42 MG	5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	EDS
<i>selegiline hcl oral capsule 5 mg</i>	2	EDS
<i>selegiline hcl oral tablet 5 mg</i>	2	EDS
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	EDS
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	EDS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	BD
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	BD
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	EDS
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	EDS
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	BD
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	EDS
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	EDS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	EDS
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	EDS
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	EDS
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	EDS
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	EDS
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	BD
<i>aripiprazole oral solution 1 mg/ml</i>	3	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	4	ST; QL (60 EA per 30 days); EDS
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA New Starts; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA New Starts
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA New Starts; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	5	PA New Starts; QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	PA New Starts
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA New Starts; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA New Starts; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA New Starts; QL (16 EA per 365 days)

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

Drug Name	Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20- 10 MG, 5-10 MG	5	PA New Starts
NUPLAZID ORAL CAPSULE 34 MG	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	BD
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	EDS
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	EDS
OPIPZA ORAL FILM 10 MG	5	ST
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	3	QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg</i>	3	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	PA New Starts; QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	PA New Starts
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	3	BD

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

Drug Name	Tier	Requirements/Limits
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	BD
<i>risperidone oral solution 1 mg/ml</i>	2	EDS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	3	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	3	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	3	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	5	PA New Starts; QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	5	PA New Starts
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	5	PA New Starts
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL (30 EA per 30 days); EDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	BD
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	ST
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	2	EDS
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	EDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	EDS
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	EDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	EDS
<i>lamivudine oral solution 10 mg/ml</i>	4	EDS
<i>lamivudine oral tablet 100 mg</i>	2	EDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	EDS
VEMLIDY ORAL TABLET 25 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (30 EA per 30 days)
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
BIXLENVO ORAL TABLET 75-50 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	

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

Drug Name	Tier	Requirements/Limits
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
JULUCA ORAL TABLET 50-25 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	EDS
VOCABRIA ORAL TABLET 30 MG	5	LA
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	
<i>efavirenz oral tablet 600 mg</i>	2	EDS
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	5	
<i>etravirine oral tablet 100 mg</i>	4	EDS
<i>etravirine oral tablet 200 mg</i>	5	
IDVYNZO ORAL TABLET 100-0.25 MG	5	
INTELENCE ORAL TABLET 25 MG	4	EDS
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	EDS
<i>nevirapine oral suspension 50 mg/5ml</i>	4	EDS
<i>nevirapine oral tablet 200 mg</i>	2	EDS
PIFELTRO ORAL TABLET 100 MG	5	
<i>rilpivirine hcl oral tablet 25 mg</i>	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	EDS
<i>abacavir sulfate oral tablet 300 mg</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	EDS
CIMDUO ORAL TABLET 300-300 MG	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	

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

Drug Name	Tier	Requirements/Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	3	EDS
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	EDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	EDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	EDS
JULUCA ORAL TABLET 50-25 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	4	EDS
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	EDS
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	EDS
ODEFSEY ORAL TABLET 200-25-25 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	EDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	EDS
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule 100 mg</i>	2	EDS
<i>zidovudine oral syrup 50 mg/5ml</i>	2	EDS
<i>zidovudine oral tablet 300 mg</i>	2	EDS
Anti-Hiv Agents, Other		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	3	EDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SUNLENCA ORAL TABLET 300 MG	5	LA
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	EDS
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>darunavir oral tablet 600 mg, 800 mg</i>	2	EDS
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>fosamprenavir calcium oral tablet 700 mg</i>	4	EDS
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	EDS
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	EDS
NORVIR ORAL PACKET 100 MG	4	EDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	4	EDS
REYATAZ ORAL PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i>	2	EDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	EDS
<i>amantadine hcl oral tablet 100 mg</i>	2	EDS
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
<i>rimantadine hcl oral tablet 100 mg</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	
Antiviral, Coronavirus Agents		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (80 EA per 365 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	3	QL (44 EA per 365 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (120 EA per 365 days)

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

Drug Name	Tier	Requirements/Limits
XOCOVA ORAL TABLET 125 MG	5	QL (28 EA per 365 days); AL (Min 12 Years)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	EDS
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
Bipolar Agents		
Bipolar Agents, Other		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>risperidone oral solution 1 mg/ml</i>	2	EDS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	EDS
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
Mood Stabilizers		
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	EDS
<i>carbamazepine oral tablet 200 mg</i>	2	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	EDS
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	EDS
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	EDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	EDS
<i>lithium carbonate oral tablet 300 mg</i>	2	EDS
<i>lithium oral solution 8 meq/5ml</i>	2	EDS
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	EDS
<i>valproic acid oral capsule 250 mg</i>	2	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	2	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>colesevelam hcl oral packet 3.75 gm</i>	2	EDS
<i>colesevelam hcl oral tablet 625 mg</i>	2	EDS
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg</i>	2	
<i>dapagliflozin oral tablet 10 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>dapagliflozin oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
FARXIGA ORAL TABLET 10 MG	3	ST; EDS
FARXIGA ORAL TABLET 5 MG	3	ST; QL (30 EA per 30 days); EDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	EDS
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	EDS
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	EDS
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	EDS
JARDIANCE ORAL TABLET 10 MG	3	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 25 MG	3	EDS
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	EDS
<i>metformin hcl oral solution 500 mg/5ml</i>	4	EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 28 days); EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 365 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC ORAL TABLET 1.5 MG	3	PA New Starts; QL (60 EA per 365 days); EDS
OZEMPIC ORAL TABLET 4 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
OZEMPIC ORAL TABLET 9 MG	3	PA New Starts; EDS

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

Drug Name	Tier	Requirements/Limits
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	EDS
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	EDS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	PA New Starts; EDS
RYBELSUS ORAL TABLET 3 MG	3	PA New Starts; QL (60 EA per 365 days)
RYBELSUS ORAL TABLET 7 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
<i>sitagliip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg</i>	3	EDS
<i>sitagliip phos-metformin hcl er oral tablet extended release 24 hour 50-500 mg</i>	3	QL (30 EA per 30 days); EDS
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	3	EDS
<i>sitagliptin phosphate oral tablet 100 mg</i>	3	EDS
<i>sitagliptin phosphate oral tablet 25 mg, 50 mg</i>	3	QL (30 EA per 30 days); EDS
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	EDS
TRADJENTA ORAL TABLET 5 MG	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 28 days); EDS
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	
<i>diazoxide oral suspension 50 mg/ml</i>	5	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	3	
Insulins		
<i>insulin syringe 28-gauge</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>insulin syringe 29-gauge</i>	2	
<i>gauze pad (sterile) 2"x2"</i>	2	
<i>pen needle</i>	2	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	EDS
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	EDS
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	EDS
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	3	EDS
<i>insulin lispro injection solution 100 unit/ml</i>	3	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	EDS
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
OMNIPOD 5 LIBRE INTRO KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	3	QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days); EDS
<i>insulin syringe 30-gauge</i>	2	
<i>insulin syringe 31-gauge</i>	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days); EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	EDS
V-GO 20 KIT 20 UNIT/24HR	3	EDS
V-GO 30 KIT 30 UNIT/24HR	3	EDS
V-GO 40 KIT 40 UNIT/24HR	3	EDS
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	EDS
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	3	QL (444 EA per 30 days); EDS
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	3	QL (590 EA per 30 days); EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	3	QL (74 EA per 30 days); EDS
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days); EDS
ELIQUIS ORAL TABLET 5 MG	3	EDS
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	3	QL (148 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	
<i>enoxaparin sodium injection solution prefilled syringe 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</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	2	
<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	EDS
<i>rivaroxaban oral tablet 2.5 mg</i>	3	QL (324 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	EDS
XARELTO ORAL TABLET 10 MG	4	ST; QL (30 EA per 30 days); EDS
XARELTO ORAL TABLET 15 MG, 20 MG	4	ST; EDS
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	EDS
<i>eltrombopag olamine oral packet 12.5 mg, 25 mg</i>	5	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	5	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	

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

Drug Name	Tier	Requirements/Limits
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	EDS
CABLIVI INJECTION KIT 11 MG	5	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
DOPTELET ORAL TABLET 20 MG	5	PA; LA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>ticagrelor oral tablet 60 mg</i>	3	
<i>ticagrelor oral tablet 90 mg</i>	3	EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	4	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	4	EDS
<i>droxidopa oral capsule 100 mg</i>	4	QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	QL (180 EA per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	EDS
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	EDS
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	EDS
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	EDS
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	EDS
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	4	EDS
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	EDS
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	EDS
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	EDS
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	EDS
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	EDS
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	EDS
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	EDS
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	EDS
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	EDS
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	EDS
MULTAQ ORAL TABLET 400 MG	3	QL (60 EA per 30 days); EDS
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	EDS
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	EDS
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	EDS
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	4	EDS
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	EDS
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	EDS
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	EDS
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	EDS
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	EDS
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	EDS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	EDS
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	EDS
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	EDS
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	EDS
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	EDS
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	EDS
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>nimodipine oral capsule 30 mg</i>	4	

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

Drug Name	Tier	Requirements/Limits
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	EDS
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	EDS
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	EDS
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	EDS
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	EDS
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	2	EDS
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	EDS
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	EDS
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	EDS
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	ST; EDS
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	EDS
<i>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</i>	1	EDS
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<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>	2	EDS
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	EDS
<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>	2	EDS
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	EDS
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	EDS
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; LA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	EDS
<i>digoxin oral solution 0.05 mg/ml</i>	4	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (35 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for cardiologists.; EDS
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (30 EA per 30 days); EDS
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	EDS
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; LA; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	EDS
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	EDS
<i>ivabradine hcl oral tablet 5 mg</i>	3	PA; Prior authorization not required for cardiologists.; QL (60 EA per 30 days); EDS
<i>ivabradine hcl oral tablet 7.5 mg</i>	3	PA; Prior authorization not required for cardiologists.; EDS
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	EDS
<i>metirosine oral capsule 250 mg</i>	5	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	EDS
<i>olmesartan-amlodipine-hctz 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>	2	EDS
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	EDS
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	EDS
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	2	EDS
REDEMPLO SUBCUTANEOUS SOLUTION REFILLED SYRINGE 25 MG/0.5ML	5	PA; LA; QL (0.5 ML per 90 days)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180 EA per 30 days); EDS
<i>sacubitril-valsartan oral tablet 49-51 mg</i>	3	QL (60 EA per 30 days); EDS
<i>sacubitril-valsartan oral tablet 97-103 mg</i>	3	EDS
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	EDS
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	3	EDS
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	4	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	EDS
VANRAFIA ORAL TABLET 0.75 MG	5	PA; LA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; Not covered for weight management; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
WEGOVY ORAL TABLET 25 MG	3	PA; Not covered for weight management; QL (30 EA per 30 days); EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; Not covered for weight management; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; Not covered for weight management; QL (3 ML per 28 days); EDS
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>ethacrynic acid oral tablet 25 mg</i>	4	EDS
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	EDS
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	EDS
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	EDS
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days); EDS
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	EDS
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	EDS
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	EDS
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	EDS
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	EDS
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	EDS
<i>gemfibrozil oral tablet 600 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	4	EDS
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	4	EDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	EDS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg</i>	2	QL (45 EA per 30 days); EDS
<i>pitavastatin calcium oral tablet 4 mg</i>	2	EDS
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	2	EDS
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	2	EDS
<i>cholestyramine oral packet 4 gm</i>	2	EDS
<i>colesevelam hcl oral packet 3.75 gm</i>	2	EDS
<i>colesevelam hcl oral tablet 625 mg</i>	2	EDS
<i>colestipol hcl oral packet 5 gm</i>	4	EDS
<i>colestipol hcl oral tablet 1 gm</i>	2	EDS
<i>ezetimibe oral tablet 10 mg</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	EDS
<i>icosapent ethyl oral capsule 0.5 gm</i>	3	QL (120 EA per 30 days); EDS
<i>icosapent ethyl oral capsule 1 gm</i>	3	EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
LIPFENDRA ORAL TABLET 20 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
NEXLETOL ORAL TABLET 180 MG	3	PA; EDS
NEXLIZET ORAL TABLET 180-10 MG	3	PA; EDS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	EDS
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	EDS
<i>prevalite oral packet 4 gm</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA New Starts; EDS
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (120 EA per 30 days); EDS
VASCEPA ORAL CAPSULE 1 GM	3	EDS
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	EDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	EDS
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	EDS
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	EDS
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	EDS
<i>nitroglycerin transdermal ointment 2 %</i>	4	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	EDS
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	EDS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days); EDS
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (60 EA per 30 days); EDS
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days); EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	4	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 EA per 30 days); EDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	4	QL (30 EA per 30 days); EDS
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	EDS
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	2	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	4	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	4	QL (90 EA per 30 days); EDS
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	4	EDS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; LA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
<i>dextromethorphan-quinidine oral capsule 20-10 mg</i>	5	PA
<i>gabapentin (once-daily) oral tablet 300 mg</i>	4	QL (90 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 600 mg</i>	4	EDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA New Starts; LA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA New Starts; LA; QL (70 ML per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	EDS
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	2	QL (120 EA per 30 days); EDS
<i>tetrabenazine oral tablet 25 mg</i>	2	EDS
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	
VEOZAH ORAL TABLET 45 MG	4	PA; EDS
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>milnacipran hcl oral 12.5 & 25 & 50 mg</i>	4	ST; QL (110 EA per 365 days)
<i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	4	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	EDS
<i>pregabalin oral solution 20 mg/ml</i>	4	EDS
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	2	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	2	EDS
<i>fingolimod hcl oral capsule 0.5 mg</i>	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	3	EDS
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	3	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	
<i>teriflunomide oral tablet 14 mg</i>	4	EDS
<i>teriflunomide oral tablet 7 mg</i>	4	QL (30 EA per 30 days); EDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	3	EDS
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>periogard mouth/throat solution 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	EDS
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
Dermatological Agents		
Acne And Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>adapalene external cream 0.1 %</i>	4	PA
<i>adapalene external gel 0.3 %</i>	4	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>azelaic acid external gel 15 %</i>	2	
<i>brimonidine tartrate external gel 0.33 %</i>	4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	Accutane generic covered, Absorica generic is non-formulary
<i>ivermectin external cream 1 %</i>	3	
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %, 1 %</i>	2	
<i>metronidazole external lotion 0.75 %</i>	4	

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

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	
<i>tazarotene external cream 0.05 %</i>	4	PA
<i>tazarotene external cream 0.1 %</i>	2	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	4	PA
<i>trilitas external gel 0.1 %</i>	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
Dermatitis And Pruritus Agents		
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	
<i>betamethasone valerate external foam 0.12 %</i>	2	
<i>betamethasone valerate external lotion 0.1 %</i>	2	
<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>clobetasol propionate e external cream 0.05 %</i>	2	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external foam 0.05 %</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate external gel 0.05 %</i>	2	
<i>clobetasol propionate external liquid 0.05 %</i>	2	
<i>clobetasol propionate external lotion 0.05 %</i>	2	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	2	
<i>clobetasol propionate external solution 0.05 %</i>	2	
<i>clodan external shampoo 0.05 %</i>	2	
<i>desonide external cream 0.05 %</i>	2	
<i>desonide external lotion 0.05 %</i>	2	
<i>desonide external ointment 0.05 %</i>	2	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external liquid 0.25 %</i>	2	
<i>desoximetasone external ointment 0.25 %</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinolone acetonide external solution 0.01 %</i>	2	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>pimecrolimus external cream 1 %</i>	4	QL (100 GM per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Agents, Other		
<i>calcipotriene external cream 0.005 %</i>	2	
<i>calcipotriene external ointment 0.005 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	2	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	4	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	4	
<i>calcitriol external ointment 3 mcg/gm</i>	4	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	
<i>diclofenac sodium external gel 3 %</i>	2	PA; Prior authorization not required for dermatologists or oncologists.
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %, 5 %</i>	2	
<i>global alcohol prep ease pad 70 %</i>	2	
<i>imiquimod external cream 5 %</i>	2	
<i>methoxsalen rapid oral capsule 10 mg</i>	5	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
OTEZLA ORAL TABLET 20 MG, 30 MG	5	QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	QL (110 EA per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	5	QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	5	QL (82 EA per 365 days)
PANRETIN EXTERNAL GEL 0.1 %	5	PA New Starts
<i>podofilox external gel 0.5 %</i>	4	
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	2	
<i>ssd external cream 1 %</i>	2	
VTAMA EXTERNAL CREAM 1 %	5	PA; QL (120 GM per 30 days)
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; Prior authorization not required for dermatologists.
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	3	
<i>permethrin external cream 5 %</i>	2	
Topical Anti-Infectives		
<i>acyclovir external ointment 5 %</i>	2	
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	2	
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	2	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	
<i>clindamycin phosphate external lotion 1 %</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	
<i>clindamycin phosphate external swab 1 %</i>	2	
<i>econazole nitrate external cream 1 %</i>	2	
<i>mupirocin calcium external cream 2 %</i>	4	
<i>mupirocin external ointment 2 %</i>	2	
SULFAMYLLON EXTERNAL CREAM 85 MG/GM	4	
<i>tavaborole external solution 5 %</i>	4	

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

Drug Name	Tier	Requirements/Limits
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
CLINISOL SF INTRAVENOUS SOLUTION 15 %	3	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
ISOLYTE-P IN D5W 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-%-, 40-5-0.9 meq/l-%-</i>	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	EDS
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	EDS
<i>klor-con m15 oral tablet extended release 15 meq</i>	2	EDS
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	EDS
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>klor-con oral tablet extended release 8 meq</i>	2	EDS
<i>levocarnitine oral tablet 330 mg</i>	4	EDS
<i>magnesium sulfate injection solution 50 %</i>	2	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	4	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	EDS
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	EDS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD

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

Drug Name	Tier	Requirements/Limits
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	EDS
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; EDS
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>penicillamine oral capsule 250 mg</i>	5	
<i>penicillamine oral tablet 250 mg</i>	5	
<i>tolvaptan (hyponatremia) oral tablet 15 mg</i>	5	PA; QL (30 EA per 30 days)
<i>tolvaptan (hyponatremia) oral tablet 30 mg</i>	5	PA
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg</i>	5	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet therapy pack 90 & 30 mg</i>	5	PA
<i>trientine hcl oral capsule 250 mg</i>	5	
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	4	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD

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

Drug Name	Tier	Requirements/Limits
<i>levocarnitine oral solution 1 gm/10ml</i>	2	EDS
<i>tpn electrolytes intravenous concentrate</i>	2	
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	BD; EDS
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	2	BD; EDS
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	3	BD; EDS
<i>sevelamer carbonate oral tablet 800 mg</i>	3	BD; EDS
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	QL (90 EA per 30 days); EDS
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	2	
<i>sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml</i>	2	
Vitamins		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	ENH; QL (4 ML per 28 days)
<i>folic acid oral tablet 1 mg</i>	2	ENH; EDS
PRENATAL ORAL TABLET 27-1 MG	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	ENH; EDS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	2	EDS
<i>enulose oral solution 10 gm/15ml</i>	2	EDS
<i>generlac oral solution 10 gm/15ml</i>	2	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>lubiprostone oral capsule 24 mcg</i>	3	EDS
<i>lubiprostone oral capsule 8 mcg</i>	3	QL (60 EA per 30 days); EDS
MOVANTIK ORAL TABLET 12.5 MG	3	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>alosetron hcl oral tablet 1 mg</i>	4	EDS
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule 2 mg</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	5	PA
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	4	
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
Gastrointestinal Agents, Other		
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	4	
EOHILIA ORAL SUSPENSION 2 MG/10ML	5	PA; QL (600 ML per 30 days)
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>nitroglycerin rectal ointment 0.4 %</i>	4	
<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	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	4	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; LA
SUTAB ORAL TABLET 1479-225-188 MG	3	
<i>ursodiol oral capsule 300 mg</i>	2	EDS
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	EDS
VELSIPITY ORAL TABLET 2 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); EDS
VOQUEZNA ORAL TABLET 20 MG	4	PA; EDS
VOWST ORAL CAPSULE	5	PA; LA; QL (12 EA per 90 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; EDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	EDS
<i>sucralfate oral suspension 1 gm/10ml</i>	4	EDS
<i>sucralfate oral tablet 1 gm</i>	2	EDS
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	EDS
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	EDS
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	EDS
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG	5	PA New Starts; LA; QL (112 EA per 28 days)
<i>betaine oral powder</i>	5	EDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; LA; QL (60 EA per 30 days)
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	EDS
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA; EDS
<i>dichlorphenamide oral tablet 50 mg</i>	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA New Starts; LA
EVRYSDI ORAL TABLET 5 MG	5	PA New Starts; LA
<i>javygtor oral packet 100 mg, 500 mg</i>	5	PA
<i>javygtor oral tablet 100 mg</i>	5	PA
JOENJA ORAL TABLET 70 MG	5	PA; LA
<i>l-glutamine oral packet 5 gm</i>	5	PA New Starts
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
<i>ormalvi oral tablet 50 mg</i>	5	PA
PLENAMINE INTRAVENOUS SOLUTION 15 %	3	BD
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; LA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA; LA
VIJOICE ORAL PACKET 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
<i>yargesa oral capsule 100 mg</i>	5	PA
<i>zelvysia oral packet 100 mg, 500 mg</i>	5	PA
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>flavoxate hcl oral tablet 100 mg</i>	2	EDS
GEMTESA ORAL TABLET 75 MG	3	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>mirabegron er oral tablet extended release 24 hour 25 mg</i>	3	QL (30 EA per 30 days); EDS
<i>mirabegron er oral tablet extended release 24 hour 50 mg</i>	3	EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	QL (30 EA per 30 days); EDS
<i>trospium chloride oral tablet 20 mg</i>	2	EDS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	EDS
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	EDS
<i>dutasteride oral capsule 0.5 mg</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days); EDS
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	EDS
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	EDS
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	QL (540 EA per 365 days)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	EDS
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	5	PA
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	ENH; QL (10 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg (ed)</i>	2	ENH; QL (6 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	EDS
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<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>	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	EDS
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	EDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	5	PA

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>testosterone cypionate injection solution 200 mg/ml</i>	2	EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	EDS
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; EDS
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	2	PA; EDS
<i>testosterone transdermal solution 30 mg/act</i>	4	PA; EDS
Estrogens		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>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</i>	2	QL (8 EA per 28 days); EDS
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	EDS
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	EDS
<i>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</i>	2	QL (8 EA per 28 days); EDS
<i>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</i>	2	QL (4 EA per 28 days); EDS
<i>estradiol vaginal cream 0.01 %</i>	2	EDS
<i>estradiol vaginal tablet 10 mcg</i>	2	EDS
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	EDS
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	3	EDS
<i>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</i>	2	QL (8 EA per 28 days); EDS

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

Drug Name	Tier	Requirements/Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	EDS
yuvafem vaginal tablet 10 mcg	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
abigale lo oral tablet 0.5-0.1 mg	2	EDS
abigale oral tablet 1-0.5 mg	2	EDS
altavera oral tablet 0.15-30 mg-mcg	2	EDS
alyacen 1/35 oral tablet 1-35 mg-mcg	2	EDS
apri oral tablet 0.15-30 mg-mcg	2	EDS
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	2	EDS
ashlyna oral tablet 0.15-0.03 & 0.01 mg	2	EDS
aviane oral tablet 0.1-20 mg-mcg	2	EDS
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
balziva oral tablet 0.4-35 mg-mcg	2	EDS
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	2	EDS
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
blisovi fe 1/20 oral tablet 1-20 mg-mcg	2	EDS
briellyn oral tablet 0.4-35 mg-mcg	2	EDS
camrese lo oral tablet 0.1-0.02 & 0.01 mg	2	EDS
camrese oral tablet 0.15-0.03 & 0.01 mg	2	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	QL (8 EA per 28 days); EDS
cryselle oral tablet 0.3-30 mg-mcg	2	EDS
cyred eq oral tablet 0.15-30 mg-mcg	2	EDS
daysee oral tablet 0.15-0.03 & 0.01 mg	2	EDS
delyla oral tablet 0.1-20 mg-mcg	2	EDS
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
dolishale oral tablet 90-20 mcg	2	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	2	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	4	EDS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2	EDS
eluryng vaginal ring 0.12-0.015 mg/24hr	3	EDS
enilloring vaginal ring 0.12-0.015 mg/24hr	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	3	EDS
<i>falmina oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	2	EDS
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>galbriela oral tablet chewable 0.8-25 mg-mcg</i>	2	EDS
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	EDS
<i>introvale oral tablet 0.15-0.03 mg</i>	2	EDS
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	2	EDS
<i>jasmiel oral tablet 3-0.02 mg</i>	2	EDS
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	EDS
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	EDS
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	2	EDS
<i>juleber oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	2	EDS
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	EDS
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	2	EDS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2	EDS
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	2	EDS
<i>loryna oral tablet 3-0.02 mg</i>	2	EDS
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>luizza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>luizza 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	EDS
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	EDS
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	2	EDS
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>mimvey oral tablet 1-0.5 mg</i>	2	EDS
<i>minzoya oral tablet 0.1-20 mg-mcg(21)</i>	2	EDS
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	EDS
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>nikki oral tablet 3-0.02 mg</i>	2	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	EDS
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	2	EDS
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	EDS
PREMPHASE ORAL TABLET 0.625-5 MG	3	EDS
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	EDS
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>rivelsa oral tablet 42-21-21-7 days</i>	2	EDS
<i>rosyrah oral tablet 42-21-21-7 days</i>	2	EDS
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	EDS
<i>solia oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>syeda oral tablet 3-0.03 mg</i>	2	EDS
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	2	EDS
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	2	EDS
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	EDS
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	EDS
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	EDS
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	EDS
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	2	EDS
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>	2	EDS
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	4	EDS
<i>valtya 1/35 oral tablet 1-35 mg-mcg</i>	2	EDS
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	2	EDS
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	2	EDS
<i>vestura oral tablet 3-0.02 mg</i>	2	EDS
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	EDS
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	EDS
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	2	EDS
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	2	EDS
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	EDS
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	2	EDS
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	EDS
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	EDS
Progestins		
<i>camila oral tablet 0.35 mg</i>	2	EDS
<i>deblitane oral tablet 0.35 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
<i>errin oral tablet 0.35 mg</i>	2	EDS
<i>gallifrey oral tablet 5 mg</i>	2	EDS
<i>heather oral tablet 0.35 mg</i>	2	EDS
<i>incassia oral tablet 0.35 mg</i>	2	EDS
<i>lyleq oral tablet 0.35 mg</i>	2	EDS
<i>lyza oral tablet 0.35 mg</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	
<i>meleya oral tablet 0.35 mg</i>	2	EDS
<i>nora-be oral tablet 0.35 mg</i>	2	EDS
<i>norethindrone acetate oral tablet 5 mg</i>	2	EDS
<i>norethindrone oral tablet 0.35 mg</i>	2	EDS
<i>norlyroc oral tablet 0.35 mg</i>	2	EDS
<i>orquidea oral tablet 0.35 mg</i>	2	EDS
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	EDS
<i>sharobel oral tablet 0.35 mg</i>	2	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	4	EDS
<i>raloxifene hcl oral tablet 60 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<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	EDS
<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>	2	EDS
<i>liomny oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	EDS
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	EDS
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	4	EDS
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	EDS
<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	
<i>mifepristone oral tablet 300 mg</i>	5	PA New Starts
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	ST
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	EDS
<i>propylthiouracil oral tablet 50 mg</i>	2	EDS
Immunological Agents		
Angioedema Agents		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	5	PA New Starts; LA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA New Starts
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA New Starts
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA New Starts; LA
Immunoglobulins		
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	5	PA
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
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML	3	PA
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	5	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	2	

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

Drug Name	Tier	Requirements/Limits
Immunological Agents, Other		
<i>auranofin oral capsule 3 mg</i>	5	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	5	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA; LA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	QL (450 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	QL (0.37 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	5	PA
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	EDS

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

Drug Name	Tier	Requirements/Limits
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3	EDS
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg</i>	3	QL (30 EA per 30 days); EDS
<i>tofacitinib citrate er oral tablet extended release 24 hour 22 mg</i>	5	
<i>tofacitinib citrate oral solution 1 mg/ml</i>	5	
<i>tofacitinib citrate oral tablet 10 mg</i>	3	EDS
<i>tofacitinib citrate oral tablet 5 mg</i>	3	QL (60 EA per 30 days); EDS
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	5	PA
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	5	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
Immunosuppressants		
<i>adalimumab-adaz subcutaneous solution auto- injector 40 mg/0.4ml, 80 mg/0.8ml</i>	5	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>	5	
<i>adalimumab-adbm (2 pen) subcutaneous auto- injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	5	

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

Drug Name	Tier	Requirements/Limits
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	5	
<i>avtozma subcutaneous solution auto-injector 162 mg/0.9ml</i>	5	
<i>avtozma subcutaneous solution prefilled syringe 162 mg/0.9ml</i>	5	
<i>azathioprine oral tablet 50 mg</i>	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	3	BD; EDS
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	BD; EDS
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	BD; EDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	BD; QL (60 EA per 30 days); EDS
<i>everolimus oral tablet 1 mg</i>	5	BD
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	BD; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	5	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	EDS
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	EDS
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	4	BD; EDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	BD; EDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD; EDS
REZUROCK ORAL TABLET 200 MG	5	PA New Starts; LA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	5	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	4	EDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	
<i>sirolimus oral solution 1 mg/ml</i>	4	BD; EDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	BD; EDS
<i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg</i>	4	BD; EDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	BD; EDS
<i>torpenz oral tablet 10 mg, 7.5 mg</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg</i>	5	PA New Starts; QL (30 EA per 30 days)
<i>tyenne subcutaneous solution auto-injector 162 mg/0.9ml</i>	5	
<i>tyenne subcutaneous solution prefilled syringe 162 mg/0.9ml</i>	5	
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 400 MG/2ML	5	PA; LA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	5	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	5	PA

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

Drug Name	Tier	Requirements/Limits
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	2	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	AL (Min 2 Months and Max 5 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	2	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	2	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	AL (Min 10 Years and Max 25 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	2	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	2	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	2	AL (Max 4 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	2	
IPOX INJECTION SUSPENSION	2	

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

Drug Name	Tier	Requirements/Limits
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	2	
MENVEO INTRAMUSCULAR SOLUTION	2	AL (Min 10 Years and Max 55 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	AL (Max 55 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	2	AL (Min 2 Months and Max 71 Months)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	AL (Min 10 Years)
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	AL (Min 10 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	2	BD
ROTARIX ORAL SUSPENSION	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	

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

Drug Name	Tier	Requirements/Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	2	
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	4	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	AL (Min 10 Years and Max 25 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	2	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	2	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	EDS
<i>mesalamine oral capsule delayed release 400 mg</i>	4	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	EDS
<i>mesalamine rectal enema 4 gm</i>	4	
<i>mesalamine rectal suppository 1000 mg</i>	3	
<i>sulfasalazine oral tablet 500 mg</i>	2	EDS
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	4	
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	
<i>budesonide rectal foam 2 mg</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	
<i>proctosol hc external cream 2.5 %</i>	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	4	EDS
<i>alendronate sodium oral tablet 10 mg</i>	2	EDS
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	EDS
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	EDS
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	EDS
<i>calcitriol oral solution 1 mcg/ml</i>	2	EDS
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	2	EDS
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	ST; EDS
<i>ibandronate sodium oral tablet 150 mg</i>	1	EDS
<i>jubbonti subcutaneous solution prefilled syringe 60 mg/ml</i>	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	2	EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg</i>	2	EDS
<i>risedronate sodium oral tablet 30 mg</i>	4	
<i>risedronate sodium oral tablet 5 mg</i>	4	EDS
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	EDS
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	5	PA
<i>wyost subcutaneous solution 120 mg/1.7ml</i>	5	

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

Drug Name	Tier	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; LA
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	3	QL (3 ML per 30 days); EDS
<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 %	4	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	5	PA; QL (20 ML per 365 days)
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL (60 EA per 30 days); EDS
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<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>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	4	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	4	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	EDS
<i>carteolol hcl ophthalmic solution 1 %</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	3	EDS
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	2	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	EDS
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	3	EDS
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	EDS
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	EDS
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	EDS
<i>dorzolamide-timolol ophthalmic solution (preservative-free) 2-0.5 %</i>	3	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	EDS
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	EDS
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic solution 0.03% (glaucoma)</i>	2	EDS
<i>latanoprost ophthalmic solution 0.005 %</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	4	EDS
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	
<i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>ofloxacin otic solution 0.3 %</i>	2	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	2	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	4	
<i>desloratadine oral tablet 5 mg</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	4	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<i>olopatadine hcl nasal solution 0.6 %</i>	2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	EDS
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD; QL (120 ML per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	2	EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (60 EA per 30 days); EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	EDS
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 GM per 30 days); EDS
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	EDS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (10.6 GM per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	EDS
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2	EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	2	EDS
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	EDS
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	EDS
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	EDS
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	4	EDS
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD; EDS
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	EDS
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD; EDS
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	EDS
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	EDS
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	BD; EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (2 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	BD; EDS
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	EDS
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	LA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA New Starts; LA
KALYDECO ORAL TABLET 150 MG	5	PA New Starts; LA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA New Starts; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	5	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	BD; EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts; LA
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; LA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA New Starts; LA
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	BD; EDS
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg</i>	3	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	3	EDS

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

Drug Name	Tier	Requirements/Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	EDS
<i>theophylline oral solution 80 mg/15ml</i>	2	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
ADEMPAS ORAL TABLET 2 MG, 2.5 MG	5	PA New Starts; LA
<i>alyq oral tablet 20 mg</i>	2	PA New Starts; EDS
<i>ambrisentan oral tablet 10 mg</i>	3	PA New Starts; EDS
<i>ambrisentan oral tablet 5 mg</i>	3	PA New Starts; QL (30 EA per 30 days); EDS
<i>bosentan oral tablet 125 mg</i>	4	PA New Starts; EDS
<i>bosentan oral tablet 62.5 mg</i>	4	PA New Starts; QL (60 EA per 30 days); EDS
<i>macitentan oral tablet 10 mg</i>	5	PA New Starts
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA New Starts; LA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA New Starts; LA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
<i>tadalafil oral tablet 20 mg (pulmonary hypertension)</i>	2	PA New Starts; EDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)

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

Drug Name	Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	5	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (207 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	EDS
<i>breynga inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	EDS
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	2	QL (10.2 GM per 30 days); EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	3	EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA; PA not required if under 65 years of age or if a total of 30 days of supply for the plan year is not exceeded.
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
<i>doxepin hcl oral tablet 3 mg</i>	4	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	4	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>ramelteon oral tablet 8 mg</i>	2	
<i>tasimelteon oral capsule 20 mg</i>	5	PA
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 22.5 mg</i>	4	
<i>temazepam oral capsule 7.5 mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>zolpidem tartrate oral tablet 5 mg, 10 mg (immediate-release)</i>	2	PA New Starts; PA not required if under 65 years of age.
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	EDS
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	EDS
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA

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

Drug Name	Tier	Requirements/Limits
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS

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

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

INDEX

<i>abacavir sulfate</i>	39	<i>alyq</i>	96	<i>atomoxetine hcl</i>	58
<i>abacavir sulfate-lamivudine</i>	39	<i>amantadine hcl</i>	33, 41	<i>atorvastatin calcium</i>	56
<i>abigale</i>	74	<i>ambrisentan</i>	96	<i>atovaquone</i>	32
<i>abigale lo</i>	74	<i>amikacin sulfate</i>	6	<i>atovaquone-proguanil hcl</i>	32
ABILIFY MAINTENA.....	35	<i>amiloride hcl</i>	55	<i>atropine sulfate</i>	90
<i>abiraterone acetate</i>	24	<i>amiloride-hydrochlorothiazide</i> ...	52	ATTRUBY.....	69
<i>abirtega</i>	24	<i>amiodarone hcl</i>	50	AUGTYRO.....	25
ABRYSVO.....	86	<i>amitriptyline hcl</i>	19	<i>auranofin</i>	82
<i>acamprosate calcium</i>	5	<i>amlodipine besy-benazepril hcl</i> ..	52	AUSTEDO.....	58
<i>acarbose</i>	43	<i>amlodipine besylate</i>	51	AUSTEDO XR.....	58
<i>acebutolol hcl</i>	51	<i>amlodipine besylate-valsartan</i> ...	52	AUSTEDO XR PATIENT	
<i>acetaminophen-codeine</i>	4	<i>amlodipine-atorvastatin</i>	53	TITRATION.....	59
<i>acetazolamide</i>	52	<i>amlodipine-olmesartan</i>	53	AUVELITY.....	16
<i>acetazolamide er</i>	92	<i>amlodipine-valsartan-hctz</i>	53	AUVELITY TITRATION PACK.....	16
<i>acetic acid</i>	92	<i>ammonium lactate</i>	61	<i>aviane</i>	74
<i>acetylcysteine</i>	97	<i>amnesteem</i>	60	AVMAPKI FAKZYNJA CO-PACK....	25
<i>acitretin</i>	60	<i>amoxapine</i>	19	AVONEX PEN.....	59
ACTHIB.....	86	<i>amoxicillin</i>	9	AVONEX PREFILLED.....	59
ACTIMMUNE.....	83	<i>amoxicillin-pot clavulanate</i>	9	<i>avtozma</i>	84
<i>acyclovir</i>	38, 64	<i>amphetamine-dextroamphet er</i> ..	57	AYVAKIT.....	25
<i>acyclovir sodium</i>	38	<i>amphetamine-</i>		<i>azathioprine</i>	84
ADACEL.....	86	<i>dextroamphetamine</i>	57	<i>azelaic acid</i>	60
<i>adalimumab-adaz</i>	83	<i>amphotericin b</i>	20	<i>azelastine hcl</i>	90, 93
<i>adalimumab-adbm (2 pen)</i>	83	<i>amphotericin b liposome</i>	20	<i>azelastine-fluticasone</i>	93
<i>adalimumab-adbm (2 syringe)</i> ...	84	<i>ampicillin</i>	9	<i>azithromycin</i>	10, 11
<i>adapalene</i>	60	<i>ampicillin sodium</i>	9	<i>aztreonam</i>	7
<i>adapalene-benzoyl peroxide</i>	60	<i>ampicillin-sulbactam sodium</i>	9	<i>azurette</i>	74
<i>adefovir dipivoxil</i>	38	<i>anagrelide hcl</i>	48	<i>bacitracin-polymyxin b</i>	90
ADEMPAS.....	96	<i>anastrozole</i>	25	<i>bacitra-neomycin-polymyxin-hc</i> ..	90
ADVAIR HFA.....	97	ANORO ELLIPTA.....	97	<i>baclofen</i>	37
AIMOVIG.....	22	<i>apraclonidine hcl</i>	92	<i>balsalazide disodium</i>	88
AKEEGA.....	25	<i>aprepitant</i>	20	BALVERSA.....	25
<i>ala-cort</i>	61	<i>apri</i>	74	<i>balziva</i>	74
<i>albendazole</i>	32	APTIVUS.....	40	BAQSIMI ONE PACK.....	45
<i>albuterol sulfate</i>	94	<i>aranelle</i>	74	BAQSIMI TWO PACK.....	45
<i>albuterol sulfate hfa</i>	94	AREXVY.....	86	BCG VACCINE.....	86
<i>alclometasone dipropionate</i>	61	<i>arformoterol tartrate</i>	94	BELSOMRA.....	98
ALECENSA.....	25	ARIKAYCE.....	6	<i>benazepril hcl</i>	50
<i>alendronate sodium</i>	89	<i>aripiprazole</i>	16, 35	<i>benazepril-hydrochlorothiazide</i> ..	53
<i>alfuzosin hcl er</i>	71	<i>armodafinil</i>	98	BENLYSTA.....	84
<i>aliskiren fumarate</i>	52	ARNUIITY ELLIPTA.....	93	<i>benztropine mesylate</i>	33
<i>allopurinol</i>	21	<i>asenapine maleate</i>	35, 42	BESREMI.....	24
<i>alosetron hcl</i>	68	<i>ashlyna</i>	74	BESREMI PEN.....	24
<i>alprazolam</i>	42	<i>aspirin-dipyridamole er</i>	49	<i>betaine</i>	69
<i>alprazolam er</i>	42	<i>assure id insulin safety syr</i>	45	<i>betamethasone dipropionate</i>	61
<i>altavera</i>	74	<i>atazanavir sulfate</i>	40	<i>betamethasone dipropionate</i>	
ALUNBRIG.....	25	<i>atenolol</i>	51	<i>aug</i>	61
<i>alyacen 1/35</i>	74	<i>atenolol-chlorthalidone</i>	53	<i>betamethasone valerate</i>	61

<i>betaxolol hcl</i>	51, 91	<i>butorphanol tartrate</i>	4	CERDELGA	69
<i>bethanechol chloride</i>	71	<i>cabergoline</i>	80	<i>cevimeline hcl</i>	60
<i>bexarotene</i>	32	CABLIVI.....	49	CHEMET	66
BEXSERO.....	86	CABOMETYX.....	26	<i>chlordiazepoxide-clidinium</i>	68
<i>bicalutamide</i>	24	<i>calcipotriene</i>	63	<i>chlorhexidine gluconate</i>	60
BICILLIN C-R.....	10	<i>calcipotriene-betameth diprop</i> ...	63	<i>chloroquine phosphate</i>	32
BICILLIN C-R 900/300.....	10	<i>calcitonin (salmon)</i>	89	<i>chlorpromazine hcl</i>	19, 34
BICILLIN L-A.....	10	<i>calcitriol</i>	63, 89	<i>chlorthalidone</i>	55
BIKTARVY.....	38	<i>calcium acetate (phos binder)</i>	67	<i>cholestyramine</i>	56
BILDYOS.....	89	CALQUENCE.....	26	<i>cholestyramine light</i>	56
BILPREVDA.....	89	<i>camila</i>	78	<i>ciclopirox</i>	64
<i>bimatoprost</i>	92	<i>camrese</i>	74	<i>ciclopirox olamine</i>	64
<i>bismuth/metronidaz/tetracyclin</i> ..	68	<i>camrese lo</i>	74	<i>cilostazol</i>	49
<i>bisoprolol fumarate</i>	51	CAMZYOS.....	53	CIMDUO.....	39
<i>bisoprolol-hydrochlorothiazide</i> ...	53	<i>candesartan cilexetil</i>	49	<i>cimetidine</i>	69
BIXLENVO.....	38	<i>candesartan cilexetil-hctz</i>	53	<i>cinacalcet hcl</i>	89
<i>blisovi 24 fe</i>	74	CAPLYTA.....	35	CIPRO	11
<i>blisovi fe 1.5/30</i>	74	CAPRELSA.....	26	<i>ciprofloxacin hcl</i>	11, 90
<i>blisovi fe 1/20</i>	74	<i>captopril</i>	50	<i>ciprofloxacin in d5w</i>	11
BOOSTRIX.....	86	<i>carbamazepine</i>	15, 43	<i>ciprofloxacin-dexamethasone</i>	92
<i>bosentan</i>	96	<i>carbamazepine er</i>	15	<i>ciprofloxacin-hydrocortisone</i>	92
BOSULIF	25, 26	<i>carbidopa</i>	34	<i>citalopram hydrobromide</i>	17
<i>bosutinib</i>	26	<i>carbidopa-levodopa</i>	34	<i>claravis</i>	60
BRAFTOVI.....	26	<i>carbidopa-levodopa er</i>	34	<i>clarithromycin</i>	11
BREO ELLIPTA.....	97	<i>carbidopa-levodopa-</i>		CLEOCIN.....	7
<i>breyna</i>	97	<i>entacapone</i>	33	<i>clindamycin hcl</i>	7
BREZTRI AEROSPHERE	97	<i>carglumic acid</i>	65	<i>clindamycin palmitate hcl</i>	7
<i>briellyn</i>	74	<i>carteolol hcl</i>	91	<i>clindamycin phos (twice-daily)</i> ...	64
<i>brimonidine tartrate</i>	60, 92	<i>cartia xt</i>	52	<i>clindamycin phos-benzoyl perox</i> ..	60
<i>brimonidine tartrate-timolol</i>	92	<i>carvedilol</i>	51	<i>clindamycin phosphate</i>	7, 64
<i>brivaracetam</i>	12	<i>caspofungin acetate</i>	20	<i>clindamycin phosphate in d5w</i>	7
<i>bromfenac sodium</i>	91	CAYSTON.....	95	CLINIMIX E/DEXTROSE (2.75/5).. <td>66</td>	66
<i>bromocriptine mesylate</i>	33, 80	<i>cefaclor</i>	8	CLINIMIX E/DEXTROSE	
BRUKINSA.....	26	<i>cefadroxil</i>	8	(4.25/10).....	66
<i>budesonide</i>	89, 93	<i>cefazolin sodium</i>	8	CLINIMIX E/DEXTROSE (4.25/5).. <td>66</td>	66
<i>budesonide er</i>	89	<i>cefdinir</i>	8	CLINIMIX E/DEXTROSE (5/15).....	66
<i>budesonide-formoterol</i>		<i>cefepime hcl</i>	8	CLINIMIX E/DEXTROSE (5/20).....	66
<i>fumarate</i>	97	<i>cefixime</i>	8	CLINIMIX/DEXTROSE (4.25/10)...	66
<i>bumetanide</i>	55	<i>cefotetan disodium</i>	8	CLINIMIX/DEXTROSE (4.25/5).....	66
<i>buprenorphine</i>	3, 4	<i>cefoxitin sodium</i>	8	CLINIMIX/DEXTROSE (5/15).....	66
<i>buprenorphine hcl</i>	6	<i>cefpodoxime proxetil</i>	8	CLINIMIX/DEXTROSE (5/20).....	66
<i>buprenorphine hcl-naloxone hcl</i> ...	6	<i>cefprozil</i>	8, 9	CLINISOL SF	65
<i>bupropion hcl</i>	17	<i>ceftaroline fosamil</i>	9	<i>clobazam</i>	14
<i>bupropion hcl er (smoking det)</i>	6	<i>ceftazidime</i>	9	<i>clobetasol propionate</i>	61, 62
<i>bupropion hcl er (sr)</i>	16	<i>ceftriaxone sodium</i>	9	<i>clobetasol propionate e</i>	61
<i>bupropion hcl er (xl)</i>	17	<i>cefuroxime axetil</i>	9	<i>clodan</i>	62
<i>buspirone hcl</i>	42	<i>cefuroxime sodium</i>	9	<i>clomipramine hcl</i>	19
<i>butalbital-apap-caffeine</i>	3	<i>celecoxib</i>	3	<i>clonazepam</i>	14, 42
<i>butalbital-aspirin-caffeine</i>	3	<i>cephalexin</i>	9	<i>clonidine</i>	49

<i>clonidine hcl</i>	49	CYSTARAN	90	<i>diclofenac sodium er</i>	3
<i>clopidogrel bisulfate</i>	49	<i>dabigatran etexilate mesylate</i>	47	<i>dicloxacillin sodium</i>	10
<i>clorazepate dipotassium</i>	14	<i>dalfampridine er</i>	59	<i>dicyclomine hcl</i>	68
<i>clotrimazole</i>	20	<i>danazol</i>	73	DIFICID.....	11
<i>clotrimazole-betamethasone</i>	63	<i>dantrolene sodium</i>	37	<i>diflunisal</i>	3
<i>clozapine</i>	37	<i>dapaglifloz base-metformin er</i> ...	43	<i>difluprednate</i>	91
COARTEM.....	32	<i>dapagliflozin</i>	43, 44	<i>digoxin</i>	53
COBENFY.....	35	<i>dapsone</i>	23	<i>dihydroergotamine mesylate</i>	22
COBENFY STARTER PACK.....	35	DAPTACEL.....	86	DILANTIN.....	15
<i>colchicine</i>	21	<i>daptomycin</i>	7	<i>diltiazem hcl</i>	52
<i>colchicine-probenecid</i>	21	<i>darifenacin hydrobromide er</i>	70	<i>diltiazem hcl er</i>	52
<i>colesevelam hcl</i>	43, 56	<i>darunavir</i>	41	<i>diltiazem hcl er beads</i>	52
<i>colestipol hcl</i>	56	<i>dasatinib</i>	26	<i>diltiazem hcl er coated beads</i>	52
<i>colistimethate sodium (cba)</i>	7	DAURISMO.....	26	<i>dilt-xr</i>	52
COMBIPATCH.....	74	<i>daysee</i>	74	<i>dimethyl fumarate</i>	59
COMBIVENT RESPIMAT.....	97	<i>deblitane</i>	78	<i>diphenoxylate-atropine</i>	68
COMETRIQ (100 MG DAILY		<i>deferasirox</i>	66	<i>disulfiram</i>	5
DOSE).....	26	DELSTRIGO.....	39	<i>divalproex sodium</i>	12, 22, 43
COMETRIQ (140 MG DAILY		<i>delyla</i>	74	<i>divalproex sodium er</i>	12, 22, 43
DOSE).....	26	<i>demeclocycline hcl</i>	11	<i>dofetilide</i>	50
COMETRIQ (60 MG DAILY		DEPO-ESTRADIOL.....	73	<i>dolishale</i>	74
DOSE).....	26	DEPO-SUBQ PROVERA 104.....	79	<i>donepezil hcl</i>	16
<i>comfort assist insulin syringe</i>	46	DESCOVY.....	40	DOPTELET.....	49
<i>compro</i>	19	<i>desipramine hcl</i>	19	<i>dorzolamide hcl</i>	92
<i>constulose</i>	67	<i>desloratadine</i>	93	<i>dorzolamide hcl-timolol mal</i>	92
COPIKTRA.....	26	<i>desmopressin acetate</i>	72	<i>dorzolamide hcl-timolol mal pf</i> ...	92
CORTROPHIN.....	72	<i>desmopressin acetate spray</i>	72	<i>dotti</i>	73
CORTROPHIN GEL.....	72	<i>desogestrel-ethinyl estradiol</i>	74	DOVATO.....	38
COSENTYX.....	82	<i>desonide</i>	62	<i>doxazosin mesylate</i>	49, 71
COSENTYX (300 MG DOSE).....	82	<i>desoximetasone</i>	62	<i>doxepin hcl</i>	19, 98
COSENTYX SENSOREADY (300		<i>desvenlafaxine succinate er</i>	17	<i>doxercalciferol</i>	89
MG).....	82	<i>dexamethasone</i>	72	<i>doxy 100</i>	11
COSENTYX SENSOREADY PEN.....	82	<i>dexamethasone sodium</i>		<i>doxycycline hyclate</i>	12, 60
COSENTYX UNOREADY.....	82	<i>phosphate</i>	91	<i>doxycycline monohydrate</i>	12
COTELLIC.....	26	<i>dexmethylphenidate hcl</i>	58	<i>drizalma sprinkle</i>	17, 18
CREON.....	69	<i>dexmethylphenidate hcl er</i>	58	<i>dronabinol</i>	20
CRESEMBA.....	20	<i>dextroamphetamine sulfate</i>	57	<i>drospiren-eth estrad-levomefol</i> ..	74
<i>cromolyn sodium</i>	70, 90, 95	<i>dextroamphetamine sulfate er</i> ...	57	<i>drospirenone-ethinyl estradiol</i>	74
<i>cryselle</i>	74	<i>dextromethorphan-quinidine</i>	59	DROXIA.....	70
<i>cvs gauze sterile</i>	46	<i>dextrose</i>	65	<i>droxidopa</i>	49
<i>cyanocobalamin</i>	67	<i>dextrose-sodium chloride</i>	65	DUAVEE.....	79
<i>cyclobenzaprine hcl</i>	98	DIACOMIT.....	12	<i>duloxetine hcl</i>	18, 59
<i>cyclophosphamide</i>	23	<i>diazepam</i>	14, 42	DUPIXENT.....	62, 97
<i>cyclosporine</i>	84	<i>diazepam intensol</i>	14, 42	<i>dutasteride</i>	71
<i>cyclosporine (pf)</i>	90	<i>diazoxide</i>	45	<i>dutasteride-tamsulosin hcl</i>	71
<i>cyclosporine modified</i>	84	<i>dichlorphenamide</i>	70	<i>e.e.s. 400</i>	11
<i>cyred eq</i>	74	<i>diclofenac epolamine</i>	3	<i>econazole nitrate</i>	64
CYSTADROPS.....	90	<i>diclofenac potassium</i>	3	EDURANT PED.....	39
CYSTAGON.....	70	<i>diclofenac sodium</i>	3, 63, 91	<i>efavirenz</i>	39

<i>efavirenz-emtricitab-tenofo df</i>	<i>erythromycin base</i>	<i>finasteride</i>
..... 39, 40	<i>erythromycin ethylsuccinate</i>	<i> fingolimod hcl</i>
<i>efavirenz-lamivudine-tenofovir</i>	<i>escitalopram oxalate</i>	FINTEPLA.....
..... 39, 40	<i>eslicarbazepine acetate</i>	<i>finzala</i>
<i>eletriptan hydrobromide</i>	<i>esomeprazole magnesium</i>	FIRMAGON.....
ELIGARD.....	<i>estarylla</i>	FIRMAGON (240 MG DOSE).....
ELIQUIS.....	<i>estradiol</i>	<i>flavoxate hcl</i>
ELIQUIS (1.5 MG PACK).....	<i>estradiol valerate</i>	<i>flecainide acetate</i>
ELIQUIS (2 MG PACK).....	<i>estradiol-norethindrone acet</i>	<i>fluconazole</i>
ELIQUIS DVT/PE STARTER PACK..	ESTRING.....	<i>fluconazole in sodium chloride</i> ...
ELMIRON.....	<i>estrogens conjugated</i>	<i>flucytosine</i>
<i>eltrombopag olamine</i>	<i>eszopiclone</i>	<i>fludrocortisone acetate</i>
<i>eluryng</i>	<i>ethacrynic acid</i>	<i>flunisolide</i>
EMGALITY.....	<i>ethambutol hcl</i>	<i>fluocinolone acetonide</i>
EMGALITY (300 MG DOSE).....	<i>ethosuximide</i>	<i>fluocinolone acetonide body</i>
EMSAM.....	<i>etodolac</i>	<i>fluocinolone acetonide scalp</i>
<i>emtricitabine</i>	<i>etonogestrel-ethinyl estradiol</i>	<i>fluocinonide</i>
<i>emtricitabine-tenofovir df</i>	<i>etravirine</i>	<i>fluocinonide emulsified base</i>
<i>emtricitab- rilpivir-tenofov df</i>	EULEXIN.....	<i>fluorometholone</i>
EMTRIVA.....	<i>everolimus</i>	<i>fluorouracil</i>
EMVERM.....	EVOTAZ.....	<i>fluoxetine hcl</i>
<i>enalapril maleate</i>	EVRYSDI.....	<i>fluphenazine decanoate</i>
<i>enalapril-hydrochlorothiazide</i>	<i>exel comfort point pen needle</i>	<i>fluphenazine hcl</i>
ENBREL.....	<i>exemestane</i>	<i>flurbiprofen sodium</i>
ENBREL MINI.....	EXXUA.....	<i>fluticasone furoate ellipta</i>
ENBREL SURECLICK.....	EXXUA TITRATION PACK.....	<i>fluticasone furoate-vilanterol</i>
<i>endocet</i>	<i>ezetimibe</i>	<i>fluticasone propionate</i>
ENERGIX-B.....	<i>ezetimibe-simvastatin</i>	<i>fluticasone propionate diskus</i>
<i>enilloring</i>	<i>falmina</i>	<i>fluticasone propionate hfa</i>
<i>enoxaparin sodium</i>	<i>famciclovir</i>	<i>fluticasone-salmeterol</i>
ENSACOVE.....	<i>famotidine</i>	<i>fluvastatin sodium</i>
<i>enskyce</i>	FANAPT.....	<i>fluvastatin sodium er</i>
<i>entacapone</i>	FANAPT TITRATION PACK A.....	<i>fluvoxamine maleate</i>
<i>entecavir</i>	FANAPT TITRATION PACK B.....	<i>fluvoxamine maleate er</i>
ENTYVIO PEN.....	FANAPT TITRATION PACK C.....	<i>folic acid</i>
<i>enulose</i>	FARXIGA.....	<i>fondaparinux sodium</i>
ENVARSUS XR.....	<i>febuxostat</i>	<i>fosamprenavir calcium</i>
EOHILIA.....	<i>feirza 1.5/30</i>	<i>fosfomycin tromethamine</i>
EPIDIOLEX.....	<i>feirza 1/20</i>	<i>fosinopril sodium</i>
<i>epinastine hcl</i>	<i>felbamate</i>	<i>fosinopril sodium-hctz</i>
<i>epinephrine</i>	<i>felodipine er</i>	FOTIVDA.....
<i>eplerenone</i>	<i>fenofibrate</i>	<i>frovatriptan succinate</i>
<i>ergotamine-caffeine</i>	<i>fenofibrate micronized</i>	FRUZAQLA.....
ERIVEDGE.....	<i>fenofibric acid</i>	<i>furosemide</i>
ERLEADA.....	<i>fentanyl</i>	<i>fyavolv</i>
<i>erlotinib hcl</i>	FETZIMA.....	<i>gabapentin</i>
<i>errin</i>	FETZIMA TITRATION.....	<i>gabapentin (once-daily)</i>
<i>ertapenem sodium</i>	<i>fidaxomicin</i>	<i>galantamine hydrobromide</i>
<i>erythromycin</i>	FILSPARI.....	<i>galantamine hydrobromide er</i>
..... 11, 90	 53	 16

<i>galbriela</i>	75	HERNEXEOS.....	27	INCRELEX.....	72
<i>gallifrey</i>	79	HIBERIX.....	86	INCRUSE ELLIPTA.....	94
GAMMAGARD.....	81	HUMALOG.....	46	<i>indapamide</i>	55
GAMMAGARD ERC.....	81	HUMALOG JUNIOR KWIKPEN.....	46	<i>indomethacin</i>	3
GAMMAGARD S/D LESS IGA.....	81	HUMALOG KWIKPEN.....	46	<i>indomethacin er</i>	3
GARDASIL 9.....	86	HUMALOG MIX 50/50 KWIKPEN.....	46	INFANRIX.....	86
<i>gatifloxacin</i>	90	HUMALOG MIX 75/25.....	46	INLURIYO.....	24
GATTEX.....	68	HUMALOG MIX 75/25 KWIKPEN.....	46	INLYTA.....	27
<i>gavilyte-c</i>	68	HUMULIN 70/30.....	46	INQOVI.....	25
<i>gavilyte-g</i>	68	HUMULIN 70/30 KWIKPEN.....	46	INREBIC.....	27
GAVRETO.....	27	HUMULIN N.....	46	<i>insulin glargine max solostar</i>	46
<i>gefitinib</i>	27	HUMULIN N KWIKPEN.....	46	<i>insulin glargine solostar</i>	46
<i>gemfibrozil</i>	55	HUMULIN R.....	46	<i>insulin lispro</i>	46
<i>gemmily</i>	75	HUMULIN R U-500 KWIKPEN.....	46	<i>insulin lispro (1 unit dial)</i>	46
GEMTESA.....	70	<i>hydralazine hcl</i>	57	<i>insulin lispro junior kwikpen</i>	46
<i>generlac</i>	67	<i>hydrochlorothiazide</i>	55	<i>insulin lispro prot & lispro</i>	47
<i>gengraf</i>	84	<i>hydrocodone-acetaminophen</i>	4	INTELENCE.....	39
<i>gentamicin in saline</i>	6	<i>hydrocodone-ibuprofen</i>	4	<i>introvale</i>	75
<i>gentamicin sulfate</i>	6, 90	<i>hydrocortisone</i>	62, 72, 89	INVEGA HAFYERA.....	36
GENVOYA.....	38	<i>hydrocortisone (perianal)</i>	89	INVEGA SUSTENNA.....	36
GILOTRIF.....	27	<i>hydrocortisone valerate</i>	62, 63	INVEGA TRINZA.....	36
<i>glatiramer acetate</i>	60	<i>hydrocortisone-acetic acid</i>	92	IOPIDINE.....	92
<i>glatopa</i>	60	<i>hydromorphone hcl</i>	4	IPOL.....	86
<i>glimepiride</i>	44	<i>hydroxychloroquine sulfate</i>	32	<i>ipratropium bromide</i>	94
<i>glipizide</i>	44	<i>hydroxyurea</i>	24	<i>ipratropium bromide hfa</i>	94
<i>glipizide er</i>	44	<i>hydroxyzine hcl</i>	93	<i>ipratropium-albuterol</i>	97
<i>glipizide-metformin hcl</i>	44	<i>hydroxyzine pamoate</i>	42	<i>irbesartan</i>	49
<i>global alcohol prep ease</i>	63	HYRNUO.....	27	<i>irbesartan-hydrochlorothiazide</i> ..	53
<i>glucagon emergency</i>	45	<i>ibandronate sodium</i>	89	ISENTRESS.....	38, 39
<i>glycopyrrolate</i>	68	IBRANCE.....	25, 27	ISENTRESS HD.....	38
GLYXAMBI.....	44	IBTROZI.....	27	<i>isibloom</i>	75
GOMEKLI.....	27	<i>ibu</i>	3	ISOLYTE-P IN D5W.....	65
<i>granisetron hcl</i>	20	<i>ibuprofen</i>	3	<i>isoniazid</i>	23
<i>griseofulvin microsize</i>	20, 21	<i>icatibant acetate</i>	81	<i>isosorb dinitrate-hydralazine</i>	53
<i>griseofulvin ultramicrosize</i>	21	<i>iclevia</i>	75	<i>isosorbide dinitrate</i>	57
<i>guanfacine hcl er</i>	58	ICLUSIG.....	27	<i>isosorbide mononitrate er</i>	57
HADLIMA.....	84	<i>icosapent ethyl</i>	56	<i>isotretinoin</i>	60
HADLIMA PUSHTOUCH.....	84	IDHIFA.....	27	ISTURISA.....	72
HAEGARDA.....	81	IDVYNSO.....	39	ITOVEBI.....	27
<i>hailey 24 fe</i>	75	<i>imatinib mesylate</i>	27	<i>itraconazole</i>	21
<i>hailey fe 1/20</i>	75	IMBRUVICA.....	27	<i>ivabradine hcl</i>	53
<i>halobetasol propionate</i>	62	<i>imipenem-cilastatin</i>	10	<i>ivermectin</i>	32, 60
<i>haloperidol</i>	34	<i>imipramine hcl</i>	19	IWILFIN.....	25
<i>haloperidol decanoate</i>	34	<i>imiquimod</i>	63	IXIARO.....	87
<i>haloperidol lactate</i>	34	IMKELDI.....	27	<i>jaimiess</i>	75
HAVRIX.....	86	IMOVAX RABIES.....	86	JAKAFI.....	27
<i>heather</i>	79	IMPAVIDO.....	32	<i>jantoven</i>	48
<i>heparin sodium (porcine)</i>	48	INBRIJA.....	34	JARDIANCE.....	44
HEPLISAV-B.....	86	<i>incassia</i>	79	<i>jasmiel</i>	75

<i>javygtor</i>	70	<i>lamivudine-zidovudine</i>	40	<i>lidocaine</i>	5
JAYPIRCA.....	27	<i>lamotrigine</i>	12, 43	<i>lidocaine hcl</i>	5
JENTADUETO	44	<i>lamotrigine er</i>	12	<i>lidocaine hcl urethral/mucosal</i>	5
JENTADUETO XR.....	44	<i>lansoprazole</i>	69	<i>lidocaine viscous hcl</i>	5
JIDEYTRO	28	LANTUS.....	47	<i>lidocaine-prilocaine</i>	5
<i>jinteli</i>	75	LANTUS SOLOSTAR.....	47	<i>lidocan</i>	5
JOENJA.....	70	<i>lapatinib ditosylate</i>	28	LIFYORLI (125 MG DOSE).....	28
<i>jolessa</i>	75	<i>larin 1.5/30</i>	75	LIFYORLI (150 MG DOSE).....	28
<i>joyeaux</i>	75	<i>larin 1/20</i>	75	LILETTA (52 MG).....	76
<i>jubbonti</i>	89	<i>larin fe 1.5/30</i>	75	<i>linezolid</i>	7
<i>juleber</i>	75	<i>larin fe 1/20</i>	76	LINZESS.....	67
JULUCA.....	39, 40	<i>latanoprost</i>	92	<i>liomny</i>	80
<i>junel 1.5/30</i>	75	LAZCLUZE	28	<i>liothyronine sodium</i>	80
<i>junel 1/20</i>	75	<i>leflunomide</i>	84	LIPFENDRA	56
<i>junel fe 1.5/30</i>	75	<i>lenalidomide</i>	24	<i>lisdexamfetamine dimesylate</i>	57, 58
<i>junel fe 1/20</i>	75	LENVIMA (10 MG DAILY DOSE) ...	28	<i>lisinopril</i>	50
<i>junel fe 24</i>	75	LENVIMA (12 MG DAILY DOSE) ...	28	<i>lisinopril-hydrochlorothiazide</i>	53
JUXTAPID	56	LENVIMA (14 MG DAILY DOSE) ...	28	<i>lithium</i>	43
JYLAMVO	25	LENVIMA (18 MG DAILY DOSE) ...	28	<i>lithium carbonate</i>	43
JYNNEOS.....	87	LENVIMA (20 MG DAILY DOSE) ...	28	<i>lithium carbonate er</i>	43
<i>kaitlib fe</i>	75	LENVIMA (24 MG DAILY DOSE) ...	28	LIVTENCITY	37
KALETRA.....	41	LENVIMA (4 MG DAILY DOSE)	28	<i>lofexidine hcl</i>	6
KALYDECO	95	LENVIMA (8 MG DAILY DOSE)	28	<i>lojaimiess</i>	76
<i>kariva</i>	75	LEQEMBI IQLIK.....	15	LOKELMA.....	67
<i>kcl in dextrose-nacl</i>	65	LEQEMBI IQLIK (500 MG DOSE) ..	15	<i>lomustine</i>	23
<i>kelnor 1/35</i>	75	<i>lessina</i>	76	LONSURF.....	25
KERENDIA	55	<i>letrozole</i>	25	<i>loperamide hcl</i>	68
KESIMPTA.....	60	<i>leucovorin calcium</i>	32	<i>lopinavir-ritonavir</i>	41
<i>ketoconazole</i>	21	LEUKERAN	23	<i>lorazepam</i>	42
<i>ketorolac tromethamine</i>	91	LEUKINE.....	48	LORBRENA.....	29
KINERET	84	<i>leuprolide acetate</i>	80	<i>loryna</i>	76
KINRIX.....	87	<i>levalbuterol hcl</i>	95	<i>losartan potassium</i>	49
KISQALI (200 MG DOSE).....	28	<i>levalbuterol tartrate</i>	95	<i>losartan potassium-hctz</i>	54
KISQALI (400 MG DOSE).....	28	<i>levetiracetam</i>	13	<i>loteprednol etabonate</i>	91
KISQALI (600 MG DOSE).....	28	<i>levetiracetam er</i>	13	<i>lovastatin</i>	56
<i>klor-con</i>	65	<i>levobunolol hcl</i>	91	<i>low-ogestrel</i>	76
<i>klor-con 10</i>	65	<i>levocarnitine</i>	65, 67	<i>loxapine succinate</i>	34
<i>klor-con m10</i>	65	<i>levocetirizine dihydrochloride</i>	93	<i>lubiprostone</i>	67
<i>klor-con m15</i>	65	<i>levofloxacin</i>	11, 90	<i>luizza 1.5/30</i>	76
<i>klor-con m20</i>	65	<i>levofloxacin in d5w</i>	11	<i>luizza 1/20</i>	76
KLOXXADO.....	6	<i>levonest</i>	76	LUMAKRAS.....	29
KOMZIFTI.....	28	<i>levonorgest-eth estrad 91-day</i> ...	76	LUMIGAN	92
KOSELUGO.....	28	<i>levonorgest-eth estradiol-iron</i>	76	LUPRON DEPOT (1-MONTH).....	80
KRAZATI.....	28	<i>levonorgestrel-ethinyl estrad</i>	76	LUPRON DEPOT (3-MONTH).....	80
<i>kurvelo</i>	75	<i>levonorg-eth estrad triphasic</i>	76	<i>lurasidone hcl</i>	36, 42
<i>labetalol hcl</i>	51	<i>levora 0.15/30 (28)</i>	76	LYBALVI.....	36
<i>lacosamide</i>	15	<i>levothyroxine sodium</i>	80	<i>lyleq</i>	79
<i>lactulose</i>	67	<i>levoxyl</i>	80	<i>lyllana</i>	73
<i>lamivudine</i>	38, 40	<i>l-glutamine</i>	70		

LYNPARZA.....	29	<i>methylphenidate hcl er (cd)</i>	58	MULTAQ.....	50
LYSODREN.....	25	<i>methylphenidate hcl er (la)</i>	58	<i>multiple electro type 1 ph 7.4</i>	65
LYTGOBI (12 MG DAILY DOSE)....	29	<i>methylphenidate hcl er (osm)</i>	58	<i>mupirocin</i>	64
LYTGOBI (16 MG DAILY DOSE)....	29	<i>methylprednisolone</i>	72	<i>mupirocin calcium</i>	64
LYTGOBI (20 MG DAILY DOSE)....	29	<i>metoclopramide hcl</i>	19, 68	<i>mycophenolate mofetil</i>	85
LYUMJEV.....	47	<i>metolazone</i>	55	<i>mycophenolate sodium</i>	85
LYUMJEV KWIKPEN.....	47	<i>metoprolol succinate er</i>	51	MYTESI.....	68
<i>lyza</i>	79	<i>metoprolol tartrate</i>	51	<i>na sulfate-k sulfate-mg sulf</i>	67
<i>macitentan</i>	96	<i>metoprolol-hydrochlorothiazide</i>	54	<i>nabumetone</i>	3
<i>magnesium sulfate</i>	65	<i>metronidazole</i>	7, 60	<i>nadolol</i>	51
<i>malathion</i>	64	<i>metirosine</i>	54	<i>nafcilin sodium</i>	10
<i>maraviroc</i>	40	<i>mexiletine hcl</i>	50	<i>naloxone hcl</i>	6
<i>marlissa</i>	76	<i>mibelas 24 fe</i>	76	<i>naltrexone hcl</i>	5, 6
MARPLAN.....	17	<i>micafungin sodium</i>	21	NAMZARIC.....	16
MATULANE.....	24	<i>miconazole 3</i>	21	<i>naproxen</i>	3
<i>matzim la</i>	52	<i>microgestin 1.5/30</i>	76	<i>naproxen sodium</i>	3
MAVYRET.....	38	<i>microgestin 1/20</i>	76	<i>naratriptan hcl</i>	22
<i>meclizine hcl</i>	19	<i>microgestin fe 1.5/30</i>	76	NATACYN.....	90
<i>medroxyprogesterone acetate</i> ...	79	<i>microgestin fe 1/20</i>	76	<i>nateglinide</i>	44
<i>mefloquine hcl</i>	32	<i>midodrine hcl</i>	49	NAYZILAM.....	14
<i>megestrol acetate</i>	79	MIEBO.....	90	<i>nebivolol hcl</i>	51
MEKINIST.....	29	<i>mifepristone</i>	80	<i>necon 0.5/35 (28)</i>	76
MEKTOVI.....	29	<i>miglustat</i>	70	<i>necon 1/35 (28)</i>	76
<i>meleya</i>	79	<i>mili</i>	76	<i>nefazodone hcl</i>	18
<i>meloxicam</i>	3	<i>milnacipran hcl</i>	59	<i>neomycin sulfate</i>	6
<i>memantine hcl</i>	16	<i>mimvey</i>	76	<i>neomycin-bacitracin zn-</i>	
<i>memantine hcl er</i>	16	<i>minocycline hcl</i>	12	<i>polymyx</i>	90
<i>memantine hcl-donepezil hcl er</i>		<i>minoxidil</i>	57	<i>neomycin-polymyxin-dexameth</i> ..	90
.....	15, 16	<i>minzoya</i>	76	<i>neomycin-polymyxin-gramicidin</i> ..	91
MENQUADFI.....	87	<i>mirabegron er</i>	71	<i>neomycin-polymyxin-hc</i>	90, 93
MENVEO.....	87	<i>mirtazapine</i>	17	NERLYNX.....	29
<i>mercaptapurine</i>	24	<i>misoprostol</i>	69	NEUPRO.....	33
<i>meropenem</i>	10	M-M-R II.....	87	<i>nevirapine</i>	39
<i>mesalamine</i>	88	<i>modafinil</i>	98	<i>nevirapine er</i>	39
<i>mesalamine er</i>	88	MODEYSO.....	29	NEXLETOL.....	56
<i>mesna</i>	32	<i>moexipril hcl</i>	50	NEXLIZET.....	56
<i>metformin hcl</i>	44	<i>molindone hcl</i>	34	NEXPLANON.....	76
<i>metformin hcl er</i>	44	<i>mometasone furoate</i>	63, 94	<i>niacin er (antihyperlipidemic)</i>	56
<i>methadone hcl</i>	4	<i>mono-lynyah</i>	76	<i>nicardipine hcl</i>	51
<i>methazolamide</i>	92	<i>montelukast sodium</i>	94	NICOTROL NS.....	6
<i>methenamine hippurate</i>	7	<i>morphine sulfate</i>	5	<i>nifedipine er</i>	51
<i>methimazole</i>	81	<i>morphine sulfate (concentrate)</i>	5	<i>nifedipine er osmotic release</i>	51
<i>methocarbamol</i>	98	<i>morphine sulfate er</i>	4	<i>nikki</i>	76
<i>methotrexate sodium</i>	85	<i>morphine sulfate er beads</i>	4	<i>nilotinib hcl</i>	29
<i>methotrexate sodium (pf)</i>	84	MOUNJARO.....	44	<i>nilutamide</i>	24
<i>methoxsalen rapid</i>	63	MOVANTIK.....	67	<i>nimodipine</i>	51
<i>methsuximide</i>	13	<i>moxifloxacin hcl</i>	11, 90	NINLARO.....	29
<i>methylphenidate hcl</i>	58	<i>moxifloxacin hcl in nacl</i>	11	<i>nintedanib esylate</i>	97
<i>methylphenidate hcl er</i>	58	MRESVIA.....	87	<i>nitazoxanide</i>	32

<i>nitisinone</i>	70	OMNIPOD 5 LIBRE PODS	47	<i>peg 3350-kcl-na bicarb-nacl</i>	68
NITRO-BID	57	OMNIPOD DASH INTRO (GEN 4) .	47	<i>peg-3350/electrolytes</i>	68
<i>nitrofurantoin macrocrystal</i>	7	OMNIPOD DASH PODS (GEN 4) ..	47	<i>peg-3350/electrolytes/ascorbat</i> .	68
<i>nitrofurantoin monohyd macro</i>	7	<i>ondansetron</i>	20	PEGASYS	83
<i>nitroglycerin</i>	57, 68	<i>ondansetron hcl</i>	20	PEMAZYRE	29
<i>nora-be</i>	79	ONUREG	25	PENBRAYA	87
NORDITROPIN FLEXPPO	72	OPIPZA	36	<i>penicillamine</i>	66
<i>norelgestromin-eth estradiol</i>	76	OPVEE	6	<i>penicillin g pot in dextrose</i>	10
<i>norethin ace-eth estrad-fe</i>	77	ORENITRAM	96	<i>penicillin g potassium</i>	10
<i>norethindrone</i>	79	ORENITRAM MONTH 1	96	<i>penicillin g sodium</i>	10
<i>norethindrone acetate</i>	79	ORENITRAM MONTH 2	96	<i>penicillin v potassium</i>	10
<i>norethindrone acet-ethinyl est</i> ...	77	ORENITRAM MONTH 3	96	PENMENVY	87
<i>norethindrone-eth estradiol</i>	77	ORGOVYX	25	PENTACEL	87
<i>norgestimate-eth estradiol</i>	77	ORIAHNN	80	<i>pentamidine isethionate</i>	32
<i>norgestim-eth estrad triphasic</i> ...	77	ORILISSA	81	<i>pentoxifylline er</i>	54
<i>norlyroc</i>	79	ORKAMBI	95	<i>perampanel</i>	13
<i>nortrel 0.5/35 (28)</i>	77	<i>ormalvi</i>	70	<i>perindopril erbumine</i>	50
<i>nortrel 1/35 (21)</i>	77	<i>orquidea</i>	79	<i>periogard</i>	60
<i>nortrel 1/35 (28)</i>	77	ORSERDU	24	<i>permethrin</i>	64
<i>nortrel 7/7/7</i>	77	<i>oseltamivir phosphate</i>	41	<i>perphenazine</i>	34
<i>nortriptyline hcl</i>	19	OTEZLA	64	<i>perphenazine-amitriptyline</i>	17
NORVIR	41	OTEZLA XR	64	<i>phenelzine sulfate</i>	17
NUBEQA	24	OTEZLA/OTEZLA XR INITIATION		<i>phenobarbital</i>	14
NUCALA	97, 98	PK	64	<i>phenytoin</i>	15
NUPLAZID	36	<i>oxacillin sodium</i>	10	<i>phenytoin sodium extended</i>	15
NURTEC	22	<i>oxacillin sodium in dextrose</i>	10	PIFELTRO	39
<i>nylia 1/35</i>	77	<i>oxazepam</i>	42	<i>pilocarpine hcl</i>	60, 92
<i>nylia 7/7/7</i>	77	<i>oxcarbazepine</i>	15	<i>pimecrolimus</i>	63
<i>nystatin</i>	21	<i>oxybutynin chloride</i>	71	<i>pimozide</i>	35
<i>nystatin-triamcinolone</i>	63, 64	<i>oxycodone hcl</i>	5	<i>pimtrea</i>	77
<i>nystop</i>	21	<i>oxycodone-acetaminophen</i>	5	<i>pindolol</i>	51
OCTAGAM	81	<i>oxymorphone hcl</i>	5	<i>pioglitazone hcl</i>	45
<i>octreotide acetate</i>	80	OZEMPIC	44	<i>pioglitazone hcl-metformin hcl</i> ...	45
ODEFSEY	40	OZEMPIC (0.25 OR 0.5		<i>piperacillin sod-tazobactam so</i> ...	10
ODOMZO	29	MG/DOSE)	44	PIQRAY (200 MG DAILY DOSE)	29
OFEV	97	OZEMPIC (1 MG/DOSE)	44	PIQRAY (250 MG DAILY DOSE)	29
<i>ofloxacin</i>	91, 93	OZEMPIC (2 MG/DOSE)	44	PIQRAY (300 MG DAILY DOSE)	29
OGSIVEO	25	<i>pacerone</i>	50	<i>pirfenidone</i>	97
OJEMDA	29	<i>paliperidone er</i>	36	<i>piroxicam</i>	3
OJJAARA	29	PANRETIN	64	<i>pitavastatin calcium</i>	56
<i>olanzapine</i>	36, 42	<i>pantoprazole sodium</i>	69	PLENAMINE	70
<i>olanzapine-fluoxetine hcl</i>	17	<i>paricalcitol</i>	89	<i>podofilox</i>	64
<i>olmesartan medoxomil</i>	49	<i>paroxetine hcl</i>	18	<i>polymyxin b sulfate</i>	7
<i>olmesartan medoxomil-hctz</i>	54	PAXLOVID (150/100)	41	<i>polymyxin b-trimethoprim</i>	91
<i>olmesartan-amlodipine-hctz</i>	54	PAXLOVID (300/100 & 150/100) .	41	<i>pomalidomide</i>	24
<i>olopatadine hcl</i>	93	PAXLOVID (300/100)	41	POMALYST	24
<i>omega-3-acid ethyl esters</i>	56	<i>pazopanib hcl</i>	29	<i>portia-28</i>	77
<i>omeprazole</i>	69	PEDIARIX	87	<i>posaconazole</i>	21
OMNIPOD 5 LIBRE INTRO	47	PEDVAXHIB	87	<i>potassium chloride</i>	65

<i>potassium chloride crys er</i>	65	PULMOZYME.....	95	<i>rilpivirine hcl</i>	39
<i>potassium chloride er</i>	65	<i>pyrazinamide</i>	23	<i>riluzole</i>	59
<i>potassium chloride in nacl</i>	65	<i>pyridostigmine bromide</i>	23	<i>rimantadine hcl</i>	41
<i>potassium citrate er</i>	71	<i>pyridostigmine bromide er</i>	23	RINVOQ.....	82
<i>pramipexole dihydrochloride</i>	33	<i>pyrimethamine</i>	33	RINVOQ LQ.....	82
<i>pramipexole dihydrochloride er</i> ..	33	QINLOCK.....	30	<i>risedronate sodium</i>	89
<i>prasugrel hcl</i>	49	QUADRACEL.....	87	<i>risperidone</i>	37, 43
<i>pravastatin sodium</i>	56	<i>quetiapine fumarate</i>	17, 36, 43	<i>risperidone microspheres er</i> ..	36, 37
<i>praziquantel</i>	32	<i>quetiapine fumarate er</i> ... 17, 36, 42		<i>ritonavir</i>	41
<i>prazosin hcl</i>	49	<i>quinapril hcl</i>	50	<i>rivaroxaban</i>	48
<i>prednisolone</i>	72	<i>quinapril-hydrochlorothiazide</i>	54	<i>rivastigmine</i>	16
<i>prednisolone acetate</i>	91	<i>quinidine gluconate er</i>	50	<i>rivastigmine tartrate</i>	16
<i>prednisolone sodium phosphate</i>	72, 91	<i>quinidine sulfate</i>	50	<i>rivelsa</i>	77
<i>prednisone</i>	72	<i>quinine sulfate</i>	33	RIVFLOZA.....	71
<i>preferred plus insulin syringe</i>	47	QULIPTA.....	22	<i>rizatriptan benzoate</i>	22
<i>pregabalin</i>	13, 14, 59	QVAR REDIHALER.....	94	ROCKLATAN.....	92
PREMARIN.....	74	RABAVERT.....	87	<i>roflumilast</i>	95
PREMASOL.....	65	<i>rabeprazole sodium</i>	69	ROMVIMZA.....	30
PREMPHASE.....	77	RADICAVA ORS.....	59	<i>ropinirole hcl</i>	33
PREMPRO.....	77	RADICAVA ORS STARTER KIT.....	59	<i>ropinirole hcl er</i>	33
PRENATAL.....	67	RALDESY.....	18	<i>rosuvastatin calcium</i>	56
<i>pretomanid</i>	23	<i>raloxifene hcl</i>	79	<i>rosyrah</i>	77
<i>prevalite</i>	56	<i>ramelteon</i>	98	ROTARIX.....	87
PREVYMIS.....	38	<i>ramipril</i>	50	ROTATEQ.....	87
PREZCOBIX.....	41	<i>ranolazine er</i>	54	<i>roweepra</i>	13
PREZISTA.....	41	<i>rasagiline mesylate</i>	34	ROZLYTREK.....	30
<i>primaquine phosphate</i>	33	<i>reclipsen</i>	77	RUBRACA.....	30
<i>primidone</i>	14	RECOMBIVAX HB.....	87	<i>rufinamide</i>	15
PRIORIX.....	87	REDEMPOLO.....	54	RUKOBIA.....	40
<i>probenecid</i>	21	RELENZA DISKHALER.....	41	RYBELSUS.....	45
<i>prochlorperazine</i>	19	<i>reli-on insulin syringe</i>	47	RYDAPT.....	30
<i>prochlorperazine maleate</i>	19	RENACIDIN.....	71	<i>sacubitril-valsartan</i>	54
PROCTO-MED HC.....	89	<i>repaglinide</i>	45	<i>sajazir</i>	81
<i>proctosol hc</i>	89	REPATHA.....	57	SANTYL.....	64
PROCTOZONE-HC.....	89	REPATHA SURECLICK.....	57	<i>sapropterin dihydrochloride</i>	70
<i>progesterone</i>	79	RETACRIT.....	48	SCSEMBLIX.....	30
PROGRAF.....	85	RETEVMO.....	30	<i>scopolamine</i>	20
PROLASTIN-C.....	70	REVCovi.....	82	SECUADO.....	37
<i>promethazine hcl</i>	19, 20	REVUFORJ.....	30	SELARSDI.....	82
PROMETHEGAN.....	20	REXULTI.....	36	<i>selegiline hcl</i>	34
<i>propafenone hcl</i>	50	REYATAZ.....	41	<i>selenium sulfide</i>	63
<i>propafenone hcl er</i>	50	REZDIFFRA.....	68	SELZENTRY.....	40
<i>propranolol hcl</i>	51	REZLIDHIA.....	30	SEREVENT DISKUS.....	95
<i>propranolol hcl er</i>	51	REZUROCK.....	85	<i>sertraline hcl</i>	18
<i>propylthiouracil</i>	81	RHOPRESSA.....	92	<i>setlakin</i>	77
PROQUAD.....	87	<i>ribavirin</i>	38	<i>sevelamer carbonate</i>	67
<i>protriptyline hcl</i>	19	<i>rifabutin</i>	23	<i>sharobel</i>	79
PULMICORT FLEXHALER.....	94	<i>rifampin</i>	23	SHINGRIX.....	87, 88
		<i>rifapentine</i>	23	SIGNIFOR.....	81

<i>sildenafil citrate</i>	71, 96	<i>sucralfate</i>	69	<i>terazosin hcl</i>	49, 71
<i>silodosin</i>	71	<i>sulfacetamide sodium</i>	91	<i>terbinafine hcl</i>	21
<i>silver sulfadiazine</i>	64	<i>sulfacetamide sodium (acne)</i>	61	<i>terbutaline sulfate</i>	95
SIMBRINZA.....	92	<i>sulfacetamide-prednisolone</i>	90	<i>terconazole</i>	21
SIMLANDI (1 PEN).....	85	<i>sulfadiazine</i>	11	<i>teriflunomide</i>	60
SIMLANDI (2 PEN).....	85	<i>sulfamethoxazole-trimethoprim</i>	11	<i>teriparatide</i>	89
SIMLANDI (2 SYRINGE).....	85	SULFAMYLON.....	64	<i>testosterone</i>	73
<i>simvastatin</i>	56	<i>sulfasalazine</i>	88	<i>testosterone cypionate</i>	73
<i>sirolimus</i>	85	<i>sulindac</i>	3	<i>testosterone enanthate</i>	73
SIRTURO.....	23	<i>sumatriptan</i>	23	<i>tetrabenazine</i>	59
<i>sitagliip phos-metformin hcl er</i>	45	<i>sumatriptan succinate</i>	23	<i>tetracycline hcl</i>	12
<i>sitagliptin phos-metformin hcl</i>	45	<i>sunitinib malate</i>	30	THALOMID.....	24
<i>sitagliptin phosphate</i>	45	SUNLENCA.....	40	THEO-24.....	96
SKYCLARYS.....	59	SUNOSI.....	99	<i>theophylline</i>	96
SKYRIZI.....	82	SUTAB.....	68	<i>theophylline er</i>	96
SKYRIZI PEN.....	82	<i>syeda</i>	77	<i>thioridazine hcl</i>	35
<i>sodium chloride</i>	66	SYMDEKO.....	95	<i>thiothixene</i>	35
<i>sodium fluoride</i>	66	SYMPAZAN.....	14	<i>tiadylt er</i>	52
<i>sodium oxybate</i>	98	SYMTUZA.....	39, 41	<i>tiagabine hcl</i>	14
<i>sodium phenylbutyrate</i>	70	SYNJARDY.....	45	TIBSOVO.....	25
<i>sodium polystyrene sulfonate</i>	67	SYNJARDY XR.....	45	<i>ticagrelor</i>	49
<i>sofosbuvir-velpatasvir</i>	38	SYNTHROID.....	80	TICOVAC.....	88
<i>solia</i>	77	TABLOID.....	25	<i>tigecycline</i>	8
SOLQUA.....	47	TABRECTA.....	30	TIGLUTIK.....	59
SOLTAMOX.....	24	<i>tacrolimus</i>	63, 85	<i>tilia fe</i>	77
SOMAVERT.....	81	<i>tacrolimus er</i>	85	<i>timolol maleate</i>	22, 51, 91
<i>sorafenib tosylate</i>	30	<i>tadalafil</i>	71	<i>timolol maleate (once-daily)</i>	91
<i>sotalol hcl</i>	51	<i>tadalafil (pah)</i>	96	<i>tinidazole</i>	8
<i>sotalol hcl (af)</i>	50	TAFINLAR.....	30	TIVICAY.....	39
SOTYKTU.....	82	TAGRISSO.....	30	TIVICAY PD.....	39
SPIRIVA HANDIHALER.....	94	TAKHZYRO.....	81	<i>tizanidine hcl</i>	37
SPIRIVA RESPIMAT.....	94	TALZENNA.....	30	TOBI PODHALER.....	95
<i>spironolactone</i>	55	<i>tamoxifen citrate</i>	24	TOBRADEX.....	90
<i>spironolactone-hctz</i>	54	<i>tamsulosin hcl</i>	71	<i>tobramycin</i>	91, 95
<i>sprintec 28</i>	77	<i>tarina 24 fe</i>	77	<i>tobramycin sulfate</i>	7
SPRITAM.....	13	<i>tarina fe 1/20 eq</i>	77	<i>tobramycin-dexamethasone</i>	90
<i>sps (sodium polystyrene sulf)</i>	67	TARPEYO.....	72	<i>tofacitinib citrate</i>	83
<i>sronyx</i>	77	<i>tasimelteon</i>	98	<i>tofacitinib citrate er</i>	83
<i>ssd</i>	64	<i>tavaborole</i>	64	<i>tolvaptan</i>	66
STARJEMZA.....	82, 83	<i>taysofy</i>	77	<i>tolvaptan (hyponatremia)</i>	66
<i>sterile water for irrigation</i>	7	<i>tazarotene</i>	61	<i>topiramate</i>	13, 22
STIOLTO RESPIMAT.....	98	<i>telmisartan</i>	49	<i>toremifene citrate</i>	24
STIVARGA.....	30	<i>telmisartan-amlodipine</i>	54	<i>torpenz</i>	85
<i>streptomycin sulfate</i>	7	<i>telmisartan-hctz</i>	54	<i>torsemide</i>	55
STRIBILD.....	39	<i>temazepam</i>	98	TOUJEO MAX SOLOSTAR.....	47
STRIVERDI RESPIMAT.....	95	TENIVAC.....	88	TOUJEO SOLOSTAR.....	47
SUBVENITE.....	13	<i>tenofovir disoproxil fumarate</i>	38, 40	<i>tpn electrolytes</i>	67
<i>subvenite</i>	13, 43	TEPMETKO.....	30	TRADJENTA.....	45
SUCRAID.....	70			<i>tramadol hcl</i>	5

<i>tramadol hcl er</i>	4	TYPHIM VI.....	88	<i>vienna</i>	78
<i>tramadol-acetaminophen</i>	5	UBRELVY.....	22	<i>vigabatrin</i>	14
<i>trandolapril</i>	50	UDENYCA.....	48	<i>vigadrone</i>	14, 15
<i>trandolapril-verapamil hcl er</i>	54	UDENYCA ONBODY.....	48	VIJOICE.....	70
<i>tranexamic acid</i>	49	<i>ursodiol</i>	68	<i>vilazodone hcl</i>	18
<i>tranylcypromine sulfate</i>	17	<i>ustekinumab</i>	83	VIMKUNYA.....	88
<i>travoprost (bak free)</i>	92	UZEDY.....	37	<i>viorele</i>	78
<i>trazodone hcl</i>	18	<i>valacyclovir hcl</i>	38	VIRACEPT.....	41
TRELEGY ELLIPTA.....	98	VALCHLOR.....	24	VIREAD.....	38, 40
TRELSTAR MIXJECT.....	81	<i>valganciclovir hcl</i>	38	<i>vitamin d (ergocalciferol)</i>	67
<i>tretinoin</i>	32, 61	<i>valproic acid</i>	13, 22, 43	VITRAKVI.....	31
<i>triamcinolone acetonide</i>	60, 63	<i>valsartan</i>	49	VIVITROL.....	5, 6
<i>triamterene-hctz</i>	54	<i>valsartan-hydrochlorothiazide</i>	54	VIVJOA.....	21
<i>tridacaine ii</i>	5	VALTOCO 10 MG DOSE.....	14	VIVOTIF.....	88
<i>trientine hcl</i>	66	VALTOCO 15 MG DOSE.....	14	VIZIMPRO.....	31
<i>tri-estarylla</i>	77	VALTOCO 20 MG DOSE.....	14	VOCABRIA.....	39
<i>trifluoperazine hcl</i>	35	VALTOCO 5 MG DOSE.....	14	VONJO.....	31
<i>trifluridine</i>	91	<i>valtya 1/35</i>	78	VOQUEZNA.....	69
<i>trihexyphenidyl hcl</i>	33	<i>valtya 1/50</i>	78	VORANIGO.....	25
TRIARDY XR.....	45	<i>vancomycin hcl</i>	8	<i>voriconazole</i>	21
TRIKAFTA.....	95	<i>vandazole</i>	8	VOSEVI.....	38
<i>tri-legest fe</i>	78	VANFLYTA.....	30	VOWST.....	69
<i>trilitas</i>	61	VANRAFIA.....	54	VOYXACT.....	85
<i>tri-lo-estarylla</i>	78	VAQTA.....	88	VRAYLAR.....	37
<i>tri-lo-sprintec</i>	78	<i>varenicline tartrate</i>	6	VTAMA.....	64
<i>trimethobenzamide hcl</i>	20	<i>varenicline tartrate (starter)</i>	6	<i>vyfemla</i>	78
<i>trimethoprim</i>	8	VARIVAX.....	88	<i>vylibra</i>	78
<i>tri-mili</i>	78	VARIZIG.....	81	<i>warfarin sodium</i>	48
<i>trimipramine maleate</i>	19	VASCEPA.....	57	WEGOVY.....	54, 55
<i>trinessa (28)</i>	78	VAXCHORA.....	88	WELIREG.....	31
TRINTELLIX.....	18	<i>velivet</i>	78	WINREVAIR.....	96
<i>tri-sprintec</i>	78	VELSIPITY.....	68	<i>wixela inhub</i>	98
TRIUMEQ.....	40	VEMLIDY.....	38	<i>wymzya fe</i>	78
TRIUMEQ PD.....	40	VENCLEXTA.....	31	<i>wyost</i>	89
<i>trivora (28)</i>	78	VENCLEXTA STARTING PACK.....	31	XALKORI.....	31
<i>tri-vylibra</i>	78	<i>venlafaxine hcl</i>	18	<i>xarah fe</i>	78
<i>tri-vylibra lo</i>	78	<i>venlafaxine hcl er</i>	18	XARELTO.....	48
<i>tropium chloride</i>	71	VEOZAH.....	59	XCOPRI.....	13
<i>tropium chloride er</i>	71	VEPPANU.....	31	XCOPRI (250 MG DAILY DOSE)....	13
TRULICITY.....	45	<i>verapamil hcl</i>	52	XCOPRI (350 MG DAILY DOSE)....	13
TRUMENBA.....	88	<i>verapamil hcl er</i>	52	XDEMZY.....	90
TRUQAP.....	30	VERQUVO.....	54	<i>xelria fe</i>	78
TUKYSA.....	30	VERSACLOZ.....	37	XERMELO.....	68
TURALIO.....	30	VERZENIO.....	31	XIFAXAN.....	69
<i>turqoz</i>	78	<i>vestura</i>	78	XIIDRA.....	90
TWINRIX.....	88	V-GO 20.....	47	XOCOVA.....	42
<i>tyblume</i>	78	V-GO 30.....	47	XOFLUZA (40 MG DOSE).....	41
<i>tydemy</i>	78	V-GO 40.....	47	XOFLUZA (80 MG DOSE).....	41
<i>tyenne</i>	85	VIBERZI.....	68	XOLAIR.....	83

XOSPATA	31
XPOVIO (100 MG ONCE WEEKLY).....	31
XPOVIO (40 MG ONCE WEEKLY) .	31
XPOVIO (40 MG TWICE WEEKLY).....	31
XPOVIO (60 MG ONCE WEEKLY) .	31
XPOVIO (60 MG TWICE WEEKLY).....	31
XPOVIO (80 MG ONCE WEEKLY) .	31
XPOVIO (80 MG TWICE WEEKLY).....	31
XTANDI.....	24
<i>xulane</i>	78
<i>yargesa</i>	70
YF-VAX.....	88
<i>yulithira</i>	32
<i>yuvaferm</i>	74
<i>zafemy</i>	78
<i>zafirlukast</i>	94
<i>zaleplon</i>	98
ZARXIO	48
ZEJULA.....	32
ZELBORAF	32
<i>zelvysia</i>	70
<i>zenatane</i>	61
ZENBEXUS.....	24
<i>zidovudine</i>	40
<i>ziprasidone hcl</i>	37, 43
<i>ziprasidone mesylate</i>	37
ZIRGAN	91
ZOLINZA.....	25
<i>zolmitriptan</i>	23
<i>zolpidem tartrate</i>	98
ZONISADE	15
<i>zonisamide</i>	15
ZORYVE	64
<i>zovia 1/35 (28)</i>	78
ZTALMY	13
ZURZUVAE	17
ZYDELIG	32
ZYKADIA.....	32
ZYMFENTRA (2 PEN).....	85
ZYMFENTRA (2 SYRINGE).....	85

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-665-1502 (TTY: 711) or speak to your provider.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted de forma gratuita. También están disponibles, sin cargo adicional, los auxilios y servicios apropiados para proporcionar información en formatos accesibles. Llame al 1-800-665-1502 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-665-1502（文本电话：711）或咨询您的服务提供商。

台語 (Traditional Chinese): 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-665-1502（TTY：711）或與您的提供者討論。

РУССКИЙ (Russian): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-665-1502 (TTY: 711) или обратитесь к своему поставщику услуг.

יידיש (Yiddish): נאָטײַץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פראַווידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאָטירונגען זענען אויך בנימצא פריי. רופן 1-800-665-1502 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

বাংলা (Bengali): মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-665-1502 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-800-665-1502 (TTY: 711) oswa pale avèk founisè w la.

한국어 (Korean): 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-665-1502 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

(Arabic) العربية: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-665-1502 (711) أو تحدث إلى مقدم الخدمة.

Italiano (Italian): ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il 1-800-665-1502 (TTY: 711) o parla con il tuo fornitore.

Français (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-665-1502 (TTY: 711) ou parlez à votre prestataire.

POLSKI (Polish): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-665-1502 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

(Urdu) اردو: توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-665-1502 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

SHQIP (Albanian): VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiurma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-665-1502 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-665-1502 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

This formulary was updated on 10/1/2026. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.