Wellcare Meridian Dual Align, HMO D-SNP

2026 List of Covered Drugs (*Drug List* or Formulary)

17

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

HPMS Approved Formulary File Submission ID 26330, Version Number 06

This *Drug List* was updated on 10/01/2025. For more recent information or other questions, contact us at **1-844-536-2168** (TTY **711**), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. or visit **go.wellcare.com/MeridianMI**.

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Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. **For more information,** visit go.wellcare.com/MeridianMI.

A. Disclaimers

This is a list of drugs that members can get in Wellcare Meridian Dual Align (HMO D-SNP).

- You can always check our plan's up-to-date *List of Covered Drugs* online at go.wellcare.com/MeridianMI or by calling Member Services at the numbers in the footer of this document. This call is free.
- **You can also get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the numbers in the footer of this document. This call is free.**
- **ATTENTION: If you speak a language other than English, 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 1-844-536-2168 (TTY: 711).**

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- Our plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- **If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language, call Member Services at the numbers in the footer of this document.**
- If you want to continue to get materials in another format or language after you have requested one, we'll continue to provide them until you ask us to terminate the request. We'll document your choice.
- If you have questions/concerns or would like to update a preferred language and/or format request, call Member Services at the numbers in the footer of this document.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. **For more information,** visit go.wellcare.com/MeridianMI.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug LIst)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website www.michigan.gov/mdhhs/assistance-programs/medicaid for more information. You can also call the Michigan Medicaid Beneficiary Help Line at 1-800-642-3195 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email beneficiarysupport@michigan.gov.

Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

- Our plan will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - our plan agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at go.wellcare.com/MeridianMI, or call Member Services at the numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior Authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at go.wellcare.com/MeridianMI. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the numbers in the footer of this document to check the current *Drug List*.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. **For more information,** visit go.wellcare.com/MeridianMI.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will apprear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we're adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
        - Some of these drug types may be new to you. For more information, refer to **Section B14**.
    - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Please talk to your doctor or other prescriber to help you decide if there's a similar drug on the *Drug List* that you can take instead.

This section is continued on the next page.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. **For more information,** visit go.wellcare.com/MeridianMI.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authoritzation.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Wellcare Meridian Dual Align (HMO D-SNP) requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at go.wellcare.com/MeridianMI. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look at your drug in the Index of Covered Drugs section. You can find it if you know how to spell the drug. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs, generic drugs, and over-the-counter (OTC) drugs are listed in the index.

To search **by medical condition**, find Section C1 labeled "List of Drugs by Medical Condition". The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. That's where you'll find drugs that treat heart conditions.

B8. What if the drug I want to take isn't on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at the numbers in the footer of this document and ask about it. If you learn that our plan won't cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask our plan to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

B9. What if I'm a new plan member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you're a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we'll allow multiple refills to provide up to a maximum of 30 days of medication.

We'll cover a 30-day supply of your drug if:

- you're taking a drug that is not on our *Drug List*, **or**
- our plan rules don't let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you're taking a drug that's part of a step therapy restriction.

If you're taking a drug that our plan doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

This section is continued on the next page.

If you're in a nursing home or other long-term care facility, and need a drug that isn't on the *Drug List* or if you can't easily get the drug you need, we can help. If you've been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

If your level of care changes (such as moving to or from a long-term care facility or hospital), we'll cover one temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a total of a 30-day supply.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section Section G** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can call, write, or fax us to make your request. You can also access the coverage decision process through our website. For the details, go to Chapter 2, Section B of the Member Handbook and look for the Section called "How to contact MeridianComplete Member Services".

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our plans covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter." Our plan covers some OTC drugs when they're written as prescriptions by your provider.

You can read the plan *Drug List* to find out what OTC drugs are covered.

B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they're written as prescriptions by your provider.

Examples of non-drug OTC products include lubricating eye drops solution.

You can read the plan *Drug List* to find out what non-drug OTC products are covered.

B17. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs**. We offer a mail-order program that allows you to get a 35 to 100-day supply of your drugs sent directly to your home.
- **100-Day Retail Pharmacy Programs**. Some retail pharmacies may also offer up to a 100-day supply of covered drugs.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What's my copayment?

Our plan has copayments or coinsurance on applicable tiers for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- **Tier 0 (Non-Medicare Rx/OTC Drugs)** includes some prescription and over-the-counter (OTC) drugs
- **Tier 1 (Preferred Generic)** includes preferred generic drugs and may include some brand drugs.
- **Tier 2 (Generic)** includes generic drugs and may include some brand drugs.
- **Tier 3 (Preferred Brand)** includes preferred brand drugs and may include some generic drugs.
- **Tier 4 (Non-Preferred Drug)** includes non-preferred brand and non-preferred generic drugs.
- **Tier 5 (Specialty Tier)** includes high-cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.
- **Tier 6 (Select Care Drugs)** includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).

All tiers have $0 copay.

OTCs have a $0 copay.

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in Section D. The index alphabetically lists all drugs covered by our plan.

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

The information in the necessary actions, restrictions, or limits on use column tells you if our plan has any rules for covering your drug.

- **NT** stands for Not Part D. This drug isn't a "Part D drug."
- **NM** means the drug isn't available via your monthly mail service benefit. This is noted in the Necessary actions, restrictions, or limits on use column of your *List of Covered Drugs*.
- **PA** stands for Prior Authorization. Refer to question B4.
- **PA-NS** stands for Prior Authorization for New Starts. This means that if this drug is new to you, you'll need to get approval from us before you fill your prescription. If you're taking this drug at the time of enrollment, you'll not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits. Refer to question B4.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at the numbers in the footer of this document.

This section is continued on the next page.

If you have questions, please call Wellcare Meridian Dual Align (HMO D-SNP) at 1-844-536-2168 (TTY 711), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. **For more information,** visit go.wellcare.com/MeridianMI.

- **ST** stands for Step Therapy. Refer to question B4.
- **^** means that the drug may be available for up to a 30-day supply only.

Note: The NT next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. That's where you'll find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*), brand name drugs are capitalized (for example, ELIQUIS), and OTC drugs and non-drug products are listed in lower case (for example, loratadine 10mg). The information in the "Necessary actions, restrictions, or limits on use" column tells you if our plan has any rules for covering your drug.

Table of Contents

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (4)	B/D
amphotericin b injection recon soln 50 mg	$0 (2)	B/D
amphotericin b liposome intravenous suspension for reconstitution 50 mg	$0 (5^)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	$0 (4)	
clotrimazole mucous membrane troche 10 mg	$0 (4)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0 (5^)	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	$0 (4)	
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	$0 (2)	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	$0 (2)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (2)	
flucytosine oral capsule 250 mg, 500 mg	$0 (5^)	PA
griseofulvin microsize oral suspension 125 mg/5 ml	$0 (4)	
griseofulvin microsize oral tablet 500 mg	$0 (4)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0 (4)	
itraconazole oral capsule 100 mg	$0 (4)	PA; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	$0 (4)	PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
micafungin intravenous recon soln 100 mg, 50 mg	$0 (4)	
nystatin oral suspension 100,000 unit/ml	$0 (4)	
nystatin oral tablet 500,000 unit	$0 (4)	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	$0 (5^)	PA; QL (96 EA per 30 days)
terbinafine hcl oral tablet 250 mg	$0 (1)	
voriconazole intravenous recon soln 200 mg	$0 (5^)	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	$0 (5^)	PA
voriconazole oral tablet 200 mg, 50 mg	$0 (4)	PA
ANTIVIRALS		
abacavir oral solution 20 mg/ml	$0 (4)	
abacavir oral tablet 300 mg	$0 (4)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (4)	
acyclovir oral capsule 200 mg	$0 (4)	
acyclovir oral suspension 200 mg/5 ml	$0 (4)	
acyclovir oral tablet 400 mg, 800 mg	$0 (4)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (4)	B/D
adefovir oral tablet 10 mg	$0 (4)	
amantadine hcl oral capsule 100 mg	$0 (2)	
amantadine hcl oral solution 50 mg/5 ml	$0 (2)	
amantadine hcl oral tablet 100 mg	$0 (4)	
APTIVUS ORAL CAPSULE 250 MG	$0 (5^)	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0 (5^)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0 (5^)	
CIMDUO ORAL TABLET 300-300 MG	$0 (5^)	
darunavir oral tablet 600 mg	$0 (4)	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	$0 (5^)	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	$0 (5^)	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0 (5^)	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	$0 (5^)	
EDURANT ORAL TABLET 25 MG	$0 (5^)	
efavirenz oral tablet 600 mg	$0 (4)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (4)	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	$0 (5^)	
emtricitabine oral capsule 200 mg	$0 (4)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	$0 (4)	QL (30 EA per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	$0 (5^)	QL (30 EA per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	$0 (5^)	
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (4)	
entecavir oral tablet 0.5 mg, 1 mg	$0 (4)	
etravirine oral tablet 100 mg, 200 mg	$0 (4)	
EVOTAZ ORAL TABLET 300-150 MG	$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (2)	
fosamprenavir oral tablet 700 mg	$0 (4)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (5^)	
INTELENCE ORAL TABLET 25 MG	$0 (3)	
ISENTRESS HD ORAL TABLET 600 MG	$0 (5^)	
ISENTRESS ORAL POWDER IN PACKET 100 MG	$0 (5^)	
ISENTRESS ORAL TABLET 400 MG	$0 (5^)	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	$0 (5^)	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	$0 (3)	
JULUCA ORAL TABLET 50-25 MG	$0 (5^)	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	$0 (4)	
lamivudine oral solution 10 mg/ml	$0 (4)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	$0 (4)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (4)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	$0 (5^)	PA; QL (28 EA per 28 days)
LIVTENCITY ORAL TABLET 200 MG	$0 (5^)	PA; LA; QL (120 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	$0 (4)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0 (4)	
maraviroc oral tablet 150 mg, 300 mg	$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
nevirapine oral suspension 50 mg/5 ml	$0 (2)	
nevirapine oral tablet 200 mg	$0 (2)	
nevirapine oral tablet extended release 24 hr 400 mg	$0 (4)	
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (3)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (5^)	
oseltamivir oral capsule 30 mg	$0 (4)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	$0 (4)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	$0 (4)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	$0 (3)	QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	$0 (3)	QL (11 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (3)	QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	$0 (5^)	
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (5^)	PA; QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	$0 (5^)	
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (5^)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	$0 (4)	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	$0 (4)	QL (480 EA per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	$0 (5^)	
ribavirin oral capsule 200 mg	$0 (3)	
ribavirin oral tablet 200 mg	$0 (3)	
rimantadine oral tablet 100 mg	$0 (4)	
ritonavir oral tablet 100 mg	$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$0 (5^)	
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (5^)	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	$0 (5^)	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (5^)	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	$0 (5^)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (5^)	
tenofovir disoproxil fumarate oral tablet 300 mg	$0 (2)	
TIVICAY ORAL TABLET 50 MG	$0 (5^)	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	$0 (5^)	
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (5^)	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$0 (4)	
valacyclovir oral tablet 1 gram, 500 mg	$0 (2)	
valganciclovir oral recon soln 50 mg/ml	$0 (5^)	
valganciclovir oral tablet 450 mg	$0 (3)	
VEMLIDY ORAL TABLET 25 MG	$0 (5^)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (5^)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$0 (5^)	
VIREAD ORAL TABLET 150 MG, 250 MG	$0 (5^)	
VIREAD ORAL TABLET 200 MG	$0 (3)	
zidovudine oral capsule 100 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
zidovudine oral syrup 10 mg/ml	$0 (4)	
zidovudine oral tablet 300 mg	$0 (2)	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	$0 (4)	
cefaclor oral suspension for reconstitution 250 mg/5 ml	$0 (4)	
cefadroxil oral capsule 500 mg	$0 (2)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml	$0 (4)	
cefadroxil oral suspension for reconstitution 500 mg/5 ml	$0 (2)	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	$0 (4)	
cefdinir oral capsule 300 mg	$0 (4)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (4)	
cefepime injection recon soln 1 gram, 2 gram	$0 (3)	
cefixime oral capsule 400 mg	$0 (4)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (4)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (4)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	$0 (4)	
cefpodoxime oral tablet 100 mg, 200 mg	$0 (4)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
cefprozil oral tablet 250 mg, 500 mg	$0 (4)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	$0 (4)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (4)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (2)	
cefuroxime sodium injection recon soln 750 mg	$0 (4)	
cefuroxime sodium intravenous recon soln 1.5 gram	$0 (4)	
cephalexin oral capsule 250 mg, 500 mg	$0 (1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (2)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	$0 (5^)	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	$0 (4)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (2)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (4)	
clarithromycin oral tablet 250 mg, 500 mg	$0 (4)	
clarithromycin oral tablet extended release 24 hr 500 mg	$0 (4)	
DIFICID ORAL TABLET 200 MG	$0 (5^)	QL (20 EA per 10 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	$0 (4)	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	$0 (4)	
erythromycin oral tablet 250 mg, 500 mg	$0 (4)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	$0 (2)	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	$0 (4)	
amikacin injection solution 500 mg/2 ml	$0 (4)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	$0 (5^)	PA; LA
atovaquone oral suspension 750 mg/5 ml	$0 (3)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	$0 (4)	
aztreonam injection recon soln 1 gram, 2 gram	$0 (4)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	$0 (5^)	PA; LA; QL (84 ML per 56 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (4)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (2)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	$0 (4)	
COARTEM ORAL TABLET 20-120 MG	$0 (4)	
colistin (colistimethate na) injection recon soln 150 mg	$0 (5^)	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	$0 (2)	
daptomycin intravenous recon soln 500 mg	$0 (5^)	
EMVERM ORAL TABLET,CHEWABLE 100 MG	$0 (5^)	
ertapenem injection recon soln 1 gram	$0 (4)	QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	$0 (4)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	$0 (4)	
gentamicin injection solution 40 mg/ml	$0 (4)	
hydroxychloroquine oral tablet 200 mg	$0 (2)	
imipenem-cilastatin intravenous recon soln 250 mg	$0 (3)	
imipenem-cilastatin intravenous recon soln 500 mg	$0 (4)	
IMPAVIDO ORAL CAPSULE 50 MG	$0 (5^)	PA
isoniazid oral solution 50 mg/5 ml	$0 (2)	
isoniazid oral tablet 100 mg, 300 mg	$0 (2)	
ivermectin oral tablet 3 mg	$0 (3)	PA; QL (20 EA per 30 days)
ivermectin oral tablet 6 mg	$0 (3)	PA; QL (8 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
linezolid oral suspension for reconstitution 100 mg/5 ml	$0 (5^)	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	$0 (4)	QL (60 EA per 30 days)
mefloquine oral tablet 250 mg	$0 (2)	
meropenem intravenous recon soln 1 gram	$0 (3)	QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	$0 (3)	QL (10 EA per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	$0 (4)	
metronidazole oral tablet 250 mg, 500 mg	$0 (2)	
neomycin oral tablet 500 mg	$0 (2)	
nitazoxanide oral tablet 500 mg	$0 (5^)	QL (12 EA per 30 days)
pentamidine inhalation recon soln 300 mg	$0 (4)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	$0 (4)	
praziquantel oral tablet 600 mg	$0 (4)	
PRIFTIN ORAL TABLET 150 MG	$0 (4)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	$0 (4)	
pyrazinamide oral tablet 500 mg	$0 (4)	
pyrimethamine oral tablet 25 mg	$0 (5^)	PA
quinine sulfate oral capsule 324 mg	$0 (4)	PA
rifabutin oral capsule 150 mg	$0 (4)	
rifampin intravenous recon soln 600 mg	$0 (4)	
rifampin oral capsule 150 mg, 300 mg	$0 (4)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (5^)	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	$0 (5^)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
tigecycline intravenous recon soln 50 mg	$0 (4)	
tinidazole oral tablet 250 mg, 500 mg	$0 (4)	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	$0 (5^)	PA; QL (280 ML per 28 days)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	$0 (4)	
TRECATOR ORAL TABLET 250 MG	$0 (4)	
vancomycin intravenous recon soln 1,000 mg	$0 (4)	QL (20 EA per 10 days)
vancomycin intravenous recon soln 10 gram	$0 (4)	QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	$0 (4)	QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	$0 (4)	QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	$0 (4)	QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	$0 (4)	QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	$0 (5^)	PA; QL (90 EA per 30 days)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	$0 (1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	$0 (1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	$0 (2)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (4)	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	$0 (4)	
ampicillin oral capsule 500 mg	$0 (2)	
ampicillin sodium injection recon soln 1 gram, 10 gram	$0 (4)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	$0 (4)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$0 (4)	
dicloxacillin oral capsule 250 mg, 500 mg	$0 (4)	
nafcillin injection recon soln 1 gram, 2 gram	$0 (4)	
nafcillin injection recon soln 10 gram	$0 (5^)	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (4)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	$0 (4)	
penicillin g potassium injection recon soln 20 million unit	$0 (4)	
penicillin g sodium injection recon soln 5 million unit	$0 (4)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (2)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (4)	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	$0 (4)	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	$0 (4)	
levofloxacin oral solution 250 mg/10 ml	$0 (4)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (1)	
moxifloxacin oral tablet 400 mg	$0 (4)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$0 (2)	
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	$0 (4)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	$0 (2)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (1)	
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	$0 (4)	
doxy-100 intravenous recon soln 100 mg	$0 (4)	
doxycycline hyclate intravenous recon soln 100 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (2)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (2)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (2)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0 (2)	
minocycline oral capsule 100 mg, 50 mg, 75 mg	$0 (4)	
minocycline oral tablet 100 mg, 50 mg, 75 mg	$0 (4)	
tetracycline oral capsule 250 mg, 500 mg	$0 (4)	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	$0 (4)	
methenamine hippurate oral tablet 1 gram	$0 (4)	
nitrofurantoin macrocrystal oral capsule 100 mg	$0 (4)	
nitrofurantoin macrocrystal oral capsule 50 mg	$0 (2)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	$0 (4)	
trimethoprim oral tablet 100 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (4)	
mesna oral tablet 400 mg	$0 (5^)	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (5^)	B/D
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	$0 (5^)	PA-NS; QL (120 EA per 30 days)
abirtega oral tablet 250 mg	$0 (4)	PA-NS; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	$0 (5^)	PA-NS; LA; QL (30 EA per 180 days)
anastrozole oral tablet 1 mg	$0 (2)	
AUGTYRO ORAL CAPSULE 160 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
AUGTYRO ORAL CAPSULE 40 MG	$0 (5^)	PA-NS; QL (240 EA per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	$0 (5^)	PA-NS; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
azathioprine oral tablet 50 mg	$0 (2)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (5^)	PA-NS; LA
bexarotene oral capsule 75 mg	$0 (5^)	PA-NS
bexarotene topical gel 1 %	$0 (5^)	PA-NS; QL (60 GM per 30 days)
bicalutamide oral tablet 50 mg	$0 (2)	
BOSULIF ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	$0 (5^)	PA-NS; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	$0 (5^)	PA-NS; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
CAPRELSA ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	$0 (5^)	PA-NS; LA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$0 (5^)	PA-NS; LA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	$0 (5^)	PA-NS; LA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	$0 (5^)	PA-NS; LA; QL (63 EA per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (3)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	$0 (4)	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0 (4)	B/D
cyclosporine modified oral solution 100 mg/ml	$0 (4)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0 (4)	B/D
DANZITEN ORAL TABLET 71 MG, 95 MG	$0 (5^)	PA-NS; QL (112 EA per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	$0 (5^)	PA-NS; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
dasatinib oral tablet 70 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$0 (3)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$0 (3)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$0 (3)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$0 (3)	PA-NS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	$0 (4)	B/D
ERIVEDGE ORAL CAPSULE 150 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
erlotinib oral tablet 100 mg, 150 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
erlotinib oral tablet 25 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	$0 (5^)	PA-NS; QL (150 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	$0 (5^)	PA-NS; QL (90 EA per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	$0 (3)	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	$0 (5^)	B/D
exemestane oral tablet 25 mg	$0 (4)	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	$0 (5^)	PA-NS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	$0 (4)	PA-NS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	$0 (5^)	PA-NS; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	$0 (5^)	PA-NS; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	$0 (5^)	PA-NS; QL (30 EA per 30 days)
gengraf oral capsule 100 mg, 25 mg	$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	$0 (4)	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	$0 (5^)	
GOMEKLI ORAL CAPSULE 1 MG	$0 (5^)	PA-NS; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	$0 (5^)	PA-NS; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	$0 (5^)	PA-NS; QL (168 EA per 28 days)
hydroxyurea oral capsule 500 mg	$0 (2)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg	$0 (4)	PA-NS; QL (180 EA per 30 days)
imatinib oral tablet 400 mg	$0 (5^)	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (5^)	PA-NS; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG	$0 (5^)	PA-NS; QL (28 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	$0 (5^)	PA-NS; QL (280 ML per 28 days)
INLYTA ORAL TABLET 1 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	$0 (5^)	PA-NS; LA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (3)	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (5^)	PA-NS; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$0 (5^)	PA-NS; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$0 (5^)	PA-NS; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (5^)	PA-NS
KRAZATI ORAL TABLET 200 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
lapatinib oral tablet 250 mg	$0 (5^)	PA-NS; QL (180 EA per 30 days)
LAZCLUZE ORAL TABLET 240 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
letrozole oral tablet 2.5 mg	$0 (4)	
LEUKERAN ORAL TABLET 2 MG	$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
leuprolide subcutaneous kit 1 mg/0.2 ml	$0 (4)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0 (5^)	PA-NS; LA
LORBRENA ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	$0 (5^)	PA-NS; QL (90 EA per 30 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	$0 (5^)	PA-NS
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	$0 (5^)	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	$0 (5^)	PA-NS; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	$0 (5^)	PA-NS; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	$0 (5^)	PA-NS; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	$0 (5^)	LA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	$0 (4)	PA
megestrol oral tablet 20 mg, 40 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$0 (5^)	PA-NS; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
mercaptopurine oral suspension 20 mg/ml	$0 (5^)	
mercaptopurine oral tablet 50 mg	$0 (2)	
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (2)	B/D
methotrexate sodium injection solution 25 mg/ml	$0 (2)	B/D
methotrexate sodium oral tablet 2.5 mg	$0 (1)	
mycophenolate mofetil oral capsule 250 mg	$0 (2)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	$0 (5^)	B/D
mycophenolate mofetil oral tablet 500 mg	$0 (2)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	$0 (4)	B/D
mycophenolic acid dr 180 mg tb	$0 (4)	mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	$0 (4)	mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA
nilutamide oral tablet 150 mg	$0 (5^)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (5^)	PA-NS; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	$0 (5^)	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0 (4)	PA
ODOMZO ORAL CAPSULE 200 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0 (5^)	PA-NS; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	$0 (5^)	PA-NS; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$0 (5^)	PA-NS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	$0 (5^)	PA-NS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	$0 (5^)	PA-NS; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	$0 (5^)	PA-NS; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (5^)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
ORSERDU ORAL TABLET 345 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	$0 (5^)	PA-NS; QL (90 EA per 30 days)
pazopanib oral tablet 200 mg	$0 (5^)	PA-NS; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (5^)	PA-NS; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (5^)	PA-NS; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$0 (5^)	PA-NS; LA; QL (21 EA per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$0 (4)	B/D
QINLOCK ORAL TABLET 50 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
REVUFORJ ORAL TABLET 160 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	$0 (5^)	PA-NS; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	$0 (5^)	PA-NS; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$0 (5^)	PA-NS; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	$0 (5^)	PA-NS; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	$0 (5^)	PA-NS; QL (300 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	$0 (5^)	PA; LA
sirolimus oral solution 1 mg/ml	$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (5^)	
sorafenib oral tablet 200 mg	$0 (5^)	PA-NS; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (5^)	PA-NS; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	$0 (4)	
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (5^)	PA-NS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (4)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	$0 (5^)	PA-NS; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	$0 (2)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	$0 (5^)	PA-NS; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	$0 (5^)	PA-NS; LA
TEPMETKO ORAL TABLET 225 MG	$0 (5^)	PA-NS; LA

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
THALOMID ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	$0 (5^)	PA-NS; LA; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	$0 (5^)	PA-NS; LA
toremifene oral tablet 60 mg	$0 (5^)	
tretinoin (antineoplastic) oral capsule 10 mg	$0 (5^)	
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (5^)	PA-NS; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	$0 (5^)	PA-NS; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0 (5^)	PA-NS; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	$0 (3)	PA-NS; LA; QL (14 EA per 7 days)
VENCLEXTA ORAL TABLET 100 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	$0 (5^)	PA-NS; LA; QL (7 EA per 7 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (5^)	PA-NS; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (5^)	PA-NS; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	$0 (5^)	PA-NS; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
XALKORI ORAL PELLET 150 MG	$0 (5^)	PA-NS; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (3)	
XERMELO ORAL TABLET 250 MG	$0 (5^)	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	$0 (5^)	PA-NS; LA
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	$0 (5^)	PA-NS
XTANDI ORAL CAPSULE 40 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	$0 (5^)	PA-NS; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	$0 (5^)	PA-NS; LA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	$0 (5^)	PA-NS; QL (120 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0 (5^)	PA-NS; LA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	$0 (5^)	PA-NS; LA; QL (90 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (5^)	QL (600 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (5^)	QL (60 EA per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	$0 (4)	
carbamazepine oral suspension 100 mg/5 ml	$0 (4)	
carbamazepine oral tablet 200 mg	$0 (2)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	$0 (4)	
carbamazepine oral tablet,chewable 100 mg	$0 (2)	
clobazam oral suspension 2.5 mg/ml	$0 (4)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0 (4)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0 (4)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	$0 (4)	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (4)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	$0 (4)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	$0 (5^)	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	$0 (5^)	PA-NS; LA; QL (360 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
DILANTIN EXTENDED ORAL CAPSULE 100 MG	$0 (4)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	$0 (4)	
DILANTIN ORAL CAPSULE 30 MG	$0 (4)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	$0 (4)	
divalproex oral capsule, delayed rel sprinkle 125 mg	$0 (4)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	$0 (4)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	$0 (2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (5^)	PA-NS; LA
epitol oral tablet 200 mg	$0 (2)	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (3)	PA-NS
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	$0 (5^)	QL (60 EA per 30 days)
ethosuximide oral capsule 250 mg	$0 (3)	
ethosuximide oral solution 250 mg/5 ml	$0 (3)	
felbamate oral suspension 600 mg/5 ml	$0 (4)	
felbamate oral tablet 400 mg, 600 mg	$0 (4)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0 (5^)	PA-NS; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0 (5^)	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0 (5^)	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
gabapentin oral capsule 100 mg, 400 mg	$0 (2)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (2)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml	$0 (2)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	$0 (2)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	$0 (2)	QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	$0 (4)	PA; QL (180 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	$0 (4)	PA; QL (90 EA per 30 days)
lacosamide oral solution 10 mg/ml	$0 (4)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0 (4)	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	$0 (4)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (4)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	$0 (2)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	$0 (4)	
levetiracetam oral solution 100 mg/ml	$0 (4)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	$0 (4)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	$0 (4)	
methsuximide oral capsule 300 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	$0 (4)	PA-NS; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	$0 (4)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (4)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	$0 (4)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (2)	PA-NS
phenytoin oral suspension 125 mg/5 ml	$0 (4)	
phenytoin oral tablet,chewable 50 mg	$0 (2)	
phenytoin sodium extended oral capsule 100 mg	$0 (2)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	$0 (4)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (4)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	$0 (4)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	$0 (4)	
primidone oral tablet 250 mg, 50 mg	$0 (2)	
roweepra oral tablet 500 mg	$0 (2)	
rufinamide oral suspension 40 mg/ml	$0 (5^)	PA-NS; QL (2760 ML per 30 days)
rufinamide oral tablet 200 mg	$0 (4)	PA-NS; QL (480 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
rufinamide oral tablet 400 mg	$0 (5^)	PA-NS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	$0 (3)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	$0 (5^)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (4)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	$0 (2)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (2)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	$0 (2)	
valproic acid oral capsule 250 mg	$0 (2)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	$0 (4)	PA-NS; QL (10 EA per 30 days)
vigabatrin oral powder in packet 500 mg	$0 (5^)	PA-NS; LA; QL (150 EA per 25 days)
vigabatrin oral tablet 500 mg	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral powder in packet 500 mg	$0 (5^)	PA-NS; LA; QL (150 EA per 25 days)
vigadrone oral tablet 500 mg	$0 (5^)	PA-NS; LA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	$0 (5^)	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (5^)	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	$0 (5^)	QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	$0 (4)	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$0 (5^)	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (5^)	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (5^)	PA-NS; QL (1100 ML per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	PA
bromocriptine oral capsule 5 mg	$0 (4)	
bromocriptine oral tablet 2.5 mg	$0 (4)	
carbidopa oral tablet 25 mg	$0 (4)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (2)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (2)	

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Drug Name	Drug Tier	Requirements / Limits
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$0 (2)	
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	$0 (4)	
entacapone oral tablet 200 mg	$0 (4)	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	$0 (5^)	PA; QL (300 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	$0 (4)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	$0 (4)	
rasagiline oral tablet 0.5 mg, 1 mg	$0 (4)	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (2)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (4)	
selegiline hcl oral capsule 5 mg	$0 (3)	
selegiline hcl oral tablet 5 mg	$0 (3)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0 (3)	PA; QL (1 ML per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	$0 (5^)	QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	$0 (3)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	$0 (3)	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	$0 (2)	QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	$0 (4)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	$0 (5^)	PA; QL (16 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	$0 (2)	QL (18 EA per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	$0 (2)	QL (18 EA per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	$0 (4)	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (4)	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	$0 (2)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	$0 (2)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	$0 (2)	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$0 (4)	QL (18 EA per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	$0 (4)	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine oral tablet extended release 12 hr 10 mg	$0 (3)	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	$0 (4)	PA; QL (56 EA per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	$0 (4)	PA; QL (120 EA per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	$0 (5^)	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg, 5 mg	$0 (2)	
donepezil oral tablet 23 mg	$0 (4)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg	$0 (2)	
fingolimod oral capsule 0.5 mg	$0 (5^)	PA; QL (30 EA per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (4)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	$0 (4)	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (4)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	$0 (5^)	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	$0 (5^)	PA; QL (12 ML per 28 days)
glatopa subcutaneous syringe 20 mg/ml	$0 (5^)	PA; QL (30 ML per 30 days)
glatopa subcutaneous syringe 40 mg/ml	$0 (5^)	PA; QL (12 ML per 28 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	$0 (5^)	PA; LA; QL (28 EA per 180 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	$0 (5^)	PA; LA; QL (30 EA per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	$0 (4)	PA
memantine oral solution 2 mg/ml	$0 (4)	PA
memantine oral tablet 10 mg, 5 mg	$0 (2)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	$0 (3)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	$0 (3)	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0 (3)	PA; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	$0 (5^)	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0 (4)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	$0 (4)	QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	$0 (5^)	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	$0 (4)	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	$0 (5^)	PA; QL (120 EA per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (4)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	$0 (4)	

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Drug Name	Drug Tier	Requirements / Limits
pyridostigmine bromide oral tablet 60 mg	$0 (2)	
tizanidine oral tablet 2 mg, 4 mg	$0 (2)	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	$0 (2)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	$0 (2)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	$0 (2)	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$0 (2)	
endocet oral tablet 10-325 mg	$0 (4)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	$0 (4)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	$0 (4)	QL (240 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0 (4)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	$0 (4)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0 (4)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0 (4)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0 (4)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	$0 (2)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	$0 (2)	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	$0 (4)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	$0 (2)	PA; QL (90 EA per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (2)	QL (180 ML per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	$0 (2)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	$0 (2)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0 (4)	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	$0 (2)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	$0 (2)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	$0 (2)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0 (2)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	$0 (4)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0 (4)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0 (4)	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	$0 (4)	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$0 (2)	
butorphanol nasal spray,non-aerosol 10 mg/ml	$0 (4)	QL (10 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	$0 (4)	
diclofenac potassium oral tablet 50 mg	$0 (2)	
diclofenac sodium oral tablet extended release 24 hr 100 mg	$0 (4)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	$0 (2)	
diclofenac sodium topical drops 1.5 %	$0 (2)	QL (300 ML per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	$0 (4)	
diflunisal oral tablet 500 mg	$0 (4)	
etodolac oral capsule 200 mg, 300 mg	$0 (2)	
etodolac oral tablet 400 mg, 500 mg	$0 (2)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	$0 (4)	
flurbiprofen oral tablet 100 mg	$0 (4)	
ibu oral tablet 600 mg, 800 mg	$0 (1)	
ibuprofen oral suspension 100 mg/5 ml	$0 (2)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (1)	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	$0 (4)	
meloxicam oral tablet 15 mg, 7.5 mg	$0 (1)	
nabumetone oral tablet 500 mg, 750 mg	$0 (2)	
naloxone injection solution 0.4 mg/ml	$0 (2)	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
naltrexone oral tablet 50 mg	$0 (2)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (2)	
naproxen sodium oral tablet 275 mg, 550 mg	$0 (4)	
oxaprozin oral tablet 600 mg	$0 (4)	
piroxicam oral capsule 10 mg, 20 mg	$0 (2)	
sulindac oral tablet 150 mg, 200 mg	$0 (2)	
tramadol oral tablet 50 mg	$0 (2)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (2)	QL (240 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	$0 (5^)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	$0 (5^)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$0 (5^)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$0 (5^)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (4)	QL (150 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0 (4)	
aripiprazole oral solution 1 mg/ml	$0 (4)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	$0 (4)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (5^)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$0 (5^)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$0 (5^)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$0 (5^)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (5^)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0 (4)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	$0 (4)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (4)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (4)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$0 (4)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	$0 (2)	
bupropion hcl oral tablet extended release 24 hr 150 mg	$0 (2)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	$0 (2)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	$0 (2)	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (2)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$0 (5^)	QL (30 EA per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (4)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (4)	
citalopram oral solution 10 mg/5 ml	$0 (4)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	$0 (1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	$0 (4)	PA-NS

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
clorazepate dipotassium oral tablet 15 mg	$0 (4)	PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	$0 (4)	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	$0 (4)	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg	$0 (4)	
clozapine oral tablet 25 mg, 50 mg	$0 (2)	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	$0 (4)	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	$0 (5^)	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	$0 (5^)	QL (56 EA per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	$0 (4)	QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	$0 (2)	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	$0 (4)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	$0 (2)	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
dextroamphetamine sulfate oral tablet 15 mg	$0 (2)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	$0 (2)	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	$0 (2)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (4)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	$0 (4)	QL (90 EA per 30 days)
diazepam intensol oral concentrate 5 mg/ml	$0 (4)	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	$0 (4)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (4)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (4)	
doxepin oral concentrate 10 mg/ml	$0 (4)	
doxepin oral tablet 3 mg, 6 mg	$0 (4)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0 (4)	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (5^)	QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	$0 (4)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (4)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (5^)	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	$0 (4)	ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (3)	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (3)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	$0 (2)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (2)	
fluphenazine decanoate injection solution 25 mg/ml	$0 (4)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (4)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (4)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$0 (4)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (4)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (4)	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
guanfacine oral tablet extended release 24 hr 3 mg	$0 (4)	QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$0 (4)	
haloperidol lactate injection solution 5 mg/ml	$0 (4)	
haloperidol lactate oral concentrate 2 mg/ml	$0 (4)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (2)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (4)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (5^)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (5^)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (5^)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (5^)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (5^)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (3)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (5^)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$0 (5^)	QL (0.88 ML per 90 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$0 (5^)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$0 (5^)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$0 (5^)	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	$0 (4)	QL (30 EA per 30 days)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	$0 (4)	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (1)	
lithium carbonate oral tablet 300 mg	$0 (2)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	$0 (2)	
lithium citrate oral solution 8 meq/5 ml	$0 (2)	
lorazepam intensol oral concentrate 2 mg/ml	$0 (4)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0 (2)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (4)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (4)	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	$0 (4)	QL (60 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	$0 (4)	
methylphenidate hcl oral solution 10 mg/5 ml	$0 (4)	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	$0 (4)	QL (1800 ML per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	$0 (4)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	$0 (2)	QL (30 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	$0 (2)	
mirtazapine oral tablet 7.5 mg	$0 (4)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	$0 (2)	
modafinil oral tablet 100 mg	$0 (2)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	$0 (2)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	$0 (4)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (4)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (2)	
nortriptyline oral solution 10 mg/5 ml	$0 (4)	
NUPLAZID ORAL CAPSULE 34 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	$0 (5^)	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	$0 (3)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (4)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	$0 (4)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	$0 (4)	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	$0 (4)	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	$0 (4)	QL (180 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	$0 (4)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	$0 (4)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	$0 (4)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (2)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	$0 (2)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	$0 (4)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (4)	
phenelzine oral tablet 15 mg	$0 (3)	
pimozide oral tablet 1 mg, 2 mg	$0 (4)	
protriptyline oral tablet 10 mg, 5 mg	$0 (4)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (4)	
QUETIAPINE ORAL TABLET 150 MG	$0 (4)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	$0 (4)	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	$0 (5^)	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$0 (5^)	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	$0 (4)	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	$0 (5^)	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	$0 (4)	QL (2 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	$0 (5^)	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (2)	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (2)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	$0 (4)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	$0 (4)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	$0 (5^)	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	$0 (2)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 (5^)	PA; LA; QL (540 ML per 30 days)
temazepam oral capsule 15 mg	$0 (4)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0 (4)	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (4)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (4)	
tranylcypromine oral tablet 10 mg	$0 (4)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	$0 (1)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (4)	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	$0 (4)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	$0 (2)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (2)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (5^)	PA-NS; QL (600 ML per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	$0 (4)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (4)	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	$0 (4)	
zolpidem oral tablet 10 mg, 5 mg	$0 (2)	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	$0 (5^)	PA-NS; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	$0 (5^)	PA-NS; QL (14 EA per 365 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	$0 (2)	
amiodarone oral tablet 200 mg	$0 (1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0 (4)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0 (4)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (2)	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	$0 (4)	
MULTAQ ORAL TABLET 400 MG	$0 (3)	
pacerone oral tablet 100 mg, 400 mg	$0 (4)	
pacerone oral tablet 200 mg	$0 (1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (4)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (2)	
quinidine sulfate oral tablet 200 mg	$0 (2)	
quinidine sulfate oral tablet 300 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
sotalol af oral tablet 120 mg, 160 mg, 80 mg	$0 (2)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (1)	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	$0 (2)	
aliskiren oral tablet 150 mg, 300 mg	$0 (4)	
amiloride oral tablet 5 mg	$0 (2)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (2)	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (6)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (6)	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (6)	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (6)	QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (6)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (6)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
betaxolol oral tablet 10 mg, 20 mg	$0 (2)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (2)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (2)	
bumetanide injection solution 0.25 mg/ml	$0 (4)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	
candesartan oral tablet 16 mg, 4 mg, 8 mg	$0 (6)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	$0 (6)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	$0 (6)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	$0 (6)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (6)	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (2)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (1)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	$0 (4)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	$0 (4)	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (2)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (2)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (4)	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (2)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (1)	
EDARBI ORAL TABLET 40 MG, 80 MG	$0 (3)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	$0 (3)	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (6)	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	$0 (6)	
eplerenone oral tablet 25 mg, 50 mg	$0 (2)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	$0 (2)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (6)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (6)	
furosemide injection solution 10 mg/ml	$0 (2)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	$0 (1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (1)	
guanfacine oral tablet 1 mg, 2 mg	$0 (4)	

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Drug Name	Drug Tier	Requirements / Limits
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (2)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (6)	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (6)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (6)	QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	$0 (4)	
KERENDIA ORAL TABLET 10 MG, 20 MG	$0 (3)	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	$0 (2)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (6)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (6)	
losartan oral tablet 100 mg	$0 (6)	QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	$0 (6)	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	$0 (6)	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	$0 (6)	QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (2)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	$0 (2)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (2)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (1)	
metyrosine oral capsule 250 mg	$0 (5^)	PA
minoxidil oral tablet 10 mg, 2.5 mg	$0 (2)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (6)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (4)	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (4)	
nicardipine oral capsule 20 mg, 30 mg	$0 (4)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	$0 (2)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	$0 (2)	
nimodipine oral capsule 30 mg	$0 (4)	
olmesartan oral tablet 20 mg, 40 mg	$0 (6)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	$0 (6)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid 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	$0 (6)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (6)	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (6)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
pindolol oral tablet 10 mg, 5 mg	$0 (2)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	$0 (4)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	$0 (2)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	$0 (2)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (2)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (6)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (6)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (6)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	$0 (2)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0 (6)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	$0 (6)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	$0 (6)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (2)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (2)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (6)	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	$0 (1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	$0 (1)	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	$0 (5^)	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	$0 (5^)	PA; LA; QL (200 EA per 180 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0 (6)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	$0 (6)	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (6)	QL (30 EA per 30 days)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	$0 (4)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	$0 (2)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	$0 (1)	

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Drug Name	Drug Tier	Requirements / Limits
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (2)	
COAGULATION THERAPY		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (4)	
cilostazol oral tablet 100 mg, 50 mg	$0 (2)	
clopidogrel oral tablet 75 mg	$0 (1)	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	$0 (2)	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (4)	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	$0 (5^)	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	$0 (5^)	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	$0 (5^)	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (3)	QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	$0 (3)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (3)	QL (74 EA per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	$0 (4)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (3)	

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Drug Name	Drug Tier	Requirements / Limits
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (1)	
pentoxifylline oral tablet extended release 400 mg	$0 (2)	
prasugrel hcl oral tablet 10 mg, 5 mg	$0 (2)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	$0 (5^)	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	$0 (5^)	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	$0 (5^)	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	$0 (5^)	PA; LA; QL (60 EA per 30 days)
rivaroxaban oral tablet 2.5 mg	$0 (3)	QL (60 EA per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	$0 (3)	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	$0 (3)	QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	$0 (3)	QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	$0 (3)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	$0 (3)	QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
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	$0 (6)	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	$0 (4)	
cholestyramine light oral powder in packet 4 gram	$0 (4)	
colesevelam oral powder in packet 3.75 gram	$0 (4)	
colesevelam oral tablet 625 mg	$0 (4)	
colestipol oral packet 5 gram	$0 (4)	
colestipol oral tablet 1 gram	$0 (4)	
ezetimibe oral tablet 10 mg	$0 (1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (6)	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	$0 (2)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	$0 (2)	
fenofibrate oral tablet 160 mg, 54 mg	$0 (2)	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	$0 (2)	
fluvastatin oral capsule 20 mg, 40 mg	$0 (6)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	$0 (6)	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	$0 (1)	
icosapent ethyl oral capsule 0.5 gram, 1 gram	$0 (4)	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (6)	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
NEXLETOL ORAL TABLET 180 MG	$0 (3)	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	$0 (4)	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	$0 (4)	QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	$0 (3)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
prevalite oral powder in packet 4 gram	$0 (4)	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (6)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (6)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	$0 (4)	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	$0 (3)	QL (450 ML per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	$0 (2)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	$0 (2)	QL (60 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0 (3)	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	$0 (3)	QL (240 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	$0 (3)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	$0 (4)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	$0 (5^)	PA
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (2)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (2)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	$0 (1)	
nitro-bid transdermal ointment 2 %	$0 (4)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	$0 (2)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0 (2)	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (4)	
calcipotriene scalp solution 0.005 %	$0 (4)	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	$0 (4)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (5^)	PA; QL (10 ML per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (5^)	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (5^)	PA; QL (2.5 ML per 28 days)

Drug Name	Drug Tier	Requirements / Limits
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (5^)	PA; QL (10 ML per 28 days)
selenium sulfide topical lotion 2.5 %	$0 (2)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (5^)	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (5^)	PA; QL (6 ML per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (5^)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (5^)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (5^)	PA; QL (1 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (3)	PA; QL (0.5 ML per 28 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (5^)	PA; QL (1 ML per 28 days)
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	$0 (5^)	PA; QL (12 ML per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	$0 (5^)	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	$0 (5^)	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	$0 (5^)	PA; QL (2 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (5^)	PA; QL (0.5 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (5^)	PA; QL (0.5 ML per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (5^)	PA; QL (1 ML per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate topical cream 12 %	$0 (2)	
ammonium lactate topical lotion 12 %	$0 (4)	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	$0 (5^)	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	$0 (5^)	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	$0 (4)	PA; QL (120 GM per 30 days)
fluorouracil topical cream 5 %	$0 (4)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	$0 (4)	QL (10 ML per 30 days)
imiquimod topical cream in packet 5 %	$0 (2)	QL (24 EA per 28 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	$0 (4)	QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	$0 (4)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	$0 (4)	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	$0 (2)	
lidocaine-prilocaine topical cream 2.5-2.5 %	$0 (2)	QL (30 GM per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
lidocan iii topical adhesive patch,medicated 5 %	$0 (3)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	$0 (5^)	PA-NS; QL (60 GM per 30 days)
pimecrolimus topical cream 1 %	$0 (4)	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	$0 (4)	QL (7 ML per 28 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (3)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	$0 (2)	
ssd topical cream 1 %	$0 (2)	
tacrolimus topical ointment 0.03 %, 0.1 %	$0 (4)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	$0 (4)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	$0 (5^)	PA-NS; LA; QL (60 GM per 30 days)
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 40 mg	$0 (4)	
adapalene topical cream 0.1 %	$0 (4)	QL (45 GM per 30 days)
adapalene topical gel 0.3 %	$0 (4)	QL (45 GM per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (4)	
azelaic acid topical gel 15 %	$0 (4)	QL (50 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (4)	
clindamycin phosphate topical gel 1 %	$0 (4)	QL (120 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	$0 (4)	QL (75 ML per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate topical lotion 1 %	$0 (4)	QL (120 ML per 30 days)
clindamycin phosphate topical solution 1 %	$0 (4)	QL (120 ML per 30 days)
clindamycin phosphate topical swab 1 %	$0 (2)	QL (120 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	$0 (2)	QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	$0 (2)	QL (50 GM per 30 days)
ery pads topical swab 2 %	$0 (4)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	$0 (2)	QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	$0 (2)	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	$0 (4)	
metronidazole topical cream 0.75 %	$0 (4)	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	$0 (4)	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	$0 (4)	QL (59 ML per 30 days)
neuac topical gel 1.2 %(1 % base) -5 %	$0 (2)	QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	$0 (3)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	$0 (4)	PA; QL (100 GM per 30 days)
tretinoin microspheres topical gel 0.04 %, 0.1 %	$0 (4)	PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	$0 (4)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	$0 (4)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	$0 (4)	QL (60 GM per 30 days)
gentamicin topical ointment 0.1 %	$0 (4)	QL (60 GM per 30 days)
mupirocin topical ointment 2 %	$0 (2)	QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	$0 (4)	
TOPICAL ANTIFUNGALS		
ciclopirox topical cream 0.77 %	$0 (4)	QL (90 GM per 28 days)
ciclopirox topical gel 0.77 %	$0 (4)	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	$0 (4)	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	$0 (4)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	$0 (2)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	$0 (4)	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	$0 (4)	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	$0 (2)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	$0 (2)	QL (120 ML per 28 days)
naftifine topical cream 1 %	$0 (4)	QL (90 GM per 28 days)
naftifine topical cream 2 %	$0 (4)	QL (60 GM per 28 days)
naftifine topical gel 2 %	$0 (4)	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	$0 (4)	QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	$0 (2)	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	$0 (2)	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	$0 (2)	QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	$0 (4)	QL (120 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	$0 (1)	
alclometasone topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	$0 (4)	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	$0 (4)	QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	$0 (4)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	$0 (4)	QL (135 GM per 30 days)
betamethasone valerate topical cream 0.1 %	$0 (4)	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	$0 (4)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	$0 (4)	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	$0 (2)	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	$0 (4)	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	$0 (4)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	$0 (4)	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	$0 (4)	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	$0 (4)	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	$0 (4)	QL (120 GM per 28 days)
clobetasol topical ointment 0.05 %	$0 (4)	QL (120 GM per 28 days)
clobetasol topical shampoo 0.05 %	$0 (4)	QL (236 ML per 28 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
clobetasol-emollient topical cream 0.05 %	$0 (4)	QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	$0 (4)	QL (236 ML per 28 days)
desonide topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
desonide topical lotion 0.05 %	$0 (4)	QL (118 ML per 30 days)
desonide topical ointment 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	$0 (4)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	$0 (4)	QL (120 GM per 30 days)
fluocinolone topical ointment 0.025 %	$0 (4)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	$0 (4)	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	$0 (4)	QL (120 ML per 30 days)
fluocinonide-emollient topical cream 0.05 %	$0 (4)	QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	$0 (2)	
halobetasol propionate topical cream 0.05 %	$0 (4)	QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	$0 (4)	QL (100 GM per 30 days)
hydrocortisone topical cream 1 %	$0 (2)	
hydrocortisone topical lotion 2.5 %	$0 (2)	
hydrocortisone topical ointment 2.5 %	$0 (2)	
mometasone topical cream 0.1 %	$0 (2)	
mometasone topical ointment 0.1 %	$0 (2)	
mometasone topical solution 0.1 %	$0 (2)	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	$0 (2)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	$0 (2)	
triderm topical cream 0.5 %	$0 (2)	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion topical lotion 0.5 %	$0 (4)	
permethrin topical cream 5 %	$0 (2)	QL (60 GM per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$0 (4)	
anagrelide oral capsule 0.5 mg, 1 mg	$0 (4)	
carglumic acid oral tablet, dispersible 200 mg	$0 (5^)	PA; LA
cevimeline oral capsule 30 mg	$0 (4)	
CHEMET ORAL CAPSULE 100 MG	$0 (3)	
d10 %-0.45 % sodium chloride intravenous parenteral solution	$0 (2)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (4)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	$0 (2)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (2)	
deferasirox oral tablet 180 mg, 360 mg	$0 (4)	PA
deferasirox oral tablet 90 mg	$0 (3)	PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
deferasirox oral tablet, dispersible 125 mg	$0 (4)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	$0 (5^)	PA
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	$0 (4)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	$0 (4)	
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (4)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	$0 (2)	
disulfiram oral tablet 250 mg, 500 mg	$0 (3)	
glutamine (sickle cell) oral powder in packet 5 gram	$0 (5^)	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (5^)	PA; LA
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (4)	
levocarnitine (with sugar) oral solution 100 mg/ml	$0 (4)	
levocarnitine oral tablet 330 mg	$0 (4)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	$0 (3)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (4)	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	$0 (5^)	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (5^)	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	$0 (5^)	PA; LA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	$0 (5^)	PA; QL (30 EA per 30 days)
riluzole oral tablet 50 mg	$0 (4)	
risedronate oral tablet 30 mg	$0 (4)	QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	$0 (2)	
sodium chloride irrigation solution 0.9 %	$0 (2)	
sodium phenylbutyrate oral powder 0.94 gram/gram	$0 (5^)	PA
sodium phenylbutyrate oral tablet 500 mg	$0 (5^)	PA
sodium polystyrene sulfonate oral powder 15 gram	$0 (4)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (3)	
trientine oral capsule 250 mg	$0 (5^)	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0 (2)	QL (60 EA per 30 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0 (4)	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	$0 (4)	
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	$0 (4)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	$0 (1)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	$0 (2)	QL (30 ML per 30 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	$0 (2)	QL (30 ML per 20 days)
kourzeq dental paste 0.1 %	$0 (3)	
olopatadine nasal spray,non-aerosol 0.6 %	$0 (4)	
periogard mucous membrane mouthwash 0.12 %	$0 (1)	
triamcinolone acetonide dental paste 0.1 %	$0 (4)	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	$0 (2)	
flac otic oil otic (ear) drops 0.01 %	$0 (2)	
fluocinolone acetonide oil otic (ear) drops 0.01 %	$0 (2)	
ofloxacin otic (ear) drops 0.3 %	$0 (4)	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (4)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	$0 (4)	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone oral solution 0.5 mg/5 ml	$0 (2)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (2)	
fludrocortisone oral tablet 0.1 mg	$0 (2)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0 (2)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (2)	B/D
methylprednisolone oral tablets,dose pack 4 mg	$0 (2)	
prednisolone oral solution 15 mg/5 ml	$0 (4)	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	$0 (4)	
prednisone intensol oral concentrate 5 mg/ml	$0 (4)	
prednisone oral solution 5 mg/5 ml	$0 (4)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (2)	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	$0 (1)	
propylthiouracil oral tablet 50 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
DIABETES THERAPY		
acarbose oral tablet 100 mg	$0 (6)	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	$0 (6)	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	$0 (6)	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	$0 (2)	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
diazoxide oral suspension 50 mg/ml	$0 (5^)	
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (3)	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	$0 (3)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	
glimepiride oral tablet 1 mg	$0 (6)	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	$0 (6)	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (6)	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	$0 (6)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	$0 (6)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	$0 (6)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	$0 (6)	QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
glipizide oral tablet extended release 24hr 5 mg	$0 (6)	QL (120 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	$0 (6)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (6)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0 (3)	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (3)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (3)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	$0 (3)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	$0 (3)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	$0 (3)	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	$0 (3)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	$0 (3)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	$0 (3)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (3)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	$0 (3)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	$0 (3)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$0 (3)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	$0 (3)	QL (30 EA per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	$0 (3)	PA; QL (9 ML per 30 days)
metformin oral tablet 1,000 mg	$0 (6)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	$0 (6)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	$0 (6)	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
metformin oral tablet extended release 24 hr 500 mg	$0 (6)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	$0 (6)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	$0 (3)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	$0 (6)	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	$0 (6)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	$0 (3)	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (3)	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (3)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	$0 (3)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	$0 (3)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (3)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (3)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (3)	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	$0 (3)	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	$0 (6)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	$0 (6)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	$0 (6)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	$0 (6)	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	$0 (6)	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (6)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0 (3)	PA; QL (30 EA per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	$0 (3)	QL (30 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	$0 (3)	QL (60 EA per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	$0 (3)	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	$0 (3)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	$0 (3)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	$0 (3)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	$0 (3)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	$0 (3)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	$0 (3)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	$0 (3)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	$0 (3)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	$0 (3)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	$0 (3)	QL (60 EA per 30 days)
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	$0 (2)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	$0 (4)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (2)	
calcitriol oral solution 1 mcg/ml	$0 (2)	
cinacalcet oral tablet 30 mg	$0 (2)	QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
cinacalcet oral tablet 90 mg	$0 (4)	QL (120 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (4)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (4)	
desmopressin oral tablet 0.1 mg	$0 (2)	
desmopressin oral tablet 0.2 mg	$0 (4)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (4)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	$0 (5^)	PA; LA
mifepristone oral tablet 300 mg	$0 (5^)	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (4)	
sapropterin oral powder in packet 100 mg	$0 (5^)	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (5^)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (2)	
testosterone enanthate intramuscular oil 200 mg/ml	$0 (4)	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	$0 (4)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	$0 (4)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	$0 (4)	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	$0 (5^)	PA

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
THYROID HORMONES		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
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	$0 (1)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (2)	
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	$0 (3)	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (1)	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine oral capsule 10 mg	$0 (4)	
dicyclomine oral solution 10 mg/5 ml	$0 (4)	
dicyclomine oral tablet 20 mg	$0 (4)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	$0 (4)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (4)	

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Drug Name	Drug Tier	Requirements / Limits
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (2)	
loperamide oral capsule 2 mg	$0 (2)	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	$0 (4)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	$0 (5^)	PA; QL (60 EA per 30 days)
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0 (4)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	$0 (4)	B/D
balsalazide oral capsule 750 mg	$0 (4)	
betaine oral powder 1 gram/scoop	$0 (5^)	LA
budesonide oral capsule,delayed,extend.release 3 mg	$0 (4)	
budesonide oral tablet,delayed and ext.release 9 mg	$0 (5^)	PA; QL (30 EA per 30 days)
compro rectal suppository 25 mg	$0 (4)	
constulose oral solution 10 gram/15 ml	$0 (2)	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	$0 (3)	
cromolyn oral concentrate 100 mg/5 ml	$0 (4)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (4)	PA; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	$0 (2)	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram	$0 (2)	
generlac oral solution 10 gram/15 ml	$0 (2)	
granisetron hcl oral tablet 1 mg	$0 (4)	B/D
hydrocortisone rectal enema 100 mg/60 ml	$0 (2)	
hydrocortisone topical cream with perineal applicator 2.5 %	$0 (2)	
lactulose oral solution 10 gram/15 ml	$0 (4)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (4)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (4)	QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	$0 (2)	
mesalamine oral capsule (with del rel tablets) 400 mg	$0 (4)	
mesalamine oral capsule,extended release 24hr 0.375 gram	$0 (4)	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	$0 (4)	
mesalamine rectal enema 4 gram/60 ml	$0 (4)	
mesalamine rectal suppository 1,000 mg	$0 (4)	
metoclopramide hcl oral solution 5 mg/5 ml	$0 (2)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (2)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (3)	QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	$0 (3)	QL (30 GM per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	$0 (2)	
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ondansetron oral tablet,disintegrating 4 mg, 8 mg	$0 (2)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0 (2)	
peg-electrolyte soln oral recon soln 420 gram	$0 (2)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	$0 (3)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (2)	
prochlorperazine rectal suppository 25 mg	$0 (4)	
procto-med hc topical cream with perineal applicator 2.5 %	$0 (2)	
proctosol hc topical cream with perineal applicator 2.5 %	$0 (4)	
proctozone-hc topical cream with perineal applicator 2.5 %	$0 (2)	
scopolamine base transdermal patch 3 day 1 mg over 3 days	$0 (4)	PA; QL (10 EA per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	$0 (5^)	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	$0 (5^)	PA; QL (2.4 ML per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	$0 (3)	
sulfasalazine oral tablet 500 mg	$0 (2)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ursodiol oral capsule 300 mg	$0 (3)	
ursodiol oral tablet 250 mg, 500 mg	$0 (4)	
VOWST ORAL CAPSULE	$0 (5^)	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600-252,600 UNIT	$0 (3)	
ULCER THERAPY		
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	$0 (4)	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	$0 (4)	QL (60 EA per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	$0 (2)	
famotidine oral tablet 20 mg, 40 mg	$0 (1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	$0 (2)	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	$0 (2)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	$0 (1)	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (2)	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
sucralfate oral suspension 100 mg/ml	$0 (4)	
sucralfate oral tablet 1 gram	$0 (2)	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	$0 (5^)	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	$0 (5^)	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	$0 (5^)	PA-NS; LA
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (5^)	PA; QL (14 EA per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	$0 (5^)	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (5^)	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$0 (5^)	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	$0 (5^)	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	$0 (5^)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0 (5^)	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	$0 (5^)	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (3)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	$0 (5^)	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 (6)	NM; IRA $0 for age 19 and older
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (6)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (6)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (6)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 (6)	NM; IRA $0 for age 50 and older only
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 (6)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (6)	NM
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 (6)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0 (6)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0 (6)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0 (6)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0 (6)	B/D; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	$0 (5^)	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (6)	NM; IRA $0 up to age 45
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 (6)	NM; IRA $0 up to age 45
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	$0 (6)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0 (6)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (6)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0 (6)	B/D; NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0 (6)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 (6)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 (6)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 (6)	B/D; NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0 (6)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 (6)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 (6)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 (6)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 (6)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (6)	NM; IRA $0 for age 50 and older only
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0 (6)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0 (6)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 (6)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	$0 (6)	NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	$0 (6)	NM

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	$0 (6)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (6)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	$0 (6)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0 (6)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0 (6)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0 (6)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0 (6)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0 (6)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 (6)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 (6)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 (6)	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	$0 (6)	NM

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Drug Name	Drug Tier	Requirements / Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (6)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0 (6)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 (6)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	$0 (6)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (6)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (6)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 (6)	NM
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	$0 (6)	NM
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	$0 (6)	NM
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	$0 (6)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	$0 (6)	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	$0 (3)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	$0 (2)	BD or Embecta preferred
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	$0 (2)	BD or Embecta preferred
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	$0 (1)	
colchicine oral capsule 0.6 mg	$0 (4)	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	$0 (4)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	$0 (4)	
probenecid oral tablet 500 mg	$0 (4)	
probenecid-colchicine oral tablet 500-0.5 mg	$0 (4)	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	$0 (2)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	$0 (1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	$0 (1)	QL (4 EA per 28 days)
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	$0 (5^)	PA; QL (2.48 ML per 28 days)
ibandronate oral tablet 150 mg	$0 (2)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (4)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	$0 (2)	
risedronate oral tablet 150 mg	$0 (2)	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	$0 (2)	QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
risedronate oral tablet 5 mg	$0 (2)	QL (30 EA per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	$0 (4)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	$0 (5^)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days)
OTHER RHEUMATOLOGICALS		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	$0 (5^)	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	$0 (5^)	PA; QL (8 ML per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (6 EA per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (4 EA per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	$0 (5^)	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (5^)	PA; QL (4 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	$0 (5^)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	$0 (5^)	PA; QL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$0 (5^)	PA; QL (8 ML per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	$0 (5^)	PA; QL (20.1 ML per 30 days)
leflunomide oral tablet 10 mg, 20 mg	$0 (4)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	$0 (5^)	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	$0 (5^)	PA; QL (55 EA per 180 days)
penicillamine oral tablet 250 mg	$0 (5^)	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	$0 (5^)	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	$0 (5^)	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	$0 (5^)	PA; QL (84 EA per 180 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (3)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	$0 (3)	QL (55 EA per 180 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (5^)	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (5^)	PA; QL (3.6 ML per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	$0 (4)	
camila oral tablet 0.35 mg	$0 (2)	
deblitane oral tablet 0.35 mg	$0 (2)	

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Drug Name	Drug Tier	Requirements / Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (3)	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (4)	QL (8 EA per 28 days)
errin oral tablet 0.35 mg	$0 (2)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (4)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (4)	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (4)	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	$0 (4)	
estradiol vaginal tablet 10 mcg	$0 (4)	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	$0 (4)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (4)	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (4)	
gallifrey oral tablet 5 mg	$0 (2)	
heather oral tablet 0.35 mg	$0 (2)	
incassia oral tablet 0.35 mg	$0 (2)	
jinteli oral tablet 1-5 mg-mcg	$0 (4)	
lyleq oral tablet 0.35 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (4)	QL (8 EA per 28 days)
lyza oral tablet 0.35 mg	$0 (2)	
medroxyprogesterone intramuscular suspension 150 mg/ml	$0 (2)	
medroxyprogesterone intramuscular syringe 150 mg/ml	$0 (2)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (1)	
meleya oral tablet 0.35 mg	$0 (2)	
mimvey oral tablet 1-0.5 mg	$0 (4)	
nora-be oral tablet 0.35 mg	$0 (2)	
norethindrone (contraceptive) oral tablet 0.35 mg	$0 (2)	
norethindrone acetate oral tablet 5 mg	$0 (2)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (4)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	$0 (3)	
progesterone micronized oral capsule 100 mg, 200 mg	$0 (2)	
sharobel oral tablet 0.35 mg	$0 (2)	
yuvafem vaginal tablet 10 mcg	$0 (4)	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream 2 %	$0 (4)	
eluryng vaginal ring 0.12-0.015 mg/24 hr	$0 (3)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0 (3)	
haloette vaginal ring 0.12-0.015 mg/24 hr	$0 (2)	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	$0 (3)	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	$0 (4)	
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0 (3)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0 (3)	
terconazole vaginal cream 0.4 %, 0.8 %	$0 (2)	
terconazole vaginal suppository 80 mg	$0 (4)	
tranexamic acid oral tablet 650 mg	$0 (2)	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0 (3)	
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0 (3)	
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	$0 (2)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
apri oral tablet 0.15-0.03 mg	$0 (2)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0 (4)	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (2)	
aubra eq oral tablet 0.1-20 mg-mcg	$0 (2)	
aviane oral tablet 0.1-20 mg-mcg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (2)	
balziva (28) oral tablet 0.4-35 mg-mcg	$0 (2)	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (2)	
briellyn oral tablet 0.4-35 mg-mcg	$0 (2)	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0 (2)	
cryselle (28) oral tablet 0.3-30 mg-mcg	$0 (2)	
cyred eq oral tablet 0.15-0.03 mg	$0 (2)	
dolishale oral tablet 90-20 mcg (28)	$0 (2)	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	$0 (2)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (2)	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (2)	
enskyce oral tablet 0.15-0.03 mg	$0 (2)	
estarylla oral tablet 0.25-0.035 mg	$0 (2)	
falmina (28) oral tablet 0.1-20 mg-mcg	$0 (2)	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (2)	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (2)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (3)	
isibloom oral tablet 0.15-0.03 mg	$0 (2)	
jasmiel (28) oral tablet 3-0.02 mg	$0 (4)	
juleber oral tablet 0.15-0.03 mg	$0 (2)	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (2)	
junel 1/20 (21) oral tablet 1-20 mg-mcg	$0 (2)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (2)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (2)	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (2)	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0 (2)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (2)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0 (4)	
kurvelo (28) oral tablet 0.15-0.03 mg	$0 (2)	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	$0 (4)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (2)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (4)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (4)	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0 (2)	
lessina oral tablet 0.1-20 mg-mcg	$0 (2)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (2)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0 (2)	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (2)	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (2)	
levora-28 oral tablet 0.15-0.03 mg	$0 (2)	
loryna (28) oral tablet 3-0.02 mg	$0 (2)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0 (2)	
marlissa (28) oral tablet 0.15-0.03 mg	$0 (2)	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (2)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (2)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (2)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (2)	
mili oral tablet 0.25-0.035 mg	$0 (2)	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (2)	
nikki (28) oral tablet 3-0.02 mg	$0 (2)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	$0 (2)	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0 (2)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	$0 (2)	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (4)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	$0 (4)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0 (4)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	$0 (4)	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	$0 (2)	
ocella oral tablet 3-0.03 mg	$0 (2)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (4)	
portia 28 oral tablet 0.15-0.03 mg	$0 (2)	
reclipsen (28) oral tablet 0.15-0.03 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0 (2)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (2)	
sprintec (28) oral tablet 0.25-0.035 mg	$0 (2)	
syeda oral tablet 3-0.03 mg	$0 (2)	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (4)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (4)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (4)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (4)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (2)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (2)	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	$0 (2)	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
turqoz (28) oral tablet 0.3-30 mg-mcg	$0 (3)	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0 (4)	
vestura (28) oral tablet 3-0.02 mg	$0 (2)	
vienva oral tablet 0.1-20 mg-mcg	$0 (2)	
vyfemla (28) oral tablet 0.4-35 mg-mcg	$0 (2)	
vylibra oral tablet 0.25-0.035 mg	$0 (2)	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	$0 (2)	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (4)	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0 (2)	
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (4)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (1)	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (2)	
gatifloxacin ophthalmic (eye) drops 0.5 %	$0 (2)	
gentamicin ophthalmic (eye) drops 0.3 %	$0 (2)	
moxifloxacin ophthalmic (eye) drops 0.5 %	$0 (4)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (4)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (4)	
ofloxacin ophthalmic (eye) drops 0.3 %	$0 (2)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	$0 (1)	
tobramycin ophthalmic (eye) drops 0.3 %	$0 (2)	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	$0 (4)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	$0 (4)	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	$0 (4)	
carteolol ophthalmic (eye) drops 1 %	$0 (2)	
levobunolol ophthalmic (eye) drops 0.5 %	$0 (2)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	$0 (1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	$0 (2)	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	$0 (4)	
azelastine ophthalmic (eye) drops 0.05 %	$0 (4)	
cromolyn ophthalmic (eye) drops 4 %	$0 (2)	
cyclosporine ophthalmic (eye) dropperette 0.05 %	$0 (3)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	$0 (5^)	PA; LA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	$0 (5^)	PA
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	$0 (4)	
sulfacetamide sodium ophthalmic (eye) drops 10 %	$0 (4)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	$0 (4)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	$0 (2)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	$0 (5^)	PA; QL (10 ML per 42 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	$0 (4)	
diclofenac sodium ophthalmic (eye) drops 0.1 %	$0 (2)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	$0 (4)	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	$0 (4)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	$0 (3)	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	$0 (4)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
acetazolamide oral tablet 125 mg, 250 mg	$0 (4)	
methazolamide oral tablet 25 mg, 50 mg	$0 (4)	
OTHER GLAUCOMA DRUGS		
brinzolamide ophthalmic (eye) drops,suspension 1 %	$0 (4)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	$0 (3)	
dorzolamide ophthalmic (eye) drops 2 %	$0 (2)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	$0 (2)	
latanoprost ophthalmic (eye) drops 0.005 %	$0 (1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	$0 (3)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	$0 (3)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	$0 (3)	
travoprost ophthalmic (eye) drops 0.004 %	$0 (4)	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	$0 (4)	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (4)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	$0 (2)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	$0 (4)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	$0 (3)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	$0 (4)	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	$0 (4)	
difluprednate ophthalmic (eye) drops 0.05 %	$0 (4)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	$0 (4)	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	$0 (4)	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	$0 (2)	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	$0 (4)	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	$0 (3)	
apraclonidine ophthalmic (eye) drops 0.5 %	$0 (4)	
brimonidine ophthalmic (eye) drops 0.15 %	$0 (2)	
brimonidine ophthalmic (eye) drops 0.2 %	$0 (1)	
OVER THE COUNTER (OTC) AND RX AGENTS		
OVER THE COUNTER (OTC) AND RX AGENTS		
3-day vaginal cream 2 %	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
8 hour acetaminophen er 650 mg	$0 (0)	
8hr arthritis pain er 650 mg	$0 (0)	
acetaminophen 1,000 mg/30 ml 500 mg/15 ml	$0 (0)	
acetaminophen 120 mg suppos	$0 (0)	
acetaminophen 120 mg suppos outer	$0 (0)	
acetaminophen 160 mg/5 ml soln	$0 (0)	
acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)	$0 (0)	
acetaminophen 160 mg/5 ml suspension cup inner 160 mg/5 ml (5 ml)	$0 (0)	
acetaminophen 160 mg/5 ml suspension cup outer 160 mg/5 ml (5 ml)	$0 (0)	
acetaminophen 160 mg/5 ml syr outer 32 mg/ml	$0 (0)	
acetaminophen 325 mg gelcap	$0 (0)	
acetaminophen 325 mg tablet	$0 (0)	
acetaminophen 325 mg tablet u-d,10x10,asa-free	$0 (0)	
acetaminophen 325 mg/10.15 ml cup inner	$0 (0)	
acetaminophen 325 mg/10.15 ml cup outer	$0 (0)	
acetaminophen 325 mg/10.15 ml cup outer	$0 (0)	
acetaminophen 500 mg caplet	$0 (0)	
acetaminophen 500 mg caplet caplet,ex-strength	$0 (0)	
acetaminophen 500 mg caplet outer	$0 (0)	
acetaminophen 500 mg gelcap	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
acetaminophen 500 mg tablet	$0 (0)	
acetaminophen 500 mg tablet asa-free,ex-str	$0 (0)	
acetaminophen 500 mg tablet aspirin free, u/d	$0 (0)	
acetaminophen 500 mg/15 ml liq	$0 (0)	
acetaminophen 650 mg suppos	$0 (0)	
acetaminophen 650 mg suppos outer	$0 (0)	
acetaminophen 650 mg/20.3 ml cup outer	$0 (0)	
acetaminophen 650 mg/20.3 ml cup outer	$0 (0)	
acetaminophen 80 mg/2.5 ml syr outer 32 mg/ml	$0 (0)	
acetaminophen er 650 mg caplet	$0 (0)	
acetaminophen er 650 mg tablet	$0 (0)	
acetaminophen er 650 mg tablet outer	$0 (0)	
acetaminophen-ibuprofen 250-125 mg caplet 125-250 mg	$0 (0)	
acid gone antacid liquid 95-358 mg/15 ml	$0 (0)	
acid reducer 10 mg tablet	$0 (0)	
acid reducer 20 mg tablet	$0 (0)	
acid reducer 20 mg tablet maximum strength	$0 (0)	
acid reducer 20 mg tablet max-str	$0 (0)	
acid reducer complete tab chew 10-800-165 mg	$0 (0)	
acne medication 10% gel	$0 (0)	
acne medication 10% lotion	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
acne medication 2.5% gel	$0 (0)	
acne medication 5% gel	$0 (0)	
adapalene 0.1% gel (otc)	$0 (0)	
adapalene 0.3% gel	$0 (0)	
adipex-p 37.5 mg tablet	$0 (0)	PA
aimsco latex condom	$0 (0)	
ala-hist ir 2 mg tablet	$0 (0)	
alaway 0.025% eye drops 0.025 % (0.035 %)	$0 (0)	
all day allergy 10 mg tablet	$0 (0)	
all day allergy 10 mg tablet indoor/outdoor 24 hr	$0 (0)	
all day pain relief 220 mg tab	$0 (0)	
all day pain rlf 220 mg caplet	$0 (0)	
all day relief 220 mg caplet	$0 (0)	
all day relief 220 mg caplet caplet, gluten-free	$0 (0)	
all day relief 220 mg tablet	$0 (0)	
all day relief 220 mg tablet gluten-free	$0 (0)	
aller-chlor 4 mg tablet	$0 (0)	
aller-g-time 25 mg caplet	$0 (0)	
allergy (loratadine) 10 mg tab	$0 (0)	
allergy 25 mg capsule	$0 (0)	
allergy 25 mg tablet	$0 (0)	
allergy 4 mg tablet	$0 (0)	
allergy 50 mg/20 ml solution 12.5 mg/5 ml	$0 (0)	
allergy relief 10 mg tablet	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
allergy relief 12.5 mg/5 ml	$0 (0)	
allergy relief 180 mg tablet	$0 (0)	
allergy relief 25 mg capsule	$0 (0)	
allergy relief 25 mg softgel	$0 (0)	
allergy relief 25 mg tablet	$0 (0)	
allergy relief 4 mg tablet	$0 (0)	
allergy relief 5 mg/5 ml soln	$0 (0)	
allergy relief 50 mcg spray 50 mcg/actuation	$0 (0)	
allergy rlf (cetrzn) 10 mg tab	$0 (0)	
allergy rlf (cetrzn) 5 mg tab	$0 (0)	
allergy rlf (fexo) 60 mg tab	$0 (0)	
allergy-time 4 mg tablet	$0 (0)	
almacone-2 liquid 400-400-40 mg/5 ml	$0 (0)	
aluminum hydroxide gel 320 mg/5 ml	$0 (0)	
alum-mag hydroxide-simeth 1,200-1,200-120 mg/30 ml cup outer 200-200-20 mg/5 ml	$0 (0)	
alum-mag hydroxide-simeth 2,400-2,400-240 mg/30 ml cup outer 400-400-40 mg/5 ml	$0 (0)	
alum-mag hydroxide-simeth cup outer 200-200-20 mg/5 ml	$0 (0)	
ammonium lactate 12% cream (rx)	$0 (0)	
ammonium lactate 12% cream outer, 2x140gm (rx)	$0 (0)	
antacid 500 mg chew tablet asst fruit flavored 200 mg calcium (500 mg)	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
antacid 500 mg chewable tablet outer 200 mg calcium (500 mg)	$0 (0)	
antacid 750 mg chewable tablet 300 mg (750 mg)	$0 (0)	
antacid anti-gas liquid 400-400-40 mg/5 ml	$0 (0)	
antacid anti-gas max str liq 400-400-40 mg/5 ml	$0 (0)	
antacid ex-str 750 mg tab chew 300 mg (750 mg)	$0 (0)	
antacid liquid 200-200-20 mg/5 ml	$0 (0)	
antacid ultra str 1,000 mg chw 400 mg calcium (1,000 mg)	$0 (0)	
antacid xtra strength chew tab extra strength 300 mg (750 mg)	$0 (0)	
antacid-antigas liquid 200-200-20 mg/5 ml	$0 (0)	
antacid-antigas suspension 200-200-20 mg/5 ml	$0 (0)	
anti-diarrheal 1 mg/7.5 ml sol	$0 (0)	
anti-diarrheal 2 mg caplet	$0 (0)	
anti-diarrheal 2 mg caplet caplet	$0 (0)	
anti-diarrheal 2 mg softgel	$0 (0)	
antifungal 1% topical cream	$0 (0)	
arthritis pain er 650 mg caplt	$0 (0)	
arthritis pain er 650 mg tab outer	$0 (0)	
artificial tears drops 0.5-0.6 %	$0 (0)	
aspirin 300 mg suppository	$0 (0)	
aspirin 325 mg tablet	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
aspirin 325 mg tablet micro-coated	$0 (0)	
aspirin 81 mg chewable tablet	$0 (0)	
aspirin 81 mg chewable tablet gluten-free, orange	$0 (0)	
aspirin 81 mg chewable tablet low dose	$0 (0)	
aspirin 81 mg chewable tablet low dose, cherry	$0 (0)	
aspirin ec 325 mg tablet	$0 (0)	
aspirin ec 325 mg tablet safety-coated	$0 (0)	
aspirin ec 81 mg tablet	$0 (0)	
aspirin ec 81 mg tablet low dose	$0 (0)	
aspirin regimen 81 mg ec tab	$0 (0)	
athlete's foot 1% cream	$0 (0)	
bacmin caplet 27 mg iron- 1 mg	$0 (0)	
banophen 25 mg capsule	$0 (0)	
banophen 25 mg tablet	$0 (0)	
banophen 50 mg capsule	$0 (0)	
benzoyl peroxide 10% gel (otc)	$0 (0)	
benzoyl peroxide 10% gel aqueous (otc)	$0 (0)	
benzoyl peroxide 2.5% gel (otc)	$0 (0)	
benzoyl peroxide 5% gel (otc)	$0 (0)	
benzoyl peroxide 5% gel aqueous (otc)	$0 (0)	
benzoyl peroxide 5% wash (otc)	$0 (0)	
benzphetamine hcl 50 mg tablet (rx)	$0 (0)	PA
betadine 10% solution	$0 (0)	
betadine 10% solution antiseptic	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
betadine 10% solution hosp.size,antiseptic	$0 (0)	
bisacodyl 10 mg suppository	$0 (0)	
bisacodyl ec 5 mg tablet	$0 (0)	
bismuth 262 mg tablet chew	$0 (0)	
bp vit 3 capsule 500 mg-500 mcg -1 mg-12.5 mg	$0 (0)	
budesonide 32 mcg nasal spray (otc) 32 mcg/actuation	$0 (0)	
buffered aspirin 325 mg tb	$0 (0)	
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	$0 (0)	
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	$0 (0)	
calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)	$0 (0)	
calcium antacid 750 mg chew tab 300 mg (750 mg)	$0 (0)	
calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc) 500 mg/5 ml (1,250 mg/5 ml)	$0 (0)	
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	$0 (0)	
carboxymethylcell 0.5% eye drp	$0 (0)	
carboxymethylcell 0.5% eye drp	$0 (0)	
carboxymethylcell 0.5% eye drp inner	$0 (0)	
carboxymethylcell 0.5% eye drp outer	$0 (0)	
caya contoured diaphragm 65-80 mm	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
cetirizine hcl 1 mg/ml soln (otc)	$0 (0)	
cetirizine hcl 1 mg/ml soln (rx)	$0 (0)	
cetirizine hcl 1 mg/ml soln children, grape (otc)	$0 (0)	
cetirizine hcl 1 mg/ml soln children's (otc)	$0 (0)	
cetirizine hcl 10 mg chew tab outer	$0 (0)	
cetirizine hcl 10 mg tablet	$0 (0)	
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	$0 (0)	
cetirizine hcl 10 mg tablet indoor & outdoor	$0 (0)	
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	$0 (0)	
cetirizine hcl 10 mg tablet outer	$0 (0)	
cetirizine hcl 5 mg chew tab children's,outer,u-d	$0 (0)	
cetirizine hcl 5 mg tablet	$0 (0)	
cetirizine hcl 5 mg tablet indoor & outdoor	$0 (0)	
cetirizine hcl 5 mg/5 ml solution cup inner	$0 (0)	
cetirizine hcl 5 mg/5 ml solution cup outer	$0 (0)	
child all day allergy 1 mg/ml	$0 (0)	
child all day allergy 1 mg/ml bubble gum	$0 (0)	
child allergy (fexo) 30 mg/5 ml	$0 (0)	
child allergy 5 mg/5 ml soln	$0 (0)	
child allergy relief 1 mg/ml	$0 (0)	
child allergy relief 5 mg/5 ml	$0 (0)	
child allergy rlf 12.5 mg/5 ml	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
child cetirizine 10 mg chew tb chewable, allergy	$0 (0)	
child cetirizine hcl 1 mg/ml	$0 (0)	
child ibuprofen 100 mg/5 ml cup inner, d/f	$0 (0)	
child ibuprofen 100 mg/5 ml cup outer	$0 (0)	
child ibuprofen 100 mg/5 ml cup outer, d/f	$0 (0)	
child ibuprofen 100 mg/5 ml cup u-d	$0 (0)	
child ibuprofen 100 mg/5 ml cup u-d,100's,hosp use	$0 (0)	
child ibuprofen 100 mg/5 ml cup u-d,30's,hosp use	$0 (0)	
child ibuprofen 100 mg/5 ml syrg	$0 (0)	
child ibuprofen 100 mg/5 ml syrg inner	$0 (0)	
child ibuprofen 100 mg/5 ml syrg outer	$0 (0)	
child ibuprofen 200 mg/10 ml cup outer 100 mg/5 ml	$0 (0)	
child loratadine 5 mg/5 ml sol	$0 (0)	
child loratadine 5 mg/5 ml syr grape	$0 (0)	
child pain-fever 160 mg/5 ml	$0 (0)	
child pain-fever 160 mg/5 ml	$0 (0)	
child pain-fever 160 mg/5 ml as, ibu/f	$0 (0)	
child pain-fever 160 mg/5 ml gluten/f,cherry	$0 (0)	
child pain-fever 160 mg/5 ml gluten-f, grape	$0 (0)	
children ibuprofen 100 mg/5 ml	$0 (0)	
children ibuprofen 100 mg/5 ml berry flavor	$0 (0)	
children ibuprofen 100 mg/5 ml d/f	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
children ibuprofen 100 mg/5 ml gluten/f, berry	$0 (0)	
children ibuprofen 100 mg/5 ml gluten/f, grape	$0 (0)	
children ibuprofen 100 mg/5 ml gluten/f,bubble	$0 (0)	
children ibuprofen 100 mg/5 ml grape	$0 (0)	
children's mapap 80 mg tab chw	$0 (0)	
child's alaway 0.025% eye drop 0.025 % (0.035 %)	$0 (0)	
child's pain reliever susp children's 160 mg/5 ml	$0 (0)	
chld acetaminophen 160 mg/5 ml	$0 (0)	
chld acetaminophen 160 mg/5 ml	$0 (0)	
chld acetaminophen 160 mg/5 ml cup inner 160 mg/5 ml (5 ml)	$0 (0)	
chld acetaminophen 160 mg/5 ml cup outer 160 mg/5 ml (5 ml)	$0 (0)	
chld acetaminophen 160 mg/5 ml gluten/f, grape	$0 (0)	
chld acetaminophen 160 mg/5 ml gluten/f,cherry	$0 (0)	
chromic chlor 40 mcg/10 ml vl outer, suv, p/f 4 mcg/ml	$0 (0)	
chromium cl 40 mcg/10 ml vial outer,sdv 4 mcg/ml	$0 (0)	
chromium cl 40 mcg/10 ml vial p/f, suv, outer 4 mcg/ml	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
clearlax powder packet 17 gram	$0 (0)	
clotrimazole 1% topical cream (otc)	$0 (0)	
clotrimazole 1% vaginal cream	$0 (0)	
clotrimazole-3 2% cream	$0 (0)	
colace 100 mg capsule	$0 (0)	
condoms lubricated	$0 (0)	
copper chloride 4 mg/10 ml vl p/f, suv, outer 0.4 mg/ml	$0 (0)	
corvita tablet 1.25-2.5-7 mg	$0 (0)	
corvite tablet 1.25-2.5-7 mg	$0 (0)	
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	$0 (0)	
cupric chloride 4 mg/10 ml vl outer, suv, p/f 0.4 mg/ml	$0 (0)	
cvs natural daily fiber powder 3.4 gram/5.8 gram	$0 (0)	
cvs natural daily fiber powder 3.4 gram/7 gram	$0 (0)	
cyanocobalamin 500 mcg spray outer 500 mcg/spray	$0 (0)	
daily fiber powder 3 gram/7 gram	$0 (0)	
dialyvite 3,000 tablet 3-70-15 mg-mcg-mg	$0 (0)	
dialyvite 5000 tablet 5 mg	$0 (0)	
dialyvite supreme d tablet 3-2,000 mg-unit	$0 (0)	
dialyvite tablet 100-1 mg	$0 (0)	
dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
diethylpropion 25 mg tablet	$0 (0)	
diethylpropion 25 mg tablet	$0 (0)	PA
diethylpropion er 75 mg tablet	$0 (0)	
diethylpropion er 75 mg tablet	$0 (0)	PA
diphedryl 12.5 mg/5 ml elixir	$0 (0)	
diphenhydramine 12.5 mg/5 ml	$0 (0)	
diphenhydramine 12.5 mg/5 ml cup outer	$0 (0)	
diphenhydramine 25 mg capsule (otc)	$0 (0)	
diphenhydramine 25 mg tablet	$0 (0)	
diphenhydramine 25 mg tablet inner	$0 (0)	
diphenhydramine 25 mg tablet outer	$0 (0)	
diphenhydramine 25 mg/10 ml cup outer 12.5 mg/5 ml	$0 (0)	
diphenhydramine 50 mg capsule (otc)	$0 (0)	
diphenhydramine 50 mg capsule u-d, 10x10 (otc)	$0 (0)	
docusate cal 240 mg softgel	$0 (0)	
docusate sod 100 mg/10 ml cup outer 50 mg/5 ml	$0 (0)	
docusate sod 100 mg/10 ml liquid cup outer 50 mg/5 ml	$0 (0)	
docusate sodium 100 mg softgel	$0 (0)	
docusate sodium 100 mg softgel outer, softgel	$0 (0)	
docusate sodium 100 mg softgel softgel	$0 (0)	
docusate sodium 250 mg softgel	$0 (0)	
docusate sodium 250 mg softgel outer	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
docusate sodium 50 mg/5 ml cup outer	$0 (0)	
docusate sodium 50 mg/5 ml liq	$0 (0)	
dual action pain 250-125 mg 125-250 mg	$0 (0)	
durex avanti real feel condom	$0 (0)	
durex extra sensitive condom	$0 (0)	
durex tropical condom	$0 (0)	
econtra ez 1.5 mg tablet inner	$0 (0)	
econtra ez 1.5 mg tablet outer	$0 (0)	
econtra one-step 1.5 mg tablet inner	$0 (0)	
econtra one-step 1.5 mg tablet outer	$0 (0)	
ed chlorped jr syrup 2 mg/5 ml	$0 (0)	
ed-apap 160 mg/5 ml liquid	$0 (0)	
enema disposable 19-7 gram/118 ml	$0 (0)	
enema ready to use 19-7 gram/118 ml	$0 (0)	
enlyte softgel 1.5 mg iron- 8.73 mg	$0 (0)	
eq daily fiber laxative powder 3.4 gram/12 gram	$0 (0)	
eql fiber therapy powder 3.4 gram/5.8 gram	$0 (0)	
eql fiber therapy powder 3.4 gram/7 gram	$0 (0)	
eql smooth texture fiber powdr 3 gram/5.8 gram	$0 (0)	
eye itch relief 0.025% drops 0.025 % (0.035 %)	$0 (0)	
famotidine 10 mg tablet	$0 (0)	
famotidine 20 mg tablet (otc)	$0 (0)	
famotidine 20 mg tablet inner (otc)	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
famotidine 20 mg tablet outer (otc)	$0 (0)	
fantasy condom	$0 (0)	
fc2 female condom	$0 (0)	
femcap 22 mm cervical cap	$0 (0)	
femcap 26 mm cervical cap	$0 (0)	
femcap 30 mm cervical cap	$0 (0)	
ferosul 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (0)	
ferosul 325 mg tablet f/c,blister pack (rx) 325 mg (65 mg iron)	$0 (0)	
ferro-time 325 mg tablet f/c, green 325 mg (65 mg iron)	$0 (0)	
ferro-time 325 mg tablet f/c, red 325 mg (65 mg iron)	$0 (0)	
ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml	$0 (0)	
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	$0 (0)	
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	$0 (0)	
ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml	$0 (0)	
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	$0 (0)	
ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (0)	
ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	$0 (0)	
ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml	$0 (0)	
ferrous sulfate 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml	$0 (0)	
ferrous sulfate 300 mg/5 ml cup outer 300 mg (60 mg iron)/5 ml	$0 (0)	
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	$0 (0)	
ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)	$0 (0)	
ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)	$0 (0)	
ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)	$0 (0)	
feverall 120 mg suppository childrens, outer	$0 (0)	
feverall 120 mg suppository children's, outer	$0 (0)	
feverall 325 mg suppository junior str, outer	$0 (0)	
feverall 650 mg suppository adult, outer	$0 (0)	
feverall 80 mg suppository infant's, outer	$0 (0)	
fexofenadine hcl 180 mg tablet (otc)	$0 (0)	
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	$0 (0)	
fexofenadine hcl 60 mg tablet (otc)	$0 (0)	
fiber powder 3 gram/12 gram, 3 gram/7 gram	$0 (0)	
fiber powder 3 gram/5.8 gram	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
first aid antiseptic 10% oint	$0 (0)	
fleet bisacodyl ec 5 mg tab	$0 (0)	
fleet docusate 100 mg softgel	$0 (0)	
fleet enema 19-7 gram/118 ml	$0 (0)	
fleet enema 2x133ml, twin pack 19-7 gram/118 ml	$0 (0)	
fleet enema 4x133ml 19-7 gram/118 ml	$0 (0)	
fleet pedia-lax enema 9.5-3.5 gram/59 ml	$0 (0)	
florafol fe pedi 0.25 mg/ml drp 0.25mg fluoride -7 mg iron/ml	$0 (0)	
florafol pedi 0.25 mg/ml drops 0.25 mg fluoride/ml	$0 (0)	
flotrex 0.25 mg tablet chew	$0 (0)	
flotrex 0.5 mg tablet chew	$0 (0)	
fluticasone prop 50 mcg spray (otc) 50 mcg/actuation	$0 (0)	
folic acid 1 mg tablet (rx)	$0 (0)	
folic acid 1 mg tablet outer (rx)	$0 (0)	
folic acid 1,000 mcg tablet (rx) 1 mg	$0 (0)	
folic acid 1,000 mcg tablet inner (rx) 1 mg	$0 (0)	
folic acid 1,000 mcg tablet outer (rx) 1 mg	$0 (0)	
folic acid 5 mg/ml vial mdv	$0 (0)	
folic acid 5 mg/ml vial mdv, 10's	$0 (0)	
folic acid 50 mg/10 ml vial muv 5 mg/ml	$0 (0)	
foltrate tablet (rx) 0.5-1 mg	$0 (0)	
ft 8 hour pain rlf er 650 mg	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ft acid reducer 10 mg tablet	$0 (0)	
ft acid reducer 20 mg tablet	$0 (0)	
ft acid reducer-antacid tb chw 10-800-165 mg	$0 (0)	
ft ad allergy (cetrzn) 10 mg tb	$0 (0)	
ft all day pain 220 mg caplet	$0 (0)	
ft allergy (cetrzn) 10 mg tab	$0 (0)	
ft allergy (chlorphen) 4 mg tb	$0 (0)	
ft allergy (diphen) 25 mg cap	$0 (0)	
ft allergy (diphen) 25 mg chew	$0 (0)	
ft allergy (diphen) 25 mg tab	$0 (0)	
ft allergy (fexo) 180 mg tab	$0 (0)	
ft allergy (fexo) 60 mg tablet	$0 (0)	
ft allergy relief 50 mcg spray 50 mcg/actuation	$0 (0)	
ft antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (0)	
ft antacid ex-str 750 mg chew 300 mg (750 mg)	$0 (0)	
ft antacid-antigas liquid 200-200-20 mg/5 ml	$0 (0)	
ft antacid-antigas max str 400-400-40 mg/5 ml	$0 (0)	
ft anti-diarrheal 1 mg/7.5 ml	$0 (0)	
ft anti-diarrheal 2 mg caplet	$0 (0)	
ft anti-diarrheal 2 mg softgel	$0 (0)	
ft antifungal 1% cream	$0 (0)	
ft arthritis pain er 650 mg tb	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
ft aspirin 325 mg tablet	$0 (0)	
ft aspirin 81 mg chewable tab	$0 (0)	
ft aspirin ec 325 mg tablet	$0 (0)	
ft aspirin ec 81 mg tablet	$0 (0)	
ft athlete's foot 1% cream	$0 (0)	
ft child all day aller 1 mg/ml	$0 (0)	
ft child allergy 12.5 mg/5 ml	$0 (0)	
ft child allergy 5 mg/5 ml sol	$0 (0)	
ft child allergy rlf 1 mg/ml	$0 (0)	
ft child ibuprofen 100 mg/5 ml	$0 (0)	
ft child pain rel 120 mg supp	$0 (0)	
ft child pain-fever 160 mg/5 ml	$0 (0)	
ft clotrimazole 1% vag cream	$0 (0)	
ft clotrimazole-3 2% cream	$0 (0)	
ft dual action pain 250-125 mg 125-250 mg	$0 (0)	
ft enema ready to use 19-7 gram/118 ml	$0 (0)	
ft enema ready to use twin pak 19-7 gram/118 ml	$0 (0)	
ft fiber powder 3 gram/12 gram, 3 gram/7 gram	$0 (0)	
ft fiber powder 3 gram/5.8 gram	$0 (0)	
ft gentle laxative 10 mg supp	$0 (0)	
ft ibuprofen 200 mg caplet	$0 (0)	
ft ibuprofen 200 mg liquid gel	$0 (0)	
ft ibuprofen 200 mg mini sfgl	$0 (0)	
ft ibuprofen 200 mg softgel	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ft ibuprofen 200 mg tablet	$0 (0)	
ft ibuprofen ib 100 mg chew tb	$0 (0)	
ft inf ibuprofen 50 mg/1.25 ml	$0 (0)	
ft infant pain-fever 160 mg/5 160 mg/5 ml	$0 (0)	
ft itch rlf with aloe 1% cream	$0 (0)	
ft laxative ec 5 mg tablet	$0 (0)	
ft lice killing shampoo 0.33-4 %	$0 (0)	
ft lubricant 0.5% eye drop	$0 (0)	
ft miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (0)	
ft miconazole 7 cream 2 %	$0 (0)	
ft naloxone hcl 4 mg nasal spr (otc) 4 mg/actuation	$0 (0)	
ft naproxen sodium 220 mg cap	$0 (0)	
ft nicotine 14 mg/24hr patch (otc)	$0 (0)	
ft nicotine 2 mg chewing gum	$0 (0)	
ft nicotine 2 mg lozenge	$0 (0)	
ft nicotine 2 mg mini lozenge	$0 (0)	
ft nicotine 21 mg/24hr patch (otc)	$0 (0)	
ft nicotine 4 mg chewing gum	$0 (0)	
ft nicotine 4 mg lozenge	$0 (0)	
ft nicotine 4 mg mini lozenge	$0 (0)	
ft nicotine 7 mg/24hr patch (otc)	$0 (0)	
ft omeprazole dr 20 mg tablet	$0 (0)	
ft omeprazole dr 20 mg tablet outer	$0 (0)	
ft pain relief 200 mg tablet	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ft pain relief 325 mg tablet	$0 (0)	
ft pain relief 500 mg caplet	$0 (0)	
ft pain relief 500 mg gelcap	$0 (0)	
ft pain relief 500 mg tablet	$0 (0)	
ft pain reliever 500 mg caplet	$0 (0)	
ft pain reliever 650 mg suppos	$0 (0)	
ft povidone-iodine 10% sol	$0 (0)	
ft stomach relief 525 mg/30 ml 262 mg/15 ml	$0 (0)	
ft stomach rlf 262 mg caplet	$0 (0)	
ft stomach rlf 262 mg chew tab	$0 (0)	
ft stool softener 100 mg sftgl	$0 (0)	
ft stool softener 250 mg sftgl	$0 (0)	
ft tioconazole-1 6.5% ointment	$0 (0)	
ft triple antibiotic ointment 3.5mg-400 unit-5,000 unit/gram	$0 (0)	
fungoid 2% tincture	$0 (0)	
genteal tears severe 0.3% gel	$0 (0)	
genteal tears severe 3-94% oin 94-3 %	$0 (0)	
gentle laxative 10 mg supposit	$0 (0)	
gentle laxative ec 5 mg tablet	$0 (0)	
geri-mucil powder 3 gram/12 gram	$0 (0)	
geri-mucil powder 3 gram/5.8 gram	$0 (0)	
gnp 8 hour pain relief 650 mg	$0 (0)	
gnp 8 hour pain rlf er 650 mg	$0 (0)	
gnp 8hr arthrit pain er 650 mg	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
gnp acetaminophen-ibuprofen 250-125 mg tablet 125-250 mg	$0 (0)	
gnp acid reducer 10 mg tablet	$0 (0)	
gnp acid reducer 20 mg tablet	$0 (0)	
gnp adapalene 0.1% gel (otc)	$0 (0)	
gnp allergy relief 180 mg tab	$0 (0)	
gnp allergy relief 25 mg sfgl	$0 (0)	
gnp allergy relief 25 mg tab	$0 (0)	
gnp allergy relief 4 mg tablet	$0 (0)	
gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml	$0 (0)	
gnp antacid ex-str 750 mg chew 300 mg (750 mg)	$0 (0)	
gnp anti-diarrheal 2 mg tablet	$0 (0)	
gnp aspirin 325 mg tablet	$0 (0)	
gnp aspirin ec 81 mg tablet	$0 (0)	
gnp athlete's foot 1% cream	$0 (0)	
gnp child allergy 12.5 mg/5 ml	$0 (0)	
gnp fexofenadine hcl 180 mg tb (otc)	$0 (0)	
gnp gentle laxative 10 mg supp	$0 (0)	
gnp ibuprofen 100 mg chew tab	$0 (0)	
gnp ibuprofen 200 mg mini sfgl	$0 (0)	
gnp ibuprofen 200 mg softgel	$0 (0)	
gnp ibuprofen 200 mg tablet	$0 (0)	
gnp infant pain-fever 160 mg/5 160 mg/5 ml	$0 (0)	
gnp lansoprazole dr 15 mg cap (otc)	$0 (0)	
gnp lice killing shampoo 0.33-4 %	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
gnp loratadine 10 mg odt	$0 (0)	
gnp loratadine 10 mg tablet	$0 (0)	
gnp lubricant 0.5% eye drop	$0 (0)	
gnp miconazole 1 combo pack	$0 (0)	
gnp naloxone hcl 4 mg nasal sp (otc) 4 mg/actuation	$0 (0)	
gnp naproxen sod 220 mg caplet	$0 (0)	
gnp naproxen sod 220 mg tablet	$0 (0)	
gnp nicotine 2 mg chewing gum	$0 (0)	
gnp nicotine 2 mg lozenge outer	$0 (0)	
gnp nicotine 2 mg mini lozenge	$0 (0)	
gnp nicotine 2 mg mini lozenge outer	$0 (0)	
gnp nicotine 21 mg/24hr patch (otc)	$0 (0)	
gnp nicotine 4 mg chewing gum	$0 (0)	
gnp nicotine 4 mg lozenge outer	$0 (0)	
gnp nicotine 4 mg mini lozenge	$0 (0)	
gnp omeprazole dr 20 mg tablet	$0 (0)	
gnp pain relief 500 mg caplet	$0 (0)	
gnp pain relief 500 mg caplet	$0 (0)	
gnp pain relief 500 mg gelcap	$0 (0)	
gnp pink bismuth 525 mg/15 ml	$0 (0)	
gnp stomach rlf 525 mg/30 ml 262 mg/15 ml	$0 (0)	
gnp stool softener 100 mg sfgl	$0 (0)	
gnp stool softener 240 mg sfgl	$0 (0)	
gnp stool softener 250 mg sfgl	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
gs 24 hour allergy 50 mcg spry 50 mcg/actuation	$0 (0)	
gs acid reducer 10 mg tablet	$0 (0)	
gs acid reducer 20 mg tablet	$0 (0)	
gs all day allergy 10 mg tab	$0 (0)	
gs aller-ease 180 mg tablet	$0 (0)	
gs allergy (diphen) 25 mg tab	$0 (0)	
gs allergy relief 10 mg tablet	$0 (0)	
gs allergy relief 10 mg tablet non-drowsy	$0 (0)	
gs anti-diarrheal 1 mg/7.5 ml	$0 (0)	
gs anti-diarrheal 2 mg caplet	$0 (0)	
gs anti-itch 1% cream	$0 (0)	
gs arthritis pain er 650 mg	$0 (0)	
gs aspirin 81 mg chewable tab	$0 (0)	
gs child all day aller 1 mg/ml	$0 (0)	
gs child allergy 12.5 mg/5 ml	$0 (0)	
gs child allergy rlf 5 mg/5 ml	$0 (0)	
gs child fever-pain 160 mg/5 ml	$0 (0)	
gs child ibuprofen 100 mg/5 ml	$0 (0)	
gs child pain-fever 160 mg/5 ml	$0 (0)	
gs dual action complete tb chw 10-800-165 mg	$0 (0)	
gs dual action pain 250-125 mg 125-250 mg	$0 (0)	
gs first aid antibiotic oint 3.5mg-400 unit-5,000 unit/gram	$0 (0)	
gs ibuprofen 100 mg chew tab	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
gs ibuprofen 200 mg caplet	$0 (0)	
gs ibuprofen 200 mg liquid gel	$0 (0)	
gs ibuprofen 200 mg tablet	$0 (0)	
gs inf ibuprofen 50 mg/1.25 ml	$0 (0)	
gs infant pain-fever 160 mg/5 160 mg/5 ml	$0 (0)	
gs lansoprazole dr 15 mg cap (otc)	$0 (0)	
gs lice killing 1 % crm rinse	$0 (0)	
gs miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (0)	
gs miconazole 7 cream 2 %	$0 (0)	
gs naproxen sod 220 mg caplet	$0 (0)	
gs naproxen sod 220 mg tablet	$0 (0)	
gs nicotine 2 mg chewing gum	$0 (0)	
gs nicotine 2 mg chewing gum original	$0 (0)	
gs nicotine 2 mg lozenge	$0 (0)	
gs nicotine 2 mg mini lozenge	$0 (0)	
gs nicotine 4 mg chewing gum	$0 (0)	
gs nicotine 4 mg chewing gum original	$0 (0)	
gs nicotine 4 mg lozenge	$0 (0)	
gs nicotine 4 mg mini lozenge	$0 (0)	
gs omeprazole dr 20 mg tablet 14 day course	$0 (0)	
gs omeprazole dr 20 mg tablet	$0 (0)	
gs pain relief 325 mg tablet	$0 (0)	
gs pain relief 500 mg caplet	$0 (0)	
gs pain relief 500 mg tablet	$0 (0)	
healthylax powder packet outer 17 gram	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
heartburn relief 10 mg tablet	$0 (0)	
heartburn relief 20 mg tablet	$0 (0)	
heartburn relief liquid 254-237.5 mg/5 ml	$0 (0)	
histaflex 325-25 mg tablet	$0 (0)	
histex 2.5 mg/5 ml syrup	$0 (0)	
histex pd 0.938 mg/ml drop	$0 (0)	
hm allergy relief 180 mg tab	$0 (0)	
hm allergy relief 4 mg tablet	$0 (0)	
hm aspirin ec 81 mg tablet	$0 (0)	
hm child all day aller 1 mg/ml	$0 (0)	
hm laxative ec 5 mg tablet	$0 (0)	
hm loratadine 10 mg tablet	$0 (0)	
hm pain reliever 325 mg tablet regular strength	$0 (0)	
hm stool softener 100 mg sftgl	$0 (0)	
hm stool softener 250 mg sftgl	$0 (0)	
hydrocil instant powder	$0 (0)	
hydrocortisone 0.5% cream (otc)	$0 (0)	
hydrocortisone 0.5% cream	$0 (0)	
hydrocortisone 1% cream (otc)	$0 (0)	
hydrocortisone 1% cream	$0 (0)	
hydrocortisone 1% cream max str, w/aloe (otc)	$0 (0)	
hydrocortisone 1% cream maximum strength (otc)	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
hydrocortisone 1% cream moisturizer,max. str (otc)	$0 (0)	
hydrocortisone 1% ointment (otc)	$0 (0)	
hydrocortisone 1% ointment maximum strength (otc)	$0 (0)	
hydrocortisone-aloe 1% cream	$0 (0)	
hydroxocobalamin 1,000 mcg/ml	$0 (0)	
ibu-200 200 mg tablet	$0 (0)	
ibuprofen 200 mg caplet	$0 (0)	
ibuprofen 200 mg caplet caplet	$0 (0)	
ibuprofen 200 mg caplet coated caplet	$0 (0)	
ibuprofen 200 mg capsule	$0 (0)	
ibuprofen 200 mg softgel	$0 (0)	
ibuprofen 200 mg tablet	$0 (0)	
ibuprofen 200 mg tablet coated	$0 (0)	
ibuprofen 200 mg tablet outer	$0 (0)	
ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc) 100 mg/5 ml	$0 (0)	
ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc) 100 mg/5 ml	$0 (0)	
ibuprofen 200 mg/10 ml suspension cup u-d (otc) 100 mg/5 ml	$0 (0)	
ibuprofen jr str 100 mg tb chw	$0 (0)	
imcivree 10 mg/ml vial	$0 (0)	
inf acetaminophen 160 mg/5 ml	$0 (0)	
infant ibuprofen 50 mg/1.25 ml	$0 (0)	
infant ibuprofen 50 mg/1.25 ml berry	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
infant ibuprofen 50 mg/1.25 ml d/f,non-staining	$0 (0)	
infant iron 15 mg/ml drop (rx) 15 mg iron (75 mg)/ml	$0 (0)	
infant pain-fever 160 mg/5 ml	$0 (0)	
infant pain-fever 160 mg/5 ml w/syringe, cherry	$0 (0)	
iron 65 mg tablet (rx) 325 mg (65 mg iron)	$0 (0)	
kaopectate 240 mg softgel	$0 (0)	
kaopectate 240 mg softgel n,softgel	$0 (0)	
kaopectate 262 mg/15 ml susp	$0 (0)	
ketotifen 0.025% (0.035%) drop (otc)	$0 (0)	
kimono maxx condom	$0 (0)	
kimono microthin aqua lube	$0 (0)	
kimono microthin condom	$0 (0)	
kimono microthin large condom	$0 (0)	
kimono textured condom	$0 (0)	
kimono thin lubricated condoms	$0 (0)	
konsyl daily psyllium powder 3 gram/12 gram	$0 (0)	
konsyl psyllium fiber powder orange, gluten free 3.4 gram/12 gram	$0 (0)	
k-phos neutral tablet 250 mg	$0 (0)	
lansoprazole dr 15 mg capsule (otc)	$0 (0)	
lansoprazole dr 15 mg capsule outer (otc)	$0 (0)	
laxative ec 5 mg tablet	$0 (0)	
levonorgestrel 1.5 mg tablet (otc)	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
lice killing shampoo 0.33-4 %	$0 (0)	
lice treatment 1% creme rinse 1 nit removal comb	$0 (0)	
lidocaine 4% cream	$0 (0)	
lomaira 8 mg tablet	$0 (0)	PA
loperamide 1 mg/7.5 ml soln	$0 (0)	
loperamide 1 mg/7.5 ml solution cup inner	$0 (0)	
loperamide 1 mg/7.5 ml solution cup outer	$0 (0)	
loperamide 2 mg/15 ml solution cup inner 1 mg/7.5 ml	$0 (0)	
loperamide 2 mg/15 ml solution cup outer 1 mg/7.5 ml	$0 (0)	
loratadine 10 mg odt	$0 (0)	
loratadine 10 mg tablet	$0 (0)	
loratadine 10 mg tablet 10x10, outer	$0 (0)	
loratadine 10 mg tablet outer	$0 (0)	
loratadine 5 mg/5 ml syrup children's	$0 (0)	
loratadine 5 mg/5 ml syrup children's, d/f	$0 (0)	
loratadine allergy 5 mg/5 ml d/f	$0 (0)	
lotrimin af 1% cream	$0 (0)	
lubricant 0.5% eye drop	$0 (0)	
lubricant 0.5% eye drop	$0 (0)	
lubricant 0.5% eye drops	$0 (0)	
lubricant eye ointment 57.3-42.5 %	$0 (0)	
lubrifresh pm eye ointment 83-15 %	$0 (0)	
mag-al liquid 30 ml cup 200-200 mg/5 ml	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
mag-al plus suspens 30 ml cup 100's,u-d,10x10 200-200-20 mg/5 ml	$0 (0)	
mag-al plus suspens 30 ml cup outer 200-200-20 mg/5 ml	$0 (0)	
mag-al plus xs susp 30 ml cup 400-400-40 mg/5 ml	$0 (0)	
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	$0 (0)	
magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)	$0 (0)	
magnesium oxide 420 mg tablet (rx)	$0 (0)	
manganese 1 mg/10 ml vial p/f, suv, outer 0.1 mg/ml	$0 (0)	
mapap 500 mg capsule	$0 (0)	
mapap 500 mg/15 ml liquid	$0 (0)	
m-dryl 12.5 mg/5 ml solution	$0 (0)	
metamucil free powder 3 gram/7 gram	$0 (0)	
metamucil multihealth powder berry smooth 3.4 gram/5.8 gram	$0 (0)	
metamucil powder	$0 (0)	
metamucil powder 3 gram/7 gram	$0 (0)	
metamucil powder gluten-free 3.4 gram/5.4 gram	$0 (0)	
metamucil powder gluten-free, orange 3.4 gram/12 gram	$0 (0)	
metamucil powder orange flavor 3.4 gram/5.8 gram	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
metamucil powder smooth texture 3.4 gram/5.8 gram	$0 (0)	
metamucil sugar-free powder orange flavor 3.4 gram/5.8 gram	$0 (0)	
miconazole 2% topical cream	$0 (0)	
miconazole 2% vaginal cream	$0 (0)	
miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram)	$0 (0)	
miconazole 3-day combo pack 200 mg- 2 % (9 gram)	$0 (0)	
miconazole 7 cream 2 %	$0 (0)	
miconazole 7 cream 2 %	$0 (0)	
miconazole nitrate 2% solution	$0 (0)	
miconazole-7 cream 2 %	$0 (0)	
micotrin ac 1% topical cream	$0 (0)	
mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml	$0 (0)	
m-pap 160 mg/5 ml liquid	$0 (0)	
multivit-fluor 0.25 mg tab chw (rx)	$0 (0)	
multivit-fluor 0.25 mg/ml drop (rx)	$0 (0)	
multivit-fluor 0.5 mg tab chew (rx)	$0 (0)	
multivit-fluor 0.5 mg/ml drop (rx)	$0 (0)	
multivit-fluoride 1 mg tab chw (rx)	$0 (0)	
multivit-fluor-iron 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml	$0 (0)	
multivit-iron-fluor 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
my choice 1.5 mg tablet	$0 (0)	
my way 1.5 mg tablet (otc)	$0 (0)	
mycozyl ac 1% topical cream	$0 (0)	
naloxone hcl 4 mg nasal spray outer (otc) 4 mg/actuation	$0 (0)	
naproxen sodium 220 mg capsule	$0 (0)	
naproxen sodium 220 mg tablet	$0 (0)	
nascobal 500 mcg nasal spray 500 mcg/spray	$0 (0)	
natural fiber powder smooth texture	$0 (0)	
natural fiber powder smooth texture	$0 (0)	
natural vegetable powder oral powder 3.4 gram/12 gram	$0 (0)	
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg	$0 (0)	
new day 1.5 mg tablet	$0 (0)	
niacin 500 mg capsule sa (rx)	$0 (0)	
nicotine 14 mg/24hr patch (otc)	$0 (0)	
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	$0 (0)	
nicotine 14 mg/24hr patch outer (otc)	$0 (0)	
nicotine 14 mg/24hr patch step 2 (otc)	$0 (0)	
nicotine 2 mg chewing gum	$0 (0)	
nicotine 2 mg chewing gum coated fruit	$0 (0)	
nicotine 2 mg chewing gum coated, outer	$0 (0)	
nicotine 2 mg chewing gum outer	$0 (0)	
nicotine 2 mg lozenge	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
nicotine 2 mg lozenge inner	$0 (0)	
nicotine 2 mg lozenge outer	$0 (0)	
nicotine 2 mg mini lozenge	$0 (0)	
nicotine 2 mg mini lozenge outer	$0 (0)	
nicotine 21 mg/24hr patch (otc)	$0 (0)	
nicotine 21 mg/24hr patch outer (otc)	$0 (0)	
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	$0 (0)	
nicotine 4 mg chewing gum	$0 (0)	
nicotine 4 mg chewing gum coated	$0 (0)	
nicotine 4 mg chewing gum coated fruit	$0 (0)	
nicotine 4 mg chewing gum outer	$0 (0)	
nicotine 4 mg chewing gum refill. outer	$0 (0)	
nicotine 4 mg chewing gum starter kit, outer	$0 (0)	
nicotine 4 mg lozenge	$0 (0)	
nicotine 4 mg lozenge inner	$0 (0)	
nicotine 4 mg lozenge mint, 3 quittube	$0 (0)	
nicotine 4 mg lozenge outer	$0 (0)	
nicotine 4 mg mini lozenge	$0 (0)	
nicotine 4 mg mini lozenge outer	$0 (0)	
nicotine 7 mg/24hr patch (otc)	$0 (0)	
nicotine 7 mg/24hr patch outer (otc)	$0 (0)	
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	$0 (0)	
nicotine 7 mg/24hr patch step 3 (otc)	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	$0 (0)	
nighttime lubricant eye oint 57.3-42.5 %	$0 (0)	
niva-fol tablet 2.5-25-2 mg	$0 (0)	
nu-mag 71.5 mg tablet	$0 (0)	
omeprazole dr 20 mg tablet 1x14 day course	$0 (0)	
omeprazole dr 20 mg tablet	$0 (0)	
omeprazole dr 20 mg tablet 2x14 day course	$0 (0)	
omeprazole dr 20 mg tablet 3x14 day course	$0 (0)	
omeprazole dr 20 mg tablet outer	$0 (0)	
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	$0 (0)	
opcicon one-step 1.5 mg tablet	$0 (0)	
option 2 1.5 mg tablet	$0 (0)	
orlistat 120 mg capsule	$0 (0)	PA
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	$0 (0)	
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	$0 (0)	
pain relief 325 mg tablet	$0 (0)	
pain reliever 325 mg tablet regular strength	$0 (0)	
pedia iron 15 mg/ml drop 15 mg iron (75 mg)/ml	$0 (0)	
pediaclear pd 0.625 mg/ml drop	$0 (0)	
pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml	$0 (0)	
pediavent 2 mg/5 ml syrup	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
pharm chc ped iron 15 mg/ml drp (rx) 15 mg iron (75 mg)/ml	$0 (0)	
phendimetrazine 35 mg tablet	$0 (0)	PA
phendimetrazine er 105 mg cap	$0 (0)	PA
phentermine 15 mg capsule	$0 (0)	PA
phentermine 30 mg capsule	$0 (0)	PA
phentermine 37.5 mg capsule	$0 (0)	PA
phentermine 37.5 mg tablet	$0 (0)	PA
phentermine-topiramate er 11.25-69 mg capsule	$0 (0)	PA
phentermine-topiramate er 15-92 mg capsule	$0 (0)	PA
phentermine-topiramate er 3.75-23 mg capsule	$0 (0)	PA
phentermine-topiramate er 7.5-46 mg capsule	$0 (0)	PA
phospha 250 neutral tablet 250 mg	$0 (0)	
phospho-trin 250 neutral tab 250 mg	$0 (0)	
phospho-trin k500 500 mg tab	$0 (0)	
phytonadione 1 mg/0.5 ml syr outer, suv, p/f	$0 (0)	
phytonadione 1 mg/0.5 ml syr p/f,sdv	$0 (0)	
phytonadione 1 mg/0.5 ml vial outer, suv	$0 (0)	
phytonadione 10 mg/ml ampul outer, suv	$0 (0)	
phytonadione 10 mg/ml ampul suv,outer	$0 (0)	
phytonadione 10 mg/ml vial inner, suv	$0 (0)	
phytonadione 10 mg/ml vial outer, suv	$0 (0)	
phytonadione 10 mg/ml vial suv, outer	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
phytonadione 5 mg tablet	$0 (0)	
phytonadione 5 mg tablet outer	$0 (0)	
pink bismuth 262 mg tab chew	$0 (0)	
pink bismuth caplet 262 mg	$0 (0)	
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	$0 (0)	
polyethylene glycol 3350 powd outer (otc) 17 gram	$0 (0)	
poly-vi-flor 0.25 mg tab chew 0.25 mg fluoride	$0 (0)	
poly-vi-flor 0.25 mg/ml drp 0.25 mg fluoride/ml	$0 (0)	
poly-vi-flor 0.5 mg tab chew 0.5 mg fluoride	$0 (0)	
poly-vi-flor 1 mg tab chew 1 mg fluoride	$0 (0)	
poly-vi-flor-iron 0.25 mg/ml 0.25mg fluoride -7 mg iron/ml	$0 (0)	
poly-vi-flor-iron 0.5-10 mg chw 0.5 mg fluoride -10 mg iron	$0 (0)	
polyvinyl alcohol 1.4% eyedrop	$0 (0)	
povidone-iodine 10% solution	$0 (0)	
pyridoxine 100 mg/ml vial muv, outer	$0 (0)	
qc 8hr arthrit pain er 650 mg	$0 (0)	
qc allergy (lorat) 10 mg tab	$0 (0)	
qc artificial tears drops 0.5-0.6 %	$0 (0)	
qc aspirin 325 mg tablet	$0 (0)	
qc aspirin ec 81 mg tablet	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
qc natural vegetable powder 48 doses, reg flavor	$0 (0)	
qc psyllium fiber powder 3 gram/7 gram	$0 (0)	
qc ready to use enema 19-7 gram/118 ml	$0 (0)	
qc ready to use enema twin pack 19-7 gram/118 ml	$0 (0)	
qc stomach rlf 262 mg caplet	$0 (0)	
quflora fe 0.25 mg chew tablet 9-0.25 mg	$0 (0)	
quflora fe ped 0.25 mg/ml drop 9.5-0.25 mg/ml	$0 (0)	
quflora ped 0.25 mg chew tab 0.25mg fluoride (0.55 mg)	$0 (0)	
quflora ped 0.25 mg/ml drop 0.25mg fluoride (0.55 mg)/ml	$0 (0)	
quflora ped 0.5 mg chew tab 0.5 mg fluoride (1.1 mg)	$0 (0)	
quflora ped 0.5 mg/ml drop 0.5 mg fluoride (1.1 mg)/ml	$0 (0)	
quflora ped 1 mg chew tab 1 mg fluoride (2.2 mg)	$0 (0)	
ra multihealth fiber powder 3.4 gram/5.8 gram	$0 (0)	
ra multihealth fiber powder 3.4 gram/7 gram	$0 (0)	
refresh celluvisc 1% eye gel	$0 (0)	
refresh lacri-lube ointment 56.8-42.5 %	$0 (0)	
refresh liquigel 1% eye drop	$0 (0)	
refresh p.m. ointment 57.3-42.5 %	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
refresh plus 0.5% eye drops 30x0.4ml	$0 (0)	
refresh plus 0.5% eye drops 70x0.4ml,u-d	$0 (0)	
refresh plus 0.5% eye drops u-d,50x.4ml	$0 (0)	
refresh tears 0.5% eye drop	$0 (0)	
reguloid powder (sugar-free) 3 gram/5.8 gram	$0 (0)	
reguloid powder (unsweetened) 3 gram/5.4 gram, 3 gram/5.8 gram	$0 (0)	
reguloid powder 3 gram/12 gram, 3 gram/7 gram	$0 (0)	
renal caps softgel 1 mg	$0 (0)	
reno caps softgel 1 mg	$0 (0)	
renova 0.02% cream	$0 (0)	
renova pump 0.02% cream	$0 (0)	
saxenda 18 mg/3 ml pen 3 mg/0.5 ml (18 mg/3 ml)	$0 (0)	PA
slowmag 71.5 mg tablet	$0 (0)	
slow-mag 71.5 mg tablet	$0 (0)	
sm 3-day vaginal cream 2 %	$0 (0)	
sm acid reducer 10 mg tablet	$0 (0)	
sm acid reducer 20 mg tablet maximum strength	$0 (0)	
sm adv antacid-antigas susp max strength, cherry 400-400-40 mg/5 ml	$0 (0)	
sm all day allergy 10 mg tab	$0 (0)	
sm allergy (diphen) 25 mg tab	$0 (0)	
sm allergy 4 mg tablet	$0 (0)	

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Drug Name	Drug Tier	Requirements / Limits
sm antacid-antigas liquid 200-200-20 mg/5 ml	$0 (0)	
sm anti-diarrheal 1 mg/7.5 ml	$0 (0)	
sm anti-diarrheal 2 mg caplet caplet	$0 (0)	
sm anti-diarrheal 2 mg softgel	$0 (0)	
sm antifungal 1% cream	$0 (0)	
sm aspirin 81 mg chewable tab	$0 (0)	
sm aspirin ec 81 mg tablet	$0 (0)	
sm aspirin ec 81 mg tablet adult low strength	$0 (0)	
sm child allergy 12.5 mg/5 ml	$0 (0)	
sm child allergy 5 mg/5 ml sol	$0 (0)	
sm child ibuprofen 100 mg/5 ml	$0 (0)	
sm enema ready to use 19-7 gram/118 ml	$0 (0)	
sm enema ready to use twin pak 19-7 gram/118 ml	$0 (0)	
sm fexofenadine hcl 180 mg tab (otc)	$0 (0)	
sm fiber powder 3 gram/5.8 gram	$0 (0)	
sm fiber powder 3 gram/7 gram	$0 (0)	
sm gentle laxative ec 5 mg tab	$0 (0)	
sm hydrocortisone 1% ointment maximum strength (otc)	$0 (0)	
sm hydrocortisone plus 1% crm	$0 (0)	
sm hydrocortisone-aloe 1% crm	$0 (0)	
sm ibuprofen 200 mg caplet caplet	$0 (0)	
sm ibuprofen 200 mg softgel	$0 (0)	

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Drug Name	Drug Tier	Requirements / Limits
sm ibuprofen 200 mg tablet	$0 (0)	
sm ibuprofen ib 100 mg chew tb	$0 (0)	
sm inf ibuprofen 50 mg/1.25 ml w/dropper	$0 (0)	
sm lansoprazole dr 15 mg cap (otc)	$0 (0)	
sm loratadine 5 mg/5 ml syrup	$0 (0)	
sm miconazole 2% topical cream	$0 (0)	
sm miconazole 2% vaginal cream w/disp applicators	$0 (0)	
sm miconazole 3 combo pack w/disposable applica 200 mg- 2 % (9 gram)	$0 (0)	
sm miconazole 7 100 mg vag sup	$0 (0)	
sm miconazole 7 cream w/reusable applic 2 %	$0 (0)	
sm naproxen sod 220 mg caplet gluten free, caplet	$0 (0)	
sm nicotine 14 mg/24hr patch (otc)	$0 (0)	
sm nicotine 2 mg chewing gum	$0 (0)	
sm nicotine 2 mg lozenge	$0 (0)	
sm nicotine 21 mg/24hr patch (otc)	$0 (0)	
sm nicotine 4 mg chewing gum	$0 (0)	
sm nicotine 4 mg lozenge	$0 (0)	
sm nicotine 7 mg/24hr patch (otc)	$0 (0)	
sm omeprazole dr 20 mg tablet	$0 (0)	
sm pain reliever 325 mg tablet	$0 (0)	
sm pain reliever 500 mg caplet caplet, extra str	$0 (0)	
sm pain reliever 500 mg tablet	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
sm pain reliever 500 mg tablet extra strength	$0 (0)	
sm pain reliever er 650 mg	$0 (0)	
sm povidone-iodine 10% soln	$0 (0)	
sm stomach rlf 262 mg caplet	$0 (0)	
sm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (0)	
smooth antacid 750 mg chew tab 300 mg (750 mg)	$0 (0)	
sodium bicarb 325 mg tablet	$0 (0)	
sodium bicarb 650 mg tablet 10 gr	$0 (0)	
sodium bicarb 650 mg tablet	$0 (0)	
soluvita mv-fluoride 0.25 mg/ml	$0 (0)	
soluvita mv-fluoride 0.5 mg/ml	$0 (0)	
stomach relief 262 mg chew tab	$0 (0)	
stomach relief 525 mg/15 ml	$0 (0)	
stomach relief 525 mg/30 ml 262 mg/15 ml	$0 (0)	
stomach rlf 525 mg/30 ml susp 262 mg/15 ml	$0 (0)	
stool softener 100 mg softgel	$0 (0)	
strovite forte caplet 10-1 mg	$0 (0)	
strovite one caplet 1-1,000-15-5 mg-unit-mg-mg	$0 (0)	
systane 0.3% eye gel	$0 (0)	
systane nighttime eye ointment 94-3 %	$0 (0)	
tension headache caplet 500-65 mg	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial inner, muv 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial muv 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial muv, inner 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial muv, outer 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial outer, muv 100 mg/ml	$0 (0)	
thiamine 200 mg/2 ml vial outer,muv 100 mg/ml	$0 (0)	
tioconazole-1 6.5% ointment	$0 (0)	
tm-clotrimazole 1% top cream (otc)	$0 (0)	
tolnaftate 1% cream	$0 (0)	
tretinoin gel micro 0.04% pump	$0 (0)	
tretinoin gel micro 0.04% tube	$0 (0)	
tretinoin gel micro 0.1% pump	$0 (0)	
tretinoin gel micro 0.1% tube	$0 (0)	
tri-buffered aspirin 325 mg tb boxed	$0 (0)	
triphrocaps softgel softgel (rx) 1 mg	$0 (0)	
triple antibiotic ointment 3.5mg-400 unit-5,000 unit/gram	$0 (0)	
triprolidine 0.625 mg/ml drop	$0 (0)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
triprolidine 0.938 mg/ml drops	$0 (0)	
tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml	$0 (0)	
tri-vite-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml	$0 (0)	
trojan enz condom	$0 (0)	
trojan enz condom	$0 (0)	
trojan enz spermicide condom	$0 (0)	
trojan magnum condom	$0 (0)	
trojan ultra thin condom	$0 (0)	
trojan ultra thin-spermicidal	$0 (0)	
true cover condom inner	$0 (0)	
true cover condom outer	$0 (0)	
true ferrous sulf ec 324 mg tb 324 mg (65 mg iron)	$0 (0)	
true folic acid 1,600 mcg dfe tb (rx) 1 mg	$0 (0)	
true magnesium oxide 400 mg tb (rx) 400 mg (241.3 mg magnesium)	$0 (0)	
true oyster calcium 500 mg tab (rx) 500 mg calcium (1,250 mg)	$0 (0)	
true vitamin d3 250 mcg cap (rx) 250 mcg (10,000 unit)	$0 (0)	
trustex condom	$0 (0)	
trustex condom 12's, lubricated	$0 (0)	
trustex condom 12's, reservoir tip	$0 (0)	
trustex condom 12's, w/nonoxynol-9	$0 (0)	
trustex condom 12's, w-nonoxynol-9	$0 (0)	

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Drug Name	Drug Tier	Requirements / Limits
trustex condom 12's,extra strength	$0 (0)	
trustex condom 12's,lubricated	$0 (0)	
trustex condom 12's,w/nonoxynol-9	$0 (0)	
trustex condom 12's,w-nonoxynol-9	$0 (0)	
trustex latex condom 12's	$0 (0)	
trustex latex condom 48's	$0 (0)	
trustex-ria condom 12's	$0 (0)	
trustex-ria condom 12's,non-lubricated	$0 (0)	
trustex-ria condom 12's,w/spermicide	$0 (0)	
trustex-ria condom 48's	$0 (0)	
trustex-ria condom 48's,non-lubricated	$0 (0)	
trustex-ria condom 48's,w/spermicide	$0 (0)	
ultra lido 4% cream	$0 (0)	
vital-d rx tablet 1,750-60-1-12.5 unit-mg-mg-mg	$0 (0)	
vitamin d2 1.25 mg(50,000 unit)	$0 (0)	
vitamin d2 1.25 mg(50,000 unit) capsule	$0 (0)	
vitamin d2 1.25 mg(50,000 unit) outer	$0 (0)	
vitamin d2 1.25 mg(50,000 unit) softgel	$0 (0)	
vitamin k-1 1 mg/0.5 ml ampul suv, outer	$0 (0)	
vitamin k-1 10 mg/ml ampul suv, outer	$0 (0)	
wal-mucil 100% natural fiber 114 doses,orange 3.4 gram/5.8 gram	$0 (0)	
wal-mucil 100% natural fiber 180 doses,orange 3.4 gram/5.8 gram	$0 (0)	

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Drug Name	Drug Tier	Requirements / Limits
wal-mucil 100% natural fiber 3.4 gram/7 gram	$0 (0)	
wal-mucil ntrl fiber lax powd 3.4 gram/12 gram	$0 (0)	
wegovy 0.25 mg/0.5 ml pen outer,suv	$0 (0)	PA
wegovy 0.5 mg/0.5 ml pen outer,suv	$0 (0)	PA
wegovy 1 mg/0.5 ml pen outer,suv	$0 (0)	PA
wegovy 1.7 mg/0.75 ml pen outer,suv	$0 (0)	PA
wegovy 2.4 mg/0.75 ml pen outer,suv	$0 (0)	PA
well magnesium oxide 400 mg tb (rx) 400 mg (241.3 mg magnesium)	$0 (0)	
wescaps capsule 1 mg	$0 (0)	
wes-phos 250 mg neutral tablet	$0 (0)	
westab max tablet 2.5-25-2 mg	$0 (0)	
wide seal diaphragm 60mm	$0 (0)	
wide seal diaphragm 65mm	$0 (0)	
wide seal diaphragm 70mm	$0 (0)	
wide seal diaphragm 75mm	$0 (0)	
wide seal diaphragm 80mm	$0 (0)	
wide seal diaphragm 85mm	$0 (0)	
wide seal diaphragm 90mm	$0 (0)	
wide seal diaphragm 95mm	$0 (0)	
women's gentle lax ec 5 mg tab	$0 (0)	
xenical 120 mg capsule	$0 (0)	PA
zaditor 0.025% (0.035%) drops up to 12 hrs (otc)	$0 (0)	

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Drug Name	Drug Tier	Requirements / Limits
zepbound 10 mg/0.5 ml pen suv, p/f, outer	$0 (0)	PA
zepbound 10 mg/0.5 ml vial	$0 (0)	PA
zepbound 12.5 mg/0.5 ml pen suv, p/f, outer	$0 (0)	PA
zepbound 15 mg/0.5 ml pen suv, p/f, outer	$0 (0)	PA
zepbound 2.5 mg/0.5 ml pen suv, p/f, outer	$0 (0)	PA
zepbound 2.5 mg/0.5 ml vial suv, p/f, outer	$0 (0)	PA
zepbound 5 mg/0.5 ml pen suv, p/f, outer	$0 (0)	PA
zepbound 5 mg/0.5 ml vial suv, p/f, outer	$0 (0)	PA
zepbound 7.5 mg/0.5 ml pen suv, p/f, outer	$0 (0)	PA
zepbound 7.5 mg/0.5 ml vial	$0 (0)	PA
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	$0 (1)	
cyproheptadine oral tablet 4 mg	$0 (4)	PA
desloratadine oral tablet 5 mg	$0 (2)	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	$0 (3)	Only Epinephrine NDCs starting with 00093 and 49502 are covered; QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (4)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0 (4)	PA
levocetirizine oral solution 2.5 mg/5 ml	$0 (2)	
levocetirizine oral tablet 5 mg	$0 (2)	
promethazine oral syrup 6.25 mg/5 ml	$0 (4)	PA

Drug Name	Drug Tier	Requirements / Limits
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	$0 (4)	PA
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (4)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (5^)	PA; LA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	$0 (3)	QL (12 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	$0 (4)	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	$0 (4)	6.7 gm inhaler; QL (13.4 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	$0 (4)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	$0 (4)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (4)	
ambrisentan oral tablet 10 mg, 5 mg	$0 (5^)	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	$0 (3)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	$0 (4)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	$0 (3)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	$0 (4)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	$0 (3)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	$0 (5^)	PA; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	$0 (3)	QL (60 EA per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	$0 (3)	Breyna is generic for Symbicort; QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	$0 (3)	QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	$0 (4)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	$0 (3)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (3)	B/D
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	$0 (2)	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	$0 (2)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	$0 (4)	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	$0 (3)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	$0 (5^)	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	$0 (5^)	PA; LA; QL (20 EA per 30 days)
icatibant subcutaneous syringe 30 mg/3 ml	$0 (5^)	PA; QL (27 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	$0 (3)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	$0 (2)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	$0 (4)	B/D
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	$0 (4)	B/D
mometasone nasal spray,non-aerosol 50 mcg/actuation	$0 (4)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	$0 (2)	
montelukast oral tablet 10 mg	$0 (1)	
montelukast oral tablet,chewable 4 mg, 5 mg	$0 (2)	
OFEV ORAL CAPSULE 100 MG, 150 MG	$0 (5^)	PA; LA; QL (60 EA per 30 days)
pirfenidone oral tablet 267 mg	$0 (5^)	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 801 mg	$0 (5^)	PA; QL (90 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (5^)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

Drug Name	Drug Tier	Requirements / Limits
roflumilast oral tablet 250 mcg, 500 mcg	$0 (4)	QL (30 EA per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	$0 (3)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	$0 (2)	PA; generic for Revatio; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	$0 (4)	QL (4 GM per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	$0 (4)	PA; generic for Adcirca; QL (60 EA per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	$0 (4)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	$0 (4)	
theophylline oral solution 80 mg/15 ml	$0 (4)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (4)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$0 (3)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	$0 (3)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$0 (5^)	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$0 (5^)	PA; LA; QL (84 EA per 28 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	$0 (3)	18 gm inhaler; QL (36 GM per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	$0 (5^)	PA; QL (1 EA per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	$0 (5^)	PA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	$0 (5^)	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (5^)	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (5^)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (5^)	PA; LA; QL (1 ML per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	$0 (4)	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	$0 (3)	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	$0 (2)	QL (600 ML per 30 days)
oxybutynin chloride oral tablet 5 mg	$0 (2)	QL (120 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	$0 (4)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	$0 (4)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	$0 (4)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	$0 (4)	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
tolterodine oral tablet 1 mg, 2 mg	$0 (4)	QL (60 EA per 30 days)
trospium oral capsule,extended release 24hr 60 mg	$0 (4)	QL (30 EA per 30 days)
trospium oral tablet 20 mg	$0 (4)	QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	$0 (2)	
dutasteride oral capsule 0.5 mg	$0 (2)	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	$0 (4)	
finasteride oral tablet 5 mg	$0 (1)	
tamsulosin oral capsule 0.4 mg	$0 (2)	
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (4)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	$0 (3)	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	$0 (4)	
tadalafil oral tablet 2.5 mg	$0 (4)	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	$0 (4)	PA; QL (30 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
klor-con 10 oral tablet extended release 10 meq	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.

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Drug Name	Drug Tier	Requirements / Limits
klor-con 8 oral tablet extended release 8 meq	$0 (2)	
klor-con m10 oral tablet,er particles/crystals 10 meq	$0 (4)	
klor-con m15 oral tablet,er particles/crystals 15 meq	$0 (4)	
klor-con m20 oral tablet,er particles/crystals 20 meq	$0 (4)	
klor-con oral packet 20 meq	$0 (4)	
magnesium sulfate injection solution 500 mg/ml (50 %)	$0 (4)	
magnesium sulfate injection syringe 500 mg/ml (50 %)	$0 (4)	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	$0 (4)	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (4)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	$0 (4)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	$0 (2)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	$0 (4)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	$0 (2)	
potassium chloride oral packet 20 meq	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
potassium chloride oral tablet extended release 10 meq, 20 meq	$0 (2)	
potassium chloride oral tablet extended release 8 meq	$0 (4)	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	$0 (2)	
potassium chloride oral tablet,er particles/crystals 15 meq	$0 (4)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	$0 (4)	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	$0 (4)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (4)	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	$0 (2)	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	$0 (2)	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	$0 (2)	
MISCELLANEOUS NUTRITION PRODUCTS		
electrolyte-148 intravenous parenteral solution	$0 (2)	
electrolyte-a intravenous parenteral solution	$0 (2)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	$0 (4)	B/D
premasol 10 % intravenous parenteral solution 10 %	$0 (4)	B/D

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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Drug Name	Drug Tier	Requirements / Limits
travasol 10 % intravenous parenteral solution 10 %	$0 (4)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	$0 (4)	B/D
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	$0 (2)	
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	$0 (2)	

You can find information on what the symbols and abbreviations in this table mean by referring to section C.
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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

This *Drug List* was updated on 10/01/2025.

For more recent information or other questions, contact us at **1-844-536-2168** (TTY **711**), between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. or visit **go.wellcare.com/MeridianMI**.