

2022 Comprehensive Formulary

List of Covered Drugs

**Highmark Wholecare
Medicare Assured
DiamondSM (HMO SNP)**

**Highmark Wholecare
Medicare Assured
RubySM (HMO SNP)**



This formulary is current as of December 1, 2022. For more recent information or other questions, please contact Highmark Wholecare Member Services toll-free at **1-800-685-5209 (TTY 711)**.



- Our business hours are 8 a.m. - 8 p.m., seven days a week from October 1 through March 31. From April 1 through October 30 our business hours are 8 a.m. - 8 p.m., Monday through Friday.
- VISIT us at **HighmarkWholecare.com**.



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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Highmark Wholecare. When it refers to “plan” or “our plan,” it means Highmark Wholecare Medicare Assured DiamondSM and Highmark Wholecare Medicare Assured RubySM.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby Formulary?

A formulary is a list of covered drugs selected by Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Assured Ruby Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2022. To get updated information about the drugs covered by Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby, please contact us. Our contact information appears on the front and back cover pages. In the event we make changes to our formulary throughout the year, a Formulary Update Notice will be provided detailing date of change, drug affected, description and reason for change. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby may not cover the drug.
- **Quantity Limits:** For certain drugs, Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby limit the amount of the drug that we will cover. For example, we provide 60 tablets per prescription for a 30 day supply of metformin 1000mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Highmark Wholecare Medicare

Assured Diamond and Highmark Wholecare Medicare Assured Ruby formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby does not cover your drug, you have two options:

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

How do I request an exception to the Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby Formulary?

You can ask Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited

(fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

For more information

For more detailed information about your Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

Plan Name	Drug Tier	Member Cost Share
Highmark Wholecare Medicare Assured Diamond	Tier 1 – Preferred Generic Drugs	All drugs – *\$0.00
	Tier 2 – Generic Drugs	All drugs – \$0.00, \$1.35 or \$3.95
	Tier 3 – Preferred Brand Drugs	Generic drugs – \$0.00, \$1.35 or \$3.95 Brand drugs – \$0.00, \$4.00 or \$9.85
	Tier 4 – Non-Preferred Drugs	Generic drugs – \$0.00, \$1.35 or \$3.95 Brand drugs – \$0.00, \$4.00 or \$9.85
	Tier 5 – Specialty Tier Drugs	Generic drugs – \$0.00, \$1.35 or \$3.95 Brand drugs – \$0.00, \$4.00 or \$9.85
Highmark Wholecare Medicare Assured Ruby	Tier 1 – Preferred Generic Drugs	All drugs – *\$0.00
	Tier 2 – Generic Drugs	All drugs – \$0.00, \$1.35, \$3.95 or 15% of the cost
	Tier 3 – Preferred Brand Drugs	Generic drugs – \$0.00, \$1.35, \$3.95 or 15% of the cost Brand drugs – \$0.00, \$4.00, \$9.85 or 15% of the cost
	Tier 4 – Non-Preferred Drugs	Generic drugs – \$0.00, \$1.35, \$3.95 or 15% of the cost Brand drugs – \$0.00, \$4.00, \$9.85 or 15% of the cost
	Tier 5 – Specialty Tier Drugs	Generic drugs – \$0.00, \$1.35, \$3.95 or 15% of the cost Brand drugs – \$0.00, \$4.00, \$9.85 or 15% of the cost

*The member will pay a \$0 copay during the initial coverage stage and should refer to their LIS Rider for copay amounts beyond this stage

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Requirements/Limits

* = For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our drug list.

30DS = For certain kinds of drugs, you may only fill up to a 30 Day Supply

B/D = This drug may be covered under Medicare Part B or D

LA = Limited Access: Access to this drug is limited to certain pharmacies

PA = Prior Authorization

PA (NS) = Prior Authorization for New Starts Only

QL = Quantity Limit

QL = Quantity Limit

ST = Step Therapy

ST (NS) = Step Therapy for New Starts Only

Drug Tier

1 = Preferred Generic

2 = Generic

3 = Preferred Brand

4 = Non-Preferred Drug

5 = Specialty Tier

italics = Generic drugs

UPPERCASE = Brand name drugs

Drug Name	Drug Tier	Requirements/Limits
Antihistamine Drugs		
Antihistamine Drugs		
<i>Cetirizine HCl Oral Solution</i>	2	
<i>Cyproheptadine HCl Oral</i>	2	PA
<i>Levocetirizine Dihydrochloride Oral</i>	2	
<i>Promethazine HCl Oral Syrup</i>	2	PA
<i>Promethazine HCl Oral Tablet</i>	2	PA
Anti-Infective Agents		
Aminoglycosides		
<i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i>	4	
<i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	2	
<i>Gentamicin Sulfate Injection</i>	2	
<i>Neomycin Sulfate Oral</i>	2	
<i>Paromomycin Sulfate Oral</i>	4	
<i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i>	5	B/D; *; 30DS; *Not available at mail-order; QL (224 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i>	5	B/D; *; 30DS; *Not available at mail-order; QL (280 ML per 28 days)
<i>Tobramycin Sulfate Injection</i>	2	
Anthelmintics		
<i>Albendazole Oral</i>	4	
<i>Ivermectin Oral</i>	2	
<i>Praziquantel Oral</i>	4	
Antibacterials, Miscellaneous		
<i>Clindamycin HCl Oral Capsule 150 MG, 300 MG</i>	1	QL (120 EA per 30 days)
<i>Clindamycin HCl Oral Capsule 75 MG</i>	1	
<i>Clindamycin Palmitate HCl</i>	3	
<i>Clindamycin Phosphate Injection</i>	2	
<i>Colistimethate Sodium (CBA)</i>	5	30DS
<i>Dapsone Oral</i>	3	
<i>DAPTOmycin</i>	5	30DS
<i>Ertapenem Sodium</i>	3	
<i>Linezolid in Sodium Chloride</i>	5	30DS
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	4	30DS
<i>Linezolid Oral Suspension Reconstituted</i>	5	30DS
<i>Linezolid Oral Tablet</i>	4	QL (60 EA per 30 days)
<i>Vancomycin HCl Intravenous Solution 1000 MG/200ML, 1250 MG/12.5ML, 1250 MG/250ML, 1500 MG/15ML, 1500 MG/300ML, 1750 MG/17.5ML, 1750 MG/350ML, 2000 MG/20ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML</i>	4	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1 GM, 10 GM, 100 GM, 1000 MG, 5 GM</i>	3	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1.25 GM, 1.5 GM, 250 MG</i>	4	
<i>Vancomycin HCl Intravenous Solution Reconstituted 500 MG, 750 MG</i>	2	
<i>Vancomycin HCl Oral Capsule 125 MG</i>	4	QL (120 EA per 30 days)
<i>Vancomycin HCl Oral Capsule 250 MG</i>	4	QL (240 EA per 30 days)
Antifungals		
<i>ABELCET</i>	4	B/D
<i>Amphotericin B Intravenous</i>	4	B/D
<i>Amphotericin B Liposome</i>	5	B/D; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Caspofungin Acetate Intravenous Solution Reconstituted 50 MG</i>	5	30DS
<i>Caspofungin Acetate Intravenous Solution Reconstituted 70 MG</i>	4	
<i>Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%</i>	3	
<i>Fluconazole in Sodium Chloride Intravenous Solution 400-0.9 MG/200ML-%</i>	2	
<i>Fluconazole Oral</i>	1	
<i>Flucytosine Oral</i>	5	30DS
<i>Griseofulvin Microsize Oral Suspension</i>	2	
<i>Griseofulvin Microsize Oral Tablet</i>	4	
<i>Griseofulvin Ultramicrosize Oral Tablet 125 MG</i>	2	
<i>Griseofulvin Ultramicrosize Oral Tablet 250 MG</i>	4	
<i>Itraconazole Oral Capsule</i>	4	QL (120 EA per 30 days)
<i>Itraconazole Oral Solution</i>	4	
<i>Ketoconazole Oral</i>	2	QL (60 EA per 30 days)
<i>NOXAFIL ORAL SUSPENSION</i>	5	PA; 30DS; QL (630 ML per 30 days)
<i>Nystatin Mouth/Throat</i>	2	
<i>Nystatin Oral Tablet</i>	1	
<i>SPORANOX ORAL SOLUTION</i>	3	
<i>Terbinafine HCl Oral</i>	1	QL (30 EA per 30 days)
<i>Voriconazole Intravenous</i>	5	PA; 30DS
<i>Voriconazole Oral Suspension Reconstituted</i>	5	30DS; QL (300 ML per 30 days)
<i>Voriconazole Oral Tablet 200 MG</i>	4	QL (60 EA per 30 days)
<i>Voriconazole Oral Tablet 50 MG</i>	4	QL (120 EA per 30 days)
Antimalarials		
<i>Atovaquone Oral</i>	4	
<i>Atovaquone-Proguanil HCl Oral Tablet 250-100 MG</i>	3	
<i>Atovaquone-Proguanil HCl Oral Tablet 62.5-25 MG</i>	2	
<i>Chloroquine Phosphate Oral</i>	2	
<i>COARTEM</i>	3	
<i>Hydroxychloroquine Sulfate Oral Tablet 100 MG, 200 MG, 300 MG</i>	3	
<i>Mefloquine HCl</i>	2	
<i>Primaquine Phosphate Oral</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Pyrimethamine Oral</i>	5	30DS
<i>QuiNINE Sulfate Oral</i>	3	
Antiprotozoals, Miscellaneous		
<i>MetroNIDAZOLE in NaCl Intravenous Solution 5-0.79 MG/ML-%, 500-0.74 MG/100ML-%</i>	2	
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	2	
<i>metroNIDAZOLE Oral Tablet</i>	1	
<i>Nitazoxanide Oral</i>	5	30DS
<i>PENTAM</i>	4	
<i>Pentamidine Isethionate Inhalation</i>	2	B/D
<i>Pentamidine Isethionate Injection</i>	4	
Antiretrovirals		
<i>Abacavir Sulfate</i>	4	
<i>Abacavir Sulfate-lamiVUDine</i>	4	
<i>Abacavir-lamiVUDine-Zidovudine</i>	5	30DS
<i>APRETUDE</i>	5	30DS
<i>APTIVUS ORAL CAPSULE</i>	5	30DS
<i>Atazanavir Sulfate</i>	4	
<i>BIKTARVY</i>	5	30DS
<i>Cabenuva Intramuscular Suspension Extended Release 400 & 600 MG/2ML</i>	5	30DS; QL (4 ML per 28 days)
<i>Cabenuva Intramuscular Suspension Extended Release 600 & 900 MG/3ML</i>	5	30DS; QL (6 ML per 28 days)
<i>CIMDUO</i>	5	30DS
<i>COMPLERA</i>	5	30DS
<i>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</i>	3	
<i>DELSTRIGO</i>	5	30DS
<i>DESCOVY</i>	5	30DS
<i>Didanosine Oral Capsule Delayed Release 200 MG, 250 MG</i>	2	
<i>Didanosine Oral Capsule Delayed Release 400 MG</i>	4	
<i>DOVATO</i>	5	30DS
<i>EDURANT</i>	5	30DS
<i>Efavirenz Oral Capsule</i>	2	
<i>Efavirenz Oral Tablet</i>	4	
<i>Efavirenz-Emtricitab-Tenofo DF</i>	5	30DS
<i>Efavirenz-Emtricitab-Tenofovir</i>	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Efavirenz-lamiVUDine-Tenofovir	4	
Emtricitabine	3	
Emtricitabine-Tenofovir DF	5	30DS
EMTRIVA ORAL SOLUTION	3	
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION	3	
Etravirine Oral Tablet 100 MG	5	30DS; QL (120 EA per 30 days)
Etravirine Oral Tablet 200 MG	5	30DS; QL (60 EA per 30 days)
EVOTAZ	5	30DS; QL (30 EA per 30 days)
Fosamprenavir Calcium	5	30DS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	30DS
GENVOYA	5	30DS
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
INVIRASE ORAL TABLET	5	30DS
ISENTRESS HD	5	30DS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	5	30DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	30DS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA	5	30DS
LamiVUDine Oral Solution	2	
LamiVUDine Oral Tablet	3	
lamiVUDine-Zidovudine	2	
LEXIVA ORAL SUSPENSION	3	
Lopinavir-Ritonavir Oral Solution	4	
Lopinavir-Ritonavir Oral Tablet 100-25 MG	4	
Lopinavir-Ritonavir Oral Tablet 200-50 MG	5	30DS
Maraviroc Oral Tablet 150 MG	5	30DS; QL (60 EA per 30 days)
Maraviroc Oral Tablet 300 MG	5	30DS; QL (120 EA per 30 days)
Nevirapine	2	
Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG	2	
Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
ODEFSEY	5	30DS
PIFELTRO	5	30DS
PREZCOBIX	5	30DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	30DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	30DS; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	30DS; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	30DS; QL (30 EA per 30 days)
REYATAZ ORAL PACKET	5	30DS
<i>Ritonavir</i>	3	
RUKOBIA	5	30DS; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	3	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	30DS; QL (60 EA per 30 days)
<i>Stavudine Oral Capsule</i>	2	
STRIBILD	5	30DS
SYMTUZA	5	30DS; QL (30 EA per 30 days)
TEMIXYS	5	30DS
<i>Tenofovir Disoproxil Fumarate</i>	4	
TIVICAY ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	30DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	30DS; QL (60 EA per 30 days)
TIVICAY PD	5	30DS; QL (180 EA per 30 days)
TRIUMEQ	5	30DS
TRIUMEQ PD	5	30DS
TRIZIVIR	5	30DS
VIRACEPT ORAL TABLET	5	30DS
VIRAMUNE ORAL SUSPENSION	4	
VIREAD ORAL POWDER	5	30DS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	30DS
<i>Zidovudine</i>	2	
Antituberculosis Agents		
<i>Ethambutol HCl Oral</i>	2	
<i>Isoniazid Oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
PASER	4	
PRIFTIN	4	
<i>Pyrazinamide Oral</i>	2	
<i>Rifabutin</i>	4	
<i>Rifampin Intravenous</i>	2	
<i>rifAMPin Oral</i>	2	
SIRTURO ORAL TABLET 100 MG	5	PA; LA; 30DS; QL (188 EA per 168 days)
SIRTURO ORAL TABLET 20 MG	5	PA; LA; 30DS; QL (940 EA per 168 days)
TRECATOR	3	
Antivirals		
<i>Acyclovir Oral Capsule</i>	2	
<i>Acyclovir Oral Suspension</i>	3	
<i>Acyclovir Oral Tablet</i>	2	
<i>Acyclovir Sodium Intravenous Solution</i>	2	B/D
<i>Adefovir Dipivoxil</i>	5	30DS; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	5	30DS; QL (600 ML per 30 days)
<i>Entecavir</i>	5	30DS; QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
<i>Famciclovir Oral Tablet 125 MG, 250 MG</i>	3	
<i>Famciclovir Oral Tablet 500 MG</i>	2	
HARVONI ORAL PACKET 33.75-150 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 90-400 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	3	*; *Not available at mail-order
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	*; 30DS; *Not available at mail-order
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	*; 30DS; *Not available at mail-order
MAVYRET ORAL PACKET	5	PA; *; 30DS; *Not available at mail-order; QL (140 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; *; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
<i>Oseltamivir Phosphate Oral Capsule 30 MG</i>	3	QL (84 EA per 180 days)
<i>Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG</i>	3	QL (42 EA per 180 days)
<i>Oseltamivir Phosphate Oral Suspension Reconstituted</i>	3	QL (525 ML per 180 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	*; 30DS; *Not available at mail-order
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	*; 30DS; *Not available at mail-order
PREVYMIS ORAL	5	PA; 30DS; QL (28 EA per 28 days)
RELENZA DISKHALER	3	
<i>Ribavirin Oral Capsule</i>	3	*; *Not available at mail-order
<i>Ribavirin Oral Tablet 200 MG</i>	3	*; *Not available at mail-order
<i>riMANTAdine HCl</i>	2	
SYNAGIS	5	PA; *; 30DS; *Not available at mail-order
<i>valACYclovir HCl Oral Tablet 1 GM</i>	2	
<i>valACYclovir HCl Oral Tablet 500 MG</i>	4	
<i>valGANciclovir HCl Oral Solution Reconstituted</i>	5	30DS
<i>valGANciclovir HCl Oral Tablet</i>	3	
VOSEVI	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
Cephalosporins		
Cefaclor ER	4	
Cefaclor Oral Capsule	2	
Cefadroxil Oral Capsule	2	
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML	2	
Cefadroxil Oral Suspension Reconstituted 500 MG/5ML	3	
Cefadroxil Oral Tablet	3	
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	2	
CeFAZolin Sodium Intravenous Solution Reconstituted	2	
CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%	2	
CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML)	2	
Cefdinir	2	
Cefepime HCl Injection Solution Reconstituted 1 GM	2	
Cefepime HCl Injection Solution Reconstituted 2 GM	4	
Cefepime HCl Intravenous Solution	2	
Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	2	
Cefixime Oral Capsule	3	
Cefixime Oral Suspension Reconstituted	2	
Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML	3	
Cefpodoxime Proxetil Oral Suspension Reconstituted 50 MG/5ML	2	
Cefpodoxime Proxetil Oral Tablet 100 MG	3	
Cefpodoxime Proxetil Oral Tablet 200 MG	2	
Cefprozil	2	
CefTAZidime and Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
CefTAZidime Injection Solution Reconstituted 1 GM, 6 GM	2	
CefTAZidime Injection Solution Reconstituted 2 GM	3	
cefTAZidime Intravenous	3	
CefTRIAXone Sodium in Dextrose	2	
CefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 100 GM, 250 MG, 500 MG	2	
cefTRIAXone Sodium Injection Solution Reconstituted 2 GM	4	
CefTRIAXone Sodium Intravenous Solution Reconstituted 1 GM	2	
CefTRIAXone Sodium Intravenous Solution Reconstituted 10 GM, 2 GM	4	
CefTRIAXone Sodium-Dextrose Intravenous Solution Reconstituted 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	2	
Cefuroxime Axetil Oral Tablet	2	
Cefuroxime Sodium Injection Solution Reconstituted 750 MG	2	
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	2	
Cephalexin Oral Capsule 250 MG, 500 MG	1	
Cephalexin Oral Suspension Reconstituted	1	
Cephalexin Oral Tablet	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM, 6 GM	2	
TAZICEF INJECTION SOLUTION RECONSTITUTED 2 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 6 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
TEFLARO	5	PA; 30DS
Macrolides		
Azithromycin Intravenous	2	
Azithromycin Oral Suspension Reconstituted	2	
Azithromycin Oral Tablet	2	
Clarithromycin ER	2	
Clarithromycin Oral	2	
ERY-TAB	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>Erythromycin Base Oral Tablet 250 MG</i>	4	
<i>Erythromycin Base Oral Tablet 500 MG</i>	3	
<i>Erythromycin Base Oral Tablet Delayed Release</i>	4	
<i>Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML</i>	4	
<i>Erythromycin Ethylsuccinate Oral Tablet</i>	4	
<i>Erythromycin Oral</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>Aztreonam Injection Solution Reconstituted 1 GM</i>	1	
<i>Aztreonam Injection Solution Reconstituted 2 GM</i>	4	
CAYSTON	5	PA; *; LA; 30DS; *Not available at mail-order
<i>cefOXitin Sodium</i>	2	
<i>CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</i>	2	
<i>Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG</i>	2	
<i>Imipenem-Cilastatin Intravenous Solution Reconstituted 500 MG</i>	4	
<i>Meropenem Intravenous Solution Reconstituted 1 GM</i>	4	QL (90 EA per 30 days)
<i>Meropenem Intravenous Solution Reconstituted 500 MG</i>	2	
<i>Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML</i>	2	
Penicillins		
<i>Amoxicillin Oral Capsule</i>	1	
<i>Amoxicillin Oral Suspension Reconstituted</i>	1	
<i>Amoxicillin Oral Tablet</i>	1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	1	
<i>Amoxicillin-Pot Clavulanate ER</i>	3	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 200-28.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML</i>	2	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 250-62.5 MG/5ML</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Amoxicillin-Pot Clavulanate Oral Tablet	2	
Amoxicillin-Pot Clavulanate Oral Tablet Chewable	2	
Ampicillin Oral Capsule 500 MG	1	
Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 2 GM, 250 MG, 500 MG	2	
Ampicillin Sodium Intravenous Solution Reconstituted 1 GM, 2 GM	2	
Ampicillin Sodium Intravenous Solution Reconstituted 10 GM	4	
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM	2	
Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 3 (2-1) GM	4	
Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 1.5 (1-0.5) GM, 15 (10-5) GM	2	
Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 3 (2-1) GM	4	
BICILLIN L-A	4	
Dicloxacillin Sodium	1	
Oxacillin Sodium in Dextrose	4	
Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM	4	
Oxacillin Sodium Intravenous	4	
Penicillin G Potassium Injection Solution Reconstituted 20000000 UNIT	4	
Penicillin V Potassium	1	
PFIZERPEN	4	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM	2	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 3.375 (3-0.375) GM, 40.5 (36-4.5) GM	3	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 4.5 (4-0.5) GM	4	
ZOSYN INTRAVENOUS SOLUTION	4	
Quinolones		
Ciprofloxacin HCl Oral Tablet 100 MG, 250 MG, 500 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Ciprofloxacin HCl Oral Tablet 750 MG	1	QL (60 EA per 30 days)
Ciprofloxacin in D5W	4	
LevoFLOXacin in D5W Intravenous Solution 500 MG/100ML, 750 MG/150ML	2	
LevoFLOXacin Intravenous	2	
LevoFLOXacin Oral Solution	3	
levofloxacin Oral Tablet	1	
Moxifloxacin HCl in NaCl	2	
Moxifloxacin HCl Intravenous	2	
Moxifloxacin HCl Oral	2	
Ofloxacin Oral Tablet 300 MG, 400 MG	2	
Sulfonamides (Systemic)		
sulfADIAZINE Oral	4	
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	1	
Sulfamethoxazole-Trimethoprim Oral Tablet	1	
SulfaSALAZine Oral	2	
Tetracyclines		
Demeclocycline HCl Oral	4	
DOXY 100	2	B/D
Doxycycline Hyclate Intravenous	2	B/D
Doxycycline Hyclate Oral Capsule	1	QL (60 EA per 30 days)
Doxycycline Hyclate Oral Tablet 100 MG	1	QL (60 EA per 30 days)
Doxycycline Hyclate Oral Tablet 20 MG	1	
Doxycycline Monohydrate Oral Capsule 100 MG, 150 MG	2	
Doxycycline Monohydrate Oral Capsule 50 MG, 75 MG	1	
Doxycycline Monohydrate Oral Suspension Reconstituted	1	
Doxycycline Monohydrate Oral Tablet 100 MG, 50 MG, 75 MG	1	
Doxycycline Monohydrate Oral Tablet 150 MG	2	
Minocycline HCl Oral Capsule	1	
Minocycline HCl Oral Tablet 75 MG	1	
Tetracycline HCl Oral Capsule 250 MG	3	QL (120 EA per 30 days)
Tetracycline HCl Oral Capsule 500 MG	3	
Tigecycline	5	30DS
TYGACIL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN ORAL SYRUP	3	
Urinary Anti-Infectives		
<i>Methenamine Hippurate</i>	3	
<i>Nitrofurantoin</i>	5	30DS
<i>Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG</i>	2	
<i>Nitrofurantoin Macrocrystal Oral Capsule 25 MG</i>	3	
<i>Nitrofurantoin Monohyd Macro</i>	3	
<i>Trimethoprim Oral</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>Abiraterone Acetate</i>	5	PA (NS); *; 30DS; *Not available at mail-order
<i>ALECENSA</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order
<i>ALUNBRIG</i>	5	PA (NS); LA; 30DS
<i>Anastrozole Oral</i>	2	QL (30 EA per 30 days)
<i>AYVAKIT</i>	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
<i>BALVERSA</i>	5	PA (NS); LA; 30DS
<i>BESREMI</i>	5	PA (NS); LA; 30DS; QL (2 ML per 28 days)
<i>Bexarotene Oral</i>	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Bicalutamide</i>	2	
<i>BOSULIF</i>	5	PA (NS); *; 30DS; *Not available at mail-order
<i>BRAFTOVI ORAL CAPSULE 75 MG</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>BRUKINSA</i>	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
<i>CABOMETYX</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>CALQUENCE</i>	5	PA (NS); LA; 30DS
<i>CAPRELSA ORAL TABLET 100 MG</i>	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
<i>CAPRELSA ORAL TABLET 300 MG</i>	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order
COMETRIQ (60 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
COPIKTRA	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
COTELLIC	5	PA (NS); *; LA; 30DS; *Not available at mail-order
<i>Cyclophosphamide Oral</i>	3	B/D
DARZALEX FASPRO	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 ML per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DROXIA	3	
ELIGARD	4	PA (NS); *; *Not available at mail-order
EMCYT	3	
ERIVEDGE	5	PA (NS); *; LA; 30DS; *Not available at mail-order
ERLEADA	5	PA (NS); *; LA; 30DS; *Not available at mail-order
<i>Erlotinib HCl Oral Tablet 100 MG, 150 MG</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 25 MG</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Everolimus Oral Tablet 10 MG, 7.5 MG</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Everolimus Oral Tablet 2.5 MG, 5 MG</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Everolimus Oral Tablet Soluble</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Exemestane</i>	4	
EXKIVITY	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
FARYDAK	5	PA (NS); *; LA; 30DS; *Not available at mail-order
FIRMAGON (240 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA (NS); *; *Not available at mail-order
<i>Flutamide</i>	2	
FOTIVDA	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
GAVRETO	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
GILOTrif	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA (NS); *; *Not available at mail-order
<i>Hydroxyurea Oral</i>	2	
IBRANCE	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (21 EA per 28 days)
ICLUSIG	5	PA (NS); LA; 30DS
IDHIFA	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Imatinib Mesylate</i>	5	PA (NS); *; 30DS; *Not available at mail-order
IMBRUvICA ORAL CAPSULE 140 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
IMBRUvICA ORAL CAPSULE 70 MG	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)
IMBRUvICA ORAL SUSPENSION	5	PA (NS); LA; 30DS; QL (240 ML per 30 days)
IMBRUvICA ORAL TABLET 140 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
IMBRUvICA ORAL TABLET 280 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
INLYTA	5	PA (NS); *; LA; 30DS; *Not available at mail-order
INQOVI	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (5 EA per 28 days)
INREBIC	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
IRESSA	5	PA (NS); *; LA; 30DS; *Not available at mail-order
JAKAFI	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI (400 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI (600 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI FEMARA (400 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI FEMARA (600 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KISQALI FEMARA(200 MG DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order
KOSELUGO ORAL CAPSULE 10 MG	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
<i>Lapatinib Ditosylate</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>Lenalidomide</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
LENVIMA (10 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LENVIMA (12 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LENVIMA (14 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LENVIMA (20 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LENVIMA (24 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LENVIMA (4 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LENVIMA (8 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; *Not available at mail-order
<i>Letrozole Oral</i>	2	
LEUKERAN	5	30DS
<i>Leuprolide Acetate Injection</i>	4	PA (NS); *; *Not available at mail-order
LONSURF	5	PA (NS); *; 30DS; *Not available at mail-order
LORBRENA ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
LUMAKRAS	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (240 EA per 30 days)
LUPANETA PACK	4	PA; *; *Not available at mail-order
LUPRON DEPOT (1-MONTH)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH)	5	PA (NS); *; 30DS; *Not available at mail-order
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	5	PA (NS); *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET	5	PA (NS); *; LA; 30DS; *Not available at mail-order
LYSODREN	3	
MATULANE	5	LA; 30DS
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 400 MG/10ML, 625 MG/5ML</i>	2	PA (NS)
<i>Megestrol Acetate Oral Tablet 20 MG</i>	1	PA (NS)
<i>Megestrol Acetate Oral Tablet 40 MG</i>	2	PA (NS)
MEKINIST ORAL TABLET 0.5 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order
MEKINIST ORAL TABLET 2 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
MEKTOVI	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>Mercaptopurine Oral</i>	3	
<i>Methotrexate Oral</i>	3	B/D
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution 250 MG/10ML, 50 MG/2ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution Reconstituted</i>	2	B/D
NERLYNX	5	PA (NS); *; LA; 30DS; *Not available at mail-order
Nilutamide	5	30DS
NINLARO	5	PA (NS); *; 30DS; *Not available at mail-order
NUBEQA	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
ODOMZO	5	PA (NS); *; LA; 30DS; *Not available at mail-order
ONUREG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (14 EA per 28 days)
ORGOVYX	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
PANRETIN	5	PA (NS); 30DS; QL (60 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
PHESGO	5	PA (NS); *; LA; 30DS; *Not available at mail-order
PIQRAY (200 MG DAILY DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA (NS); *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
POMALYST	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (21 EA per 28 days)
PURIXAN	5	*; 30DS; *Not available at mail-order
QINLOCK	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
REVLIMID	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
RUBRACA	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
RUXIENCE	5	PA (NS); *; 30DS; *Not available at mail-order
RYDAPT	5	PA (NS); *; 30DS; *Not available at mail-order
RYLAZE	5	PA (NS); 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (300 EA per 30 days)
SOLTAMOX	5	30DS
<i>SORafenib Tosylate</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
SPRYCEL	5	PA (NS); *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
STIVARGA	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (84 EA per 28 days)
<i>SUNItinib Malate</i>	5	PA (NS); *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA (NS); 30DS
SYNRIBO	5	PA (NS); *; 30DS; *Not available at mail-order
TABLOID	4	PA (NS)
TABRECTA	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order
TAFINLAR ORAL CAPSULE 75 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
TAGRISSO	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Tamoxifen Citrate Oral</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA (NS); *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 200 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
TAZVERIK	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)
TEPMETKO	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
TIBSOVO	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
<i>Toremifene Citrate</i>	5	30DS
TRELSTAR MIXJECT	4	PA (NS); *; *Not available at mail-order
<i>Tretinooin Oral</i>	5	30DS
TREXALL	4	B/D
TRUSELTIQ (100MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA (NS); LA; 30DS; QL (300 EA per 30 days)
TURALIO	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
UKONIQ	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
VALCHLOR	5	PA (NS); LA; 30DS
VENCLEXTA ORAL TABLET 10 MG	4	PA (NS); LA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA (NS); LA; 30DS
VENCLEXTA STARTING PACK	5	PA (NS); LA; 30DS
VERZENIO ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
VERZENIO ORAL TABLET 150 MG, 200 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 50 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
VITRAKVI	5	PA (NS); *; LA; 30DS; *Not available at mail-order
VIZIMPRO	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
VONJO	5	PA (NS); 30DS; QL (120 EA per 30 days)
VOTRIENT	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
WELIREG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
XALKORI	5	PA (NS); *; LA; 30DS; *Not available at mail-order
XATMEP	4	PA (NS)
XOSPATA	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); LA; 30DS; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); LA; 30DS; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA (NS); LA; 30DS; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY)	5	PA (NS); LA; 30DS; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
XTANDI	5	PA (NS); *; LA; 30DS; *Not available at mail-order
YONSA	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
ZEJULA	5	PA (NS); *; LA; 30DS; *Not available at mail-order
ZELBORA	5	PA (NS); *; LA; 30DS; *Not available at mail-order
ZOLINZA	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
ZYDELIG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA (NS); *; LA; 30DS; *Not available at mail-order
ZYTIGA ORAL TABLET 500 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order

Autonomic Drugs

Antimuscarinics/Antispasmodics

ATROVENT HFA	3	QL (25.8 GM per 30 days)
Dicyclomine HCl Oral Capsule	1	PA
Dicyclomine HCl Oral Solution	3	PA
Dicyclomine HCl Oral Tablet	1	PA
Glycopyrrolate Oral Tablet 1 MG, 2 MG	2	QL (120 EA per 30 days)
Ipratropium Bromide Inhalation	2	B/D; QL (300 ML per 30 days)
Methscopolamine Bromide Oral	3	PA

Autonomic Drugs, Miscellaneous

APO-Varenicline	3	QL (336 EA per 168 days)
NICOTROL	4	
NICOTROL NS	3	
Varenicline Tartrate Oral	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Varenicline Tartrate Oral Tablet	3	QL (336 EA per 168 days)
Varenicline Tartrate Oral Tablet Therapy Pack	3	
Beta-Adrenergic Agonists		
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	3	QL (17 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)	3	QL (13.4 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)	3	QL (36 GM per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	1	B/D; QL (360 ML per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution (5 MG/ML) 0.5%	1	B/D; QL (120 ML per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML	1	B/D; QL (120 EA per 30 days)
Albuterol Sulfate Oral	1	
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
Ipratropium-Albuterol	2	B/D
SEREVENT DISKUS	3	QL (60 EA per 30 days)
Terbutaline Sulfate Oral Tablet 2.5 MG	2	
Terbutaline Sulfate Oral Tablet 5 MG	4	
Parasympathomimetic (Cholinergic Agents)		
Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG	2	
Bethanechol Chloride Oral Tablet 50 MG	3	
Cevimeline HCl	4	
Donepezil HCl Oral Tablet 10 MG	2	QL (30 EA per 30 days)
Donepezil HCl Oral Tablet 23 MG, 5 MG	4	QL (30 EA per 30 days)
Donepezil HCl Oral Tablet Dispersible	2	QL (30 EA per 30 days)
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG	3	QL (30 EA per 30 days)
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 24 MG	4	QL (30 EA per 30 days)
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 8 MG	2	QL (30 EA per 30 days)
Galantamine Hydrobromide Oral Tablet	2	QL (60 EA per 30 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
Pilocarpine HCl Oral	4	
Pyridostigmine Bromide ER	2	
Pyridostigmine Bromide Oral Solution	3	
Pyridostigmine Bromide Oral Tablet	2	
Rivastigmine	4	QL (30 EA per 30 days)
Rivastigmine Tartrate	3	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Chlorzoxazone Oral Tablet 500 MG	4	PA
Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG	4	PA; QL (90 EA per 30 days)
Dantrolene Sodium Oral Capsule 100 MG, 50 MG	3	
Dantrolene Sodium Oral Capsule 25 MG	2	
Methocarbamol Oral Tablet 500 MG, 750 MG	1	PA
Orphenadrine Citrate ER	2	PA
tizANidine HCl Oral Capsule 2 MG	4	
tizANidine HCl Oral Capsule 4 MG	2	
tizANidine HCl Oral Capsule 6 MG	3	
tizANidine HCl Oral Tablet	2	
Sympatholytic Adrenergic Blocking Agents		
Alfuzosin HCl ER	2	QL (30 EA per 30 days)
Tamsulosin HCl	2	
Blood Formation, Coagulation, And Thrombosis		
Anticoagulants		
COUMADIN ORAL	3	
ELIQUIS	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	
Enoxaparin Sodium Injection Solution Prefilled Syringe 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML	3	
Enoxaparin Sodium Injection Solution Prefilled Syringe 120 MG/0.8ML	2	
Enoxaparin Sodium Injection Solution Prefilled Syringe 150 MG/ML, 80 MG/0.8ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Enoxaparin Sodium Subcutaneous Solution 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML</i>	3	
<i>Enoxaparin Sodium Subcutaneous Solution 120 MG/0.8ML</i>	2	
<i>Enoxaparin Sodium Subcutaneous Solution 150 MG/ML, 80 MG/0.8ML</i>	4	
<i>Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	5	30DS
<i>Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
<i>Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 5000 UNIT/ML</i>	2	
<i>Heparin Sodium (Porcine) Injection Solution 10000 UNIT/ML, 20000 UNIT/ML</i>	4	
JANTOVEN	1	
PRADAXA	4	QL (60 EA per 30 days)
Warfarin Sodium Oral	1	
XARELTO	3	
XARELTO STARTER PACK	3	
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	PA; *; 30DS; *Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; *; *Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	3	PA; *; *Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA; *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
DOPTELET	5	PA; *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
FULPHILA	5	PA; *; 30DS; *Not available at mail-order
MOZOBIL	5	PA; *; 30DS; *Not available at mail-order; QL (9.6 ML per 30 days)
NIVESTYM	5	PA; *; 30DS; *Not available at mail-order
PROMACTA ORAL PACKET 12.5 MG	5	PA; *; LA; 30DS; *Not available at mail-order; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 25 MG, 50 MG	5	PA; *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA; *; *Not available at mail-order
UDENYCA	5	PA; *; 30DS; *Not available at mail-order
ZARXIO	5	PA; *; 30DS; *Not available at mail-order
ZIEXTENZO	5	PA; *; 30DS; *Not available at mail-order
Platelet-Aggregation Inhibitors		
BRILINTA	3	
Cilostazol	2	
<i>Clopidogrel Bisulfate Oral</i>	1	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
<i>Doxazosin Mesylate Oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Prazosin HCl Oral	1	
Terazosin HCl Oral	1	
Antiarrhythmic Agents		
Amiodarone HCl Oral Tablet 100 MG, 400 MG	4	
Amiodarone HCl Oral Tablet 200 MG	1	
Dofetilide Oral Capsule 125 MCG, 500 MCG	4	*; *Not available at mail-order
Dofetilide Oral Capsule 250 MCG	2	*; *Not available at mail-order
Flecainide Acetate Oral Tablet 100 MG, 50 MG	2	
Flecainide Acetate Oral Tablet 150 MG	3	
Mexiletine HCl Oral Capsule 150 MG	3	
Mexiletine HCl Oral Capsule 200 MG	4	
Mexiletine HCl Oral Capsule 250 MG	2	
MULTAQ	3	
Propafenone HCl ER Oral Capsule Extended Release 12 Hour 225 MG, 325 MG	4	
Propafenone HCl ER Oral Capsule Extended Release 12 Hour 425 MG	3	
Propafenone HCl Oral Tablet 150 MG, 225 MG	2	
Propafenone HCl Oral Tablet 300 MG	4	
quiNIDine Gluconate ER	2	
quiNIDine Sulfate Oral	2	
Antilipemic Agents		
Atorvastatin Calcium Oral	1	
Cholestyramine Light	3	
Cholestyramine Oral	3	
Colestipol HCl Oral Granules	4	
Colestipol HCl Oral Packet	4	
Colestipol HCl Oral Tablet	3	
Ezetimibe	3	QL (30 EA per 30 days)
Fenofibrate Micronized Oral Capsule 130 MG	4	
Fenofibrate Micronized Oral Capsule 134 MG, 200 MG, 43 MG	3	
Fenofibrate Micronized Oral Capsule 67 MG	2	
Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG	2	
Fenofibric Acid Oral Capsule Delayed Release	4	
Gemfibrozil Oral	1	
Lovastatin Oral	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG	4	
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 500 MG	2	
Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 750 MG	3	
NIACOR	4	
Omega-3-acid Ethyl Esters	3	QL (120 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; QL (2 ML per 28 days)
Pravastatin Sodium	1	
PREVALITE	3	
Rosuvastatin Calcium	1	QL (30 EA per 30 days)
Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG	1	
Simvastatin Oral Tablet 80 MG	1	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	3	QL (120 EA per 30 days)
Beta-Adrenergic Blocking Agents		
Acebutolol HCl Oral	2	
Atenolol Oral	1	
Atenolol-Chlorthalidone	1	
Betaxolol HCl Oral	3	
Bisoprolol Fumarate Oral	2	
Bisoprolol-hydroCHLORothiazide	1	
Carvedilol	1	
Labetalol HCl Oral	2	
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG	3	
Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG, 50 MG	2	
Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG	1	
Metoprolol-hydroCHLORothiazide	2	
Nadolol Oral Tablet 20 MG, 40 MG, 80 MG	1	
Pindolol Oral Tablet 10 MG	3	
Pindolol Oral Tablet 5 MG	2	
Propranolol HCl ER	1	
Propranolol HCl Oral	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SORINE	2	
<i>Sotalol HCl (AF)</i>	2	
<i>Sotalol HCl Oral</i>	2	
<i>Timolol Maleate Oral</i>	2	
Calcium-Channel Blocking Agents		
<i>amLODIPine Besy-Benazepril HCl</i>	1	
<i>amLODIPine Besylate Oral</i>	1	
<i>Amlodipine-Olmesartan</i>	1	
<i>CARTIA XT</i>	1	
<i>Diltiazem HCl ER Beads</i>	1	
<i>dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG</i>	1	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 90 MG</i>	4	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 60 MG</i>	3	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	1	
<i>dilTIAZem HCl Oral</i>	1	
<i>Dilt-XR</i>	1	
<i>Felodipine ER</i>	1	
<i>NIFEdipine ER</i>	1	
<i>NIFEdipine ER Osmotic Release</i>	1	
<i>niMODipine Oral</i>	4	30DS
<i>TAZTIA XT</i>	1	
<i>TIADYLT ER</i>	1	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i>	3	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 360 MG</i>	4	
<i>Verapamil HCl ER Oral Tablet Extended Release</i>	2	
<i>Verapamil HCl Oral</i>	1	
Cardiac Drugs, Miscellaneous		
<i>CORLANOR ORAL SOLUTION</i>	4	PA; QL (450 ML per 30 days)
<i>CORLANOR ORAL TABLET</i>	4	PA; QL (60 EA per 30 days)
<i>DIGITEK ORAL TABLET 125 MCG</i>	1	
<i>DIGITEK ORAL TABLET 250 MCG</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
DIGOX ORAL TABLET 125 MCG	1	
DIGOX ORAL TABLET 250 MCG	1	ST
<i>Digoxin Oral Solution</i>	4	
<i>Digoxin Oral Tablet 125 MCG</i>	1	
<i>Digoxin Oral Tablet 250 MCG</i>	1	ST
<i>Droxidopa</i>	5	PA; *; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
ENTRESTO	3	QL (60 EA per 30 days)
<i>Midodrine HCl</i>	3	
<i>Pentoxifylline ER</i>	2	
<i>Ranolazine ER</i>	4	PA; QL (60 EA per 30 days)
Hypotensive Agents		
<i>cloNIDine HCl Oral</i>	1	
<i>CloNIDine Transdermal Patch Weekly 0.1 MG/24HR</i>	3	
<i>CloNIDine Transdermal Patch Weekly 0.2 MG/24HR, 0.3 MG/24HR</i>	4	
<i>Diazoxide Oral</i>	3	
<i>guanFACINE HCl Oral</i>	2	PA
<i>HydrALAZINE HCl Oral</i>	2	
<i>Minoxidil Oral</i>	2	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>Benazepril HCl Oral</i>	1	
<i>Benazepril-hydroCHLORothiazide</i>	1	
<i>Candesartan Cilexetil</i>	1	
<i>Candesartan Cilexetil-HCTZ</i>	1	
<i>Captopril Oral</i>	1	
<i>Enalapril Maleate Oral Tablet</i>	1	
<i>Enalapril-Hydrochlorothiazide</i>	1	
<i>Eplerenone</i>	3	
<i>Fosinopril Sodium</i>	1	
<i>Fosinopril Sodium-HCTZ</i>	1	
<i>Irbesartan</i>	1	
<i>Irbesartan-Hydrochlorothiazide</i>	1	
KERENDIA	3	QL (30 EA per 30 days)
<i>Lisinopril Oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Lisinopril-hydroCHLOROthiazide</i>	1	
<i>Losartan Potassium Oral</i>	1	
<i>Losartan Potassium-HCTZ</i>	1	
<i>Quinapril HCl</i>	1	
<i>Quinapril-Hydrochlorothiazide</i>	1	
<i>Ramipril</i>	1	
<i>Spironolactone Oral</i>	1	
<i>Spironolactone-HCTZ</i>	1	
<i>Trandolapril</i>	1	
<i>Valsartan Oral Tablet</i>	1	
<i>Valsartan-hydroCHLOROthiazide</i>	1	
Vasodilating Agents		
<i>ALYQ</i>	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Ambrisentan</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Aspirin-Dipyridamole ER</i>	1	QL (60 EA per 30 days)
<i>Isosorbide Dinitrate Oral Tablet 10 MG, 30 MG, 40 MG, 5 MG</i>	2	
<i>Isosorbide Dinitrate Oral Tablet 20 MG</i>	3	
<i>Isosorbide Mononitrate</i>	2	
<i>Isosorbide Mononitrate ER</i>	2	
<i>NITRO-BID</i>	4	
<i>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</i>	4	
<i>Nitroglycerin Sublingual</i>	2	
<i>Nitroglycerin Transdermal Patch 24 Hour</i>	2	
<i>Nitroglycerin Translingual Solution</i>	4	
<i>NITROMIST</i>	4	
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	3	PA; *; *Not available at mail-order; QL (90 EA per 30 days)
<i>Tadalafil (PAH)</i>	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>VENTAVIS</i>	5	PA; *; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Anorexigenic Agents And Respiratory And Cns Stimulants		
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</i>	4	QL (30 EA per 30 days)
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 30 MG</i>	4	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 5 MG</i>	2	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 12.5 MG, 7.5 MG</i>	3	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 15 MG, 20 MG, 30 MG</i>	4	QL (60 EA per 30 days)
<i>Armodafinil</i>	2	PA; QL (30 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG</i>	3	QL (60 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG</i>	4	QL (120 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG</i>	4	QL (30 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 10 MG</i>	2	QL (180 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 5 MG</i>	2	QL (120 EA per 30 days)
<i>Modafinil</i>	3	PA
Anticonvulsants		
<i>BRIVIACT INTRAVENOUS</i>	5	PA (NS); 30DS
<i>BRIVIACT ORAL SOLUTION</i>	5	PA (NS); 30DS; QL (600 ML per 30 days)
<i>BRIVIACT ORAL TABLET 10 MG, 25 MG, 50 MG</i>	5	PA (NS); 30DS; QL (120 EA per 30 days)
<i>BRIVIACT ORAL TABLET 100 MG, 75 MG</i>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>CarBAMazepine ER Oral Capsule Extended Release 12 Hour</i>	3	
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG</i>	3	
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 400 MG</i>	4	
<i>carBAMazepine Oral Suspension</i>	3	
<i>carBAMazepine Oral Tablet</i>	4	
<i>carBAMazepine Oral Tablet Chewable</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
CELONTIN	3	
<i>CloBAZam</i>	3	PA (NS)
<i>clonazePAM Oral Tablet 0.5 MG, 1 MG</i>	3	QL (90 EA per 30 days)
<i>clonazePAM Oral Tablet 2 MG</i>	2	QL (300 EA per 30 days)
<i>clonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG</i>	2	QL (90 EA per 30 days)
<i>clonazePAM Oral Tablet Dispersible 2 MG</i>	3	QL (300 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 15 MG</i>	4	QL (180 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 3.75 MG</i>	2	QL (720 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 7.5 MG</i>	2	QL (360 EA per 30 days)
DIACOMIT	5	PA (NS); LA; 30DS
DIAZEPAM INTENSOL	2	QL (240 ML per 30 days)
<i>diazepam Oral Concentrate</i>	2	QL (240 ML per 30 days)
<i>diazepam Oral Solution 5 MG/5ML</i>	2	QL (1200 ML per 30 days)
<i>diazepam Oral Tablet 10 MG, 2 MG</i>	2	QL (120 EA per 30 days)
<i>diazepam Oral Tablet 5 MG</i>	4	QL (120 EA per 30 days)
<i>Diazepam Rectal</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG</i>	4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 500 MG</i>	3	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i>	3	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG</i>	4	
<i>Divalproex Sodium Oral Tablet Delayed Release 500 MG</i>	2	
EPIDIOLEX	5	PA (NS); *; LA; 30DS; *Not available at mail-order
EPITOL	4	
EPRONTIA	4	QL (480 ML per 30 days)
<i>Ethosuximide Oral Capsule</i>	4	
<i>Ethosuximide Oral Solution</i>	3	
<i>Felbamate Oral Suspension</i>	5	PA (NS); 30DS
<i>Felbamate Oral Tablet</i>	2	PA (NS)
FINTEPLA	5	PA (NS); LA; 30DS; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	PA (NS); 30DS; QL (720 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 8 MG	5	PA (NS); 30DS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	PA (NS); QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 6 MG	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Gabapentin Oral Capsule 100 MG</i>	3	QL (1080 EA per 30 days)
<i>Gabapentin Oral Capsule 300 MG</i>	2	QL (360 EA per 30 days)
<i>Gabapentin Oral Capsule 400 MG</i>	2	QL (270 EA per 30 days)
<i>Gabapentin Oral Solution</i>	4	QL (2160 ML per 30 days)
<i>Gabapentin Oral Tablet 600 MG</i>	4	QL (180 EA per 30 days)
<i>Gabapentin Oral Tablet 800 MG</i>	4	QL (120 EA per 30 days)
<i>Lacosamide Intravenous</i>	4	QL (1200 ML per 30 days)
<i>Lacosamide Oral Solution</i>	4	QL (1200 ML per 30 days)
<i>Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG</i>	4	QL (60 EA per 30 days)
<i>Lacosamide Oral Tablet 50 MG</i>	4	QL (120 EA per 30 days)
<i>LamoTRIgine ER</i>	4	
<i>lamoTRIgine Oral Tablet</i>	2	
<i>LamoTRIgine Oral Tablet Chewable 25 MG</i>	3	
<i>LamoTRIgine Oral Tablet Chewable 5 MG</i>	2	
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG</i>	3	
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 750 MG</i>	4	
<i>levETIRAcetam Oral Solution</i>	2	
<i>levETIRAcetam Oral Tablet 1000 MG, 500 MG, 750 MG</i>	2	
<i>levETIRAcetam Oral Tablet 250 MG</i>	4	
<i>NAYZILAM</i>	4	
<i>OXcarbazepine</i>	2	
<i>PEGANONE</i>	3	
<i>PHENobarbital Oral Elixir</i>	3	PA (NS)
<i>PHENobarbital Oral Tablet 100 MG, 16.2 MG, 32.4 MG, 64.8 MG</i>	2	PA (NS); QL (90 EA per 30 days)
<i>PHENobarbital Oral Tablet 15 MG, 30 MG</i>	2	PA (NS); QL (180 EA per 30 days)
<i>PHENobarbital Oral Tablet 60 MG</i>	2	PA (NS); QL (120 EA per 30 days)
<i>PHENobarbital Oral Tablet 97.2 MG</i>	2	PA (NS); QL (60 EA per 30 days)
<i>Phenytoin Oral Suspension</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Phenytoin Oral Tablet Chewable</i>	3	
<i>Phenytoin Sodium Extended Oral Capsule 100 MG, 300 MG</i>	3	
<i>Phenytoin Sodium Extended Oral Capsule 200 MG</i>	2	
<i>Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</i>	3	PA (NS); QL (90 EA per 30 days)
<i>Pregabalin Oral Capsule 225 MG, 300 MG</i>	3	PA (NS); QL (60 EA per 30 days)
<i>Pregabalin Oral Solution</i>	3	PA (NS); QL (946 ML per 30 days)
<i>Primidone Oral</i>	2	
<i>Rufinamide</i>	5	PA (NS); 30DS
<i>SPRITAM</i>	4	PA (NS)
<i>SUBVENITE</i>	2	
<i>SYMPAZAN</i>	4	PA (NS)
<i>tiaGABine HCl</i>	4	
<i>Topiramate Oral</i>	2	
<i>Valproic Acid Oral Capsule</i>	2	
<i>Valproic Acid Oral Solution</i>	2	
<i>VALTOCO 10 MG DOSE</i>	4	
<i>VALTOCO 15 MG DOSE</i>	4	
<i>VALTOCO 20 MG DOSE</i>	4	
<i>VALTOCO 5 MG DOSE</i>	4	
<i>Vigabatrin</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>VIGADRONE</i>	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
<i>VIMPAT ORAL TABLET 150 MG, 200 MG</i>	5	30DS; QL (60 EA per 30 days)
<i>XCOPRI (250 MG DAILY DOSE)</i>	5	30DS; QL (56 EA per 28 days)
<i>XCOPRI (350 MG DAILY DOSE)</i>	5	30DS; QL (56 EA per 28 days)
<i>XCOPRI ORAL TABLET 100 MG, 50 MG</i>	5	30DS; QL (30 EA per 30 days)
<i>XCOPRI ORAL TABLET 150 MG, 200 MG</i>	5	30DS; QL (60 EA per 30 days)
<i>XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG</i>	3	QL (28 EA per 28 days)
<i>XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG</i>	5	30DS; QL (28 EA per 28 days)
<i>ZONISADE</i>	4	QL (300 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Zonisamide Oral	2	
ZTALMY	5	PA (NS); LA; 30DS; QL (1080 ML per 30 days)
Anticonvulsants, Miscellaneous		
APTIOM ORAL TABLET 200 MG, 400 MG	5	30DS; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	30DS; QL (60 EA per 30 days)
Magnesium Sulfate Injection Solution 50 %, 50 % (10ML SYRINGE)	2	B/D
Antidepressants		
Amitriptyline HCl Oral	1	PA (NS)
Amoxapine	2	PA (NS)
BuPROPion HCl ER (Smoking Det)	2	
buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG	4	
buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 MG, 200 MG	2	
buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG	2	
buPROPion HCl Oral	2	
Citalopram Hydrobromide Oral Solution	3	
Citalopram Hydrobromide Oral Tablet 10 MG	1	QL (90 EA per 30 days)
Citalopram Hydrobromide Oral Tablet 20 MG	1	QL (60 EA per 30 days)
Citalopram Hydrobromide Oral Tablet 40 MG	1	QL (30 EA per 30 days)
clomiPRAMINE HCl Oral	4	PA (NS)
Desipramine HCl Oral Tablet 10 MG	2	PA (NS)
Desipramine HCl Oral Tablet 100 MG, 25 MG	3	PA (NS)
Desipramine HCl Oral Tablet 150 MG, 50 MG, 75 MG	4	PA (NS)
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 50 MG	4	QL (30 EA per 30 days)
Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 25 MG	3	QL (30 EA per 30 days)
Doxepin HCl Oral Capsule	4	PA (NS)
Doxepin HCl Oral Concentrate	4	PA (NS)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG	3	QL (30 EA per 30 days)
Escitalopram Oxalate Oral Solution	3	
Escitalopram Oxalate Oral Tablet	1	QL (30 EA per 30 days)
FETZIMA	4	PA (NS); QL (30 EA per 30 days)
FETZIMA TITRATION	4	PA (NS); QL (28 EA per 28 days)
FLUoxetine HCl Oral Capsule 10 MG	1	QL (30 EA per 30 days)
FLUoxetine HCl Oral Capsule 20 MG, 40 MG	1	
FLUoxetine HCl Oral Solution	1	
fluvoxaMINE Maleate	1	
Imipramine HCl Oral	2	PA (NS)
MARPLAN	3	QL (180 EA per 30 days)
Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG	2	QL (30 EA per 30 days)
Mirtazapine Oral Tablet 7.5 MG	2	
Mirtazapine Oral Tablet Dispersible	2	QL (30 EA per 30 days)
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG	4	
Nefazodone HCl Oral Tablet 250 MG, 50 MG	2	
Nortriptyline HCl Oral	1	PA (NS)
OLANZapine-FLUoxetine HCl Oral Capsule 12-25 MG, 3-25 MG, 6-50 MG	2	QL (30 EA per 30 days)
OLANZapine-FLUoxetine HCl Oral Capsule 12-50 MG, 6-25 MG	4	QL (30 EA per 30 days)
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG	3	ST (NS); QL (30 EA per 30 days)
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG	3	ST (NS); QL (60 EA per 30 days)
PARoxetine HCl Oral Suspension	3	ST (NS); QL (900 ML per 30 days)
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG	1	ST (NS); QL (30 EA per 30 days)
PARoxetine HCl Oral Tablet 30 MG	1	ST (NS); QL (60 EA per 30 days)
Phenelzine Sulfate Oral	3	
Protriptyline HCl Oral Tablet 10 MG	2	PA (NS)
Protriptyline HCl Oral Tablet 5 MG	3	PA (NS)
Sertraline HCl Oral Concentrate	3	
Sertraline HCl Oral Tablet	1	
Tranylcypromine Sulfate	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG</i>	1	
<i>TraZODone HCl Oral Tablet 300 MG</i>	3	
<i>Trimipramine Maleate Oral Capsule 100 MG</i>	4	PA (NS); QL (60 EA per 30 days)
<i>Trimipramine Maleate Oral Capsule 25 MG, 50 MG</i>	4	PA (NS); QL (120 EA per 30 days)
<i>TRINTELLIX</i>	4	PA (NS); QL (30 EA per 30 days)
<i>Venlafaxine Besylate ER</i>	4	ST (NS); QL (60 EA per 30 days)
<i>Venlafaxine HCl</i>	1	
<i>Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour</i>	1	
<i>Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour</i>	4	
<i>VIIBRYD ORAL TABLET</i>	4	PA (NS); QL (30 EA per 30 days)
<i>VIIBRYD STARTER PACK</i>	4	PA (NS); QL (30 EA per 30 days)
Antimigraine Agents		
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</i>	3	PA; QL (1 ML per 30 days)
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</i>	3	PA; QL (2 ML per 30 days)
<i>AJOVY</i>	3	PA; QL (1.5 ML per 30 days)
<i>Dihydroergotamine Mesylate Nasal</i>	5	PA; 30DS; QL (8 ML per 28 days)
<i>Rizatriptan Benzoate Oral Tablet 10 MG</i>	4	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet 5 MG</i>	2	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 10 MG</i>	4	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 5 MG</i>	2	QL (18 EA per 30 days)
<i>SUMAriptan Nasal</i>	4	QL (12 EA per 30 days)
<i>SUMAriptan Succinate Oral Tablet 100 MG</i>	4	QL (9 EA per 30 days)
<i>SUMAriptan Succinate Oral Tablet 25 MG, 50 MG</i>	2	QL (18 EA per 30 days)
<i>SUMAriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML</i>	4	QL (9 ML per 30 days)
<i>SUMAriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i>	4	QL (4 ML per 30 days)
<i>SUMAriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i>	4	QL (4 ML per 30 days)
<i>SUMAriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML</i>	4	QL (9 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SUMAtriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML	4	QL (4 ML per 30 days)
UBRELVY	4	PA; QL (16 EA per 30 days)
Antiparkinsonian Agents		
Amantadine HCl Oral Capsule	2	QL (120 EA per 30 days)
Amantadine HCl Oral Solution	2	
Amantadine HCl Oral Syrup	2	
Amantadine HCl Oral Tablet	2	QL (120 EA per 30 days)
Benztropine Mesylate Oral	1	
Bromocriptine Mesylate Oral Capsule	4	
Bromocriptine Mesylate Oral Tablet	3	
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	2	
Carbidopa-Levodopa Oral Tablet	1	
Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-250 MG	2	
Carbidopa-Levodopa Oral Tablet Dispersible 25-100 MG	3	
Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 31.25-125-200 MG, 37.5-150-200 MG	2	
Carbidopa-Levodopa-Entacapone Oral Tablet 18.75-75-200 MG, 50-200-200 MG	3	
Carbidopa-Levodopa-Entacapone Oral Tablet 25-100-200 MG	4	
EMSAM	5	30DS; QL (30 EA per 30 days)
Entacapone	4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	ST; LA; 30DS; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	ST; LA; 30DS; QL (30 EA per 30 days)
KYNMOBI	5	*; 30DS; *Not available at mail-order; QL (150 EA per 30 days)
NEUPRO	4	PA; QL (30 EA per 30 days)
Pramipexole Dihydrochloride	1	
Rasagiline Mesylate Oral Tablet 0.5 MG	4	QL (30 EA per 30 days)
Rasagiline Mesylate Oral Tablet 1 MG	2	QL (30 EA per 30 days)
rOPINIRole HCl	2	
rOPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>rOPINIRole HCl ER Oral Tablet Extended Release 24 Hour 4 MG, 6 MG, 8 MG</i>	3	
<i>Selegiline HCl Oral</i>	3	
<i>Tolcapone</i>	2	
<i>Trihexyphenidyl HCl</i>	1	
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	PA (NS); 30DS; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	PA (NS); 30DS; QL (1 EA per 28 days)
ABILIFY MYCITE	5	PA (NS); 30DS; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT	5	PA (NS); 30DS; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>ARIPIPRAZOLE Oral Solution</i>	4	QL (900 ML per 30 days)
<i>ARIPIPRAZOLE Oral Tablet 10 MG</i>	4	QL (90 EA per 30 days)
<i>ARIPIPRAZOLE Oral Tablet 15 MG, 2 MG, 5 MG</i>	4	QL (60 EA per 30 days)
<i>ARIPIPRAZOLE Oral Tablet 20 MG, 30 MG</i>	4	QL (30 EA per 30 days)
<i>ARIPIPRAZOLE Oral Tablet Dispersible 10 MG</i>	4	QL (90 EA per 30 days)
<i>ARIPIPRAZOLE Oral Tablet Dispersible 15 MG</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO	5	30DS; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	30DS; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	30DS; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	30DS; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	30DS; QL (3.2 ML per 28 days)
<i>Asenapine Maleate Sublingual Tablet Sublingual 10 MG</i>	4	PA (NS); QL (60 EA per 30 days)
<i>Asenapine Maleate Sublingual Tablet Sublingual 2.5 MG</i>	4	PA (NS); QL (240 EA per 30 days)
<i>Asenapine Maleate Sublingual Tablet Sublingual 5 MG</i>	4	PA (NS); QL (120 EA per 30 days)
CAPLYTA	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>chlorproMAZINE HCl Oral Concentrate</i>	4	ST (NS)
<i>chlorproMAZINE HCl Oral Tablet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>cloZAPine Oral Tablet 100 MG, 200 MG</i>	3	
<i>cloZAPine Oral Tablet 25 MG</i>	4	
<i>CloZAPine Oral Tablet 50 MG</i>	2	
<i>CloZAPine Oral Tablet Dispersible 100 MG, 150 MG, 25 MG</i>	4	
<i>cloZAPine Oral Tablet Dispersible 12.5 MG, 200 MG</i>	2	
FANAPT	4	PA (NS); QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	PA (NS); QL (8 EA per 30 days)
<i>FluPHENAZine Decanoate Injection</i>	3	
<i>FluPHENAZine HCl Injection</i>	2	
<i>FluPHENAZine HCl Oral Concentrate</i>	4	
<i>FluPHENAZine HCl Oral Elixir</i>	3	
<i>fluPHENAZine HCl Oral Tablet</i>	4	
<i>Haloperidol Decanoate Intramuscular</i>	2	
<i>Haloperidol Lactate</i>	2	
<i>Haloperidol Oral</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	PA (NS); 30DS; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	PA (NS); 30DS; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA (NS); 30DS; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA (NS); 30DS; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA (NS); 30DS; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	PA (NS); QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA (NS); 30DS; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	PA (NS); 30DS; QL (0.88 ML per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	PA (NS); 30DS; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	PA (NS); 30DS; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	PA (NS); 30DS; QL (2.63 ML per 84 days)
LATUDA ORAL TABLET 120 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 60 MG, 80 MG	4	QL (60 EA per 30 days)
LATUDA ORAL TABLET 40 MG	4	QL (120 EA per 30 days)
<i>Loxapine Succinate Oral</i>	2	
LYBALVI	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>Molindone HCl Oral Tablet 10 MG, 25 MG</i>	4	
<i>Molindone HCl Oral Tablet 5 MG</i>	2	
NUPLAZID ORAL CAPSULE	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>OLANZapine Intramuscular</i>	4	QL (3 EA per 1 day)
<i>OLANZapine Oral Tablet 10 MG, 2.5 MG</i>	3	QL (60 EA per 30 days)
<i>OLANZapine Oral Tablet 15 MG, 20 MG, 7.5 MG</i>	3	QL (30 EA per 30 days)
<i>OLANZapine Oral Tablet 5 MG</i>	3	QL (120 EA per 30 days)
<i>OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG</i>	4	QL (30 EA per 30 days)
<i>OLANZapine Oral Tablet Dispersible 5 MG</i>	4	QL (120 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG</i>	4	QL (30 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i>	4	QL (60 EA per 30 days)
<i>Perphenazine Oral Tablet 16 MG, 4 MG, 8 MG</i>	3	
<i>Perphenazine Oral Tablet 2 MG</i>	2	
PERSERIS	5	PA (NS); 30DS; QL (1 EA per 28 days)
<i>Pimozide Oral Tablet 1 MG</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Pimozide Oral Tablet 2 MG	4	
QUEtiapine Fumarate ER	4	ST (NS); QL (60 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 100 MG, 200 MG, 50 MG	1	QL (120 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 150 MG	3	QL (150 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 25 MG	1	QL (360 EA per 30 days)
QUEtiapine Fumarate Oral Tablet 300 MG, 400 MG	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	5	30DS; QL (90 EA per 30 days)
REXULTI ORAL TABLET 2 MG	5	30DS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	30DS; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	PA (NS); QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	PA (NS); 30DS; QL (2 EA per 28 days)
risperiDONE Oral Solution	2	QL (480 ML per 30 days)
risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG	1	QL (60 EA per 30 days)
RisperiDONE Oral Tablet 1 MG, 4 MG	1	QL (120 EA per 30 days)
RisperiDONE Oral Tablet 3 MG	1	QL (150 EA per 30 days)
risperiDONE Oral Tablet Dispersible 0.25 MG	2	QL (30 EA per 30 days)
RisperiDONE Oral Tablet Dispersible 0.5 MG, 2 MG	3	QL (60 EA per 30 days)
RisperiDONE Oral Tablet Dispersible 1 MG	3	QL (120 EA per 30 days)
risperiDONE Oral Tablet Dispersible 3 MG	4	QL (150 EA per 30 days)
RisperiDONE Oral Tablet Dispersible 4 MG	4	QL (120 EA per 30 days)
SECUADO	5	PA (NS); 30DS; QL (30 EA per 30 days)
Thioridazine HCl Oral Tablet 10 MG, 50 MG	2	
Thioridazine HCl Oral Tablet 100 MG, 25 MG	3	
Thiothixene Oral Capsule 1 MG, 5 MG	2	
Thiothixene Oral Capsule 10 MG	3	
Thiothixene Oral Capsule 2 MG	4	
Trifluoperazine HCl Oral Tablet 1 MG, 2 MG, 5 MG	2	
Trifluoperazine HCl Oral Tablet 10 MG	4	
VERSACLOZ	5	30DS; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE	5	PA (NS); 30DS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA (NS)
<i>Ziprasidone HCl Oral Capsule 20 MG</i>	4	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 40 MG</i>	2	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 60 MG, 80 MG</i>	2	QL (60 EA per 30 days)
<i>Ziprasidone Mesylate</i>	4	QL (6 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	PA (NS); QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	PA (NS); QL (1 EA per 28 days)
Anxiolytics, Sedatives And Hypnotics,Misc.		
BAC	2	PA; QL (180 EA per 30 days)
BELSOMRA	3	QL (30 EA per 30 days)
<i>busPIRone HCl Oral</i>	1	
<i>Butalbital-Acetaminophen Oral Tablet 50-325 MG</i>	2	PA; QL (180 EA per 30 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	2	PA; QL (180 EA per 30 days)
<i>Doxepin HCl Oral Tablet</i>	2	QL (30 EA per 30 days)
HETLIOZ	5	PA; LA; 30DS
HETLIOZ LQ	5	PA; LA; 30DS
<i>hydrOXYzine HCl Oral Syrup</i>	2	PA (NS)
<i>hydrOXYzine HCl Oral Tablet</i>	2	PA (NS)
<i>hydrOXYzine Pamoate Oral</i>	2	PA (NS)
<i>Temazepam Oral Capsule 15 MG, 30 MG</i>	1	QL (30 EA per 30 days)
Zaleplon	1	ST; QL (30 EA per 30 days)
Zolpidem Tartrate Oral	1	ST; QL (30 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
ALPRAZolam ER	2	QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days)
<i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG</i>	2	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 1 MG</i>	4	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 2 MG</i>	2	QL (150 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG</i>	2	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 1 MG</i>	3	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 2 MG</i>	2	QL (150 EA per 30 days)
<i>ALPRAZolam XR</i>	2	QL (90 EA per 30 days)
<i>LORAZEPAM INTENSOL</i>	2	QL (150 ML per 30 days)
<i>LORazepam Oral Concentrate 2 MG/ML</i>	2	QL (150 ML per 30 days)
<i>LORazepam Oral Tablet</i>	2	QL (120 EA per 30 days)
Central Nervous System Agents, Misc.		
<i>Acamprosate Calcium</i>	1	
<i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG</i>	3	QL (120 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG</i>	3	QL (30 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 40 MG</i>	3	QL (60 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 80 MG</i>	4	QL (30 EA per 30 days)
<i>AUSTEDO ORAL TABLET 12 MG, 9 MG</i>	5	PA; *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>AUSTEDO ORAL TABLET 6 MG</i>	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG, 4 MG</i>	2	PA; QL (30 EA per 30 days)
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 3 MG</i>	3	PA; QL (30 EA per 30 days)
<i>INGREZZA ORAL CAPSULE</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Lithium</i>	4	
<i>Lithium Carbonate ER</i>	2	
<i>Lithium Carbonate Oral</i>	1	
<i>Memantine HCl Oral Solution</i>	2	QL (300 ML per 30 days)
<i>Memantine HCl Oral Tablet 10 MG</i>	2	QL (60 EA per 30 days)
<i>Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG</i>	4	
<i>Memantine HCl Oral Tablet 5 MG</i>	4	QL (60 EA per 30 days)
<i>NUEDEXTA</i>	4	PA; QL (60 EA per 30 days)
<i>RADICAVA ORS STARTER KIT</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (70 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Riluzole	3	
Tetrabenazine Oral Tablet 12.5 MG	5	PA; *; 30DS; *Not available at mail-order; QL (240 EA per 30 days)
Tetrabenazine Oral Tablet 25 MG	5	PA; *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
XYREM	5	PA; LA; 30DS; QL (540 ML per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CATAFLAM	3	QL (120 EA per 30 days)
Celecoxib Oral Capsule 100 MG, 200 MG	4	QL (60 EA per 30 days)
Celecoxib Oral Capsule 400 MG	3	QL (30 EA per 30 days)
Celecoxib Oral Capsule 50 MG	2	QL (60 EA per 30 days)
Diclofenac Potassium Oral Tablet 50 MG	3	QL (120 EA per 30 days)
Diclofenac Sodium ER	2	
Diclofenac Sodium External Gel 1 %	3	
Diclofenac Sodium Oral Tablet Delayed Release 25 MG	4	
Diclofenac Sodium Oral Tablet Delayed Release 50 MG, 75 MG	2	
Diflunisal Oral	4	
EC-Naproxen	1	
Etodolac ER	2	
Etodolac Oral	2	
Flurbiprofen Oral Tablet 100 MG	2	
IBU	1	
Ibuprofen Oral Suspension	1	
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	1	
Ketoprofen ER	2	
Ketoprofen Oral	2	
Meloxicam Oral Tablet	1	
Nabumetone Oral	2	
Naproxen Oral Suspension	4	
Naproxen Oral Tablet	1	
Naproxen Oral Tablet Delayed Release	1	
Naproxen Sodium Oral Tablet 275 MG	1	
Naproxen Sodium Oral Tablet 550 MG	4	
Piroxicam Oral	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
RELAFEN	2	
Sulindac Oral	1	
Opiate Agonists		
Acetaminophen-Codeine #3	2	QL (180 EA per 30 days)
Acetaminophen-Codeine Oral Solution	2	QL (2700 ML per 30 days)
Acetaminophen-Codeine Oral Tablet	2	QL (180 EA per 30 days)
Butorphanol Tartrate Nasal	4	
Codeine Sulfate Oral Tablet	4	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL (180 EA per 30 days)
FentaNYL	4	QL (10 EA per 30 days)
FentaNYL Citrate Buccal Lozenge On A Handle 1200 MCG	5	PA; 30DS; QL (120 EA per 30 days)
FentaNYL Citrate Buccal Lozenge On A Handle 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 EA per 30 days)
HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG	4	QL (180 EA per 30 days)
HYDROcodone-Acetaminophen Oral Tablet 5-300 MG, 5-325 MG, 7.5-325 MG	2	QL (180 EA per 30 days)
HYDROcodone-Acetaminophen Oral Tablet 7.5-300 MG	3	QL (180 EA per 30 days)
Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	3	QL (150 EA per 30 days)
HYDROmorphine HCl Injection Solution 1 MG/ML, 4 MG/ML	4	
HYDROmorphine HCl Oral Liquid	4	QL (1500 ML per 30 days)
HYDROmorphine HCl Oral Tablet	3	QL (180 EA per 30 days)
HYDROmorphine HCl PF Injection Solution 10 MG/ML, 50 MG/5ML, 500 MG/50ML	4	B/D
LORCET HD	4	QL (180 EA per 30 days)
Meperidine HCl Injection Solution 100 MG/ML, 25 MG/ML, 50 MG/ML	2	PA; QL (180 ML per 30 days)
Meperidine HCl Oral Solution	2	ST; QL (1000 ML per 30 days)
Meperidine HCl Oral Tablet 50 MG	2	ST; QL (180 EA per 30 days)
Methadone HCl Oral Solution	3	QL (450 ML per 30 days)
Methadone HCl Oral Tablet	3	QL (300 EA per 30 days)
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML, 20 MG/ML	3	QL (180 ML per 30 days)
Morphine Sulfate ER Oral Tablet Extended Release	3	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Morphine Sulfate Intravenous Solution 1 MG/ML, 50 MG/ML</i>	4	B/D
<i>Morphine Sulfate Oral Solution</i>	3	QL (1000 ML per 30 days)
<i>Morphine Sulfate Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>OxyCODONE HCl Oral Capsule</i>	4	QL (180 EA per 30 days)
<i>OxyCODONE HCl Oral Concentrate 100 MG/5ML</i>	4	QL (180 ML per 30 days)
<i>oxyCODONE HCl Oral Solution</i>	4	QL (3600 ML per 30 days)
<i>oxyCODONE HCl Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	3	QL (180 EA per 30 days)
<i>oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 7.5 MG</i>	3	QL (60 EA per 30 days)
<i>OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 15 MG, 20 MG, 30 MG, 40 MG</i>	4	QL (60 EA per 30 days)
<i>oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 5 MG</i>	2	QL (60 EA per 30 days)
<i>Oxymorphone HCl Oral Tablet 10 MG</i>	2	QL (120 EA per 30 days)
<i>Oxymorphone HCl Oral Tablet 5 MG</i>	3	QL (120 EA per 30 days)
<i>traMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>traMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)
<i>traMADol HCl Oral Tablet 50 MG</i>	4	QL (240 EA per 30 days)
<i>traMADol-Acetaminophen</i>	3	QL (240 EA per 30 days)
Opiate Antagonists		
KLOXXADO	3	
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	2	
<i>Naloxone HCl Injection Solution Cartridge</i>	2	
<i>Naloxone HCl Injection Solution Prefilled Syringe</i>	2	
<i>Naltrexone HCl Oral</i>	2	
NARCAN	3	
ZIMHI	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Opiate Partial Agonists		
Buprenorphine HCl Sublingual Tablet Sublingual 2 MG	2	QL (90 EA per 30 days)
Buprenorphine HCl Sublingual Tablet Sublingual 8 MG	2	QL (60 EA per 30 days)
Buprenorphine HCl-Naloxone HCl Sublingual Film	2	QL (60 EA per 30 days)
LUCEMYRA	3	QL (224 EA per 30 days)
Pentazocine-Naloxone HCl	4	ST; QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM	3	QL (60 EA per 30 days)
ZUBSOLV	4	QL (60 EA per 30 days)
Respiratory And Cns Stimulants		
Dexmethylphenidate HCl	2	QL (60 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG	3	QL (60 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 40 MG, 5 MG	3	QL (30 EA per 30 days)
Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG, 35 MG	2	QL (30 EA per 30 days)
Methylphenidate HCl ER (OSM)	4	QL (30 EA per 30 days)
Methylphenidate HCl ER Oral Tablet Extended Release 20 MG	3	QL (90 EA per 30 days)
Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour	3	QL (30 EA per 30 days)
Methylphenidate HCl Oral Tablet 10 MG, 5 MG	2	QL (90 EA per 30 days)
Methylphenidate HCl Oral Tablet 20 MG	3	QL (90 EA per 30 days)
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
BAND-AID GAUZE SMALL	1	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	1	
BD AUTOSHIELD DUO	1	
BD INSULIN SYR ULTRAFINE II	1	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	1	
BD INSULIN SYRINGE HALF-UNIT	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	1	
BD INSULIN SYRINGE U/F	1	
BD INSULIN SYRINGE U/F 1/2UNIT	1	
BD INSULIN SYRINGE U-500	1	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	1	
BD PEN NEEDLE MICRO U/F	1	
BD PEN NEEDLE MINI U/F	1	
BD PEN NEEDLE NANO 2ND GEN	1	
BD PEN NEEDLE NANO U/F	1	
BD PEN NEEDLE ORIGINAL U/F	1	
BD PEN NEEDLE SHORT U/F	1	
BD SAFETYGLIDE INSULIN SYRINGE	1	
BD SAFETY-LOK INSULIN SYRINGE	1	
BD VEO INSULIN SYR U/F 1/2UNIT	1	
BD VEO INSULIN SYRINGE U/F	1	
BIOGUARD GAUZE SPONGES PAD 2"X2"	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
CURITY ALL PURPOSE SPONGES PAD 2"X2"	1	
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	1	
CURITY GAUZE PAD 2"X2"	1	
CURITY GAUZE SPONGE PAD 2"X2"	1	
CURITY SPONGES PAD 2"X2"	1	
CVS Gauze Pad 2"X2"	1	
CVS Gauze Sterile Pad 2"X2"	1	
DERMACEA GAUZE SPONGE PAD 2"X2"	1	
DERMACEA IV DRAIN SPONGES PAD 2"X2"	1	
DERMACEA IV SPONGES	1	
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	1	
DERMACEA TYPE VII GAUZE PAD 2"X2"	1	
EASY TOUCH FLIPLOCK INSULIN SY	1	
EASY TOUCH INSULIN SAFETY SYR	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	1	
EASY TOUCH SAFETY PEN NEEDLES	1	
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	1	
<i>EQL Gauze Pad 2"X2"</i>	1	
EXCILON IV SPONGES	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
<i>Gauze Pads Pad 2"X2"</i>	1	
<i>Gauze Type VII Medi-Pak</i>	1	
<i>GNP Sterile Gauze Pad 2"X2"</i>	1	
<i>GNP UltiCare Pen Needles</i>	1	
<i>HealthWise Insulin Syr/Needle</i>	1	
<i>HealthWise Micron Pen Needles</i>	1	
<i>HealthWise Short Pen Needles</i>	1	
<i>HM Sterile Pads Pad 2"X2"</i>	1	
HM ULTICARE INSULIN SYRINGE	1	
HM ULTICARE MINI PEN NEEDLES	1	
HM ULTICARE SHORT PEN NEEDLES	1	
J & J GAUZE PAD 2"X2"	1	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	1	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	1	
MIRASORB SPONGES 2"X2"	1	
NOVOFINE AUTOCOVER PEN NEEDLE	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
NOVOPEN ECHO	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
NOVOTWIST PEN NEEDLE	1	
OMNIPOD 5 G6 INTRO (GEN 5)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	1	PA (NS); QL (10 EA per 30 days)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
<i>Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML</i>	1	
<i>PX Insulin Syringe 30G X 1/2" 0.5 ML</i>	1	
<i>QC Border Island Gauze</i>	1	
<i>QC Sterile Pads Pad 2"X2"</i>	1	
<i>RA Sterile Pad 2"X2"</i>	1	
<i>RESTORE CONTACT LAYER PAD 2"X2"</i>	1	
<i>SM Gauze Pad 2"X2"</i>	1	
<i>SM Sterile Pad 2"X2"</i>	1	
<i>Sterile Gauze Pad 2"X2"</i>	1	
<i>Sterile Pad 2"X2"</i>	1	
<i>Sure Comfort Insulin Syringe</i>	1	
<i>Sure Comfort Pen Needles 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM</i>	1	
<i>Surgical Gauze Sponge</i>	1	
<i>TEGADERM FOAM PAD 2"X2"</i>	1	
<i>THERAGAUZE PAD 2"X2"</i>	1	
<i>TRUEPLUS 5-BEVEL PEN NEEDLES</i>	1	
<i>TRUEPLUS INSULIN SYRINGE</i>	1	
<i>TRUEPLUS PEN NEEDLES</i>	1	
<i>ULTICARE INSULIN SAFETY SYR</i>	1	
<i>ULTICARE INSULIN SYRINGE</i>	1	
<i>ULTICARE MICRO PEN NEEDLES</i>	1	
<i>ULTICARE MINI PEN NEEDLES</i>	1	
<i>ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM</i>	1	
<i>ULTICARE SHORT PEN NEEDLES</i>	1	
<i>UNIFINE PEN NEEDLES</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS	1	
UNIFINE PENTIPS PLUS	1	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM	1	
V-GO 20	1	PA (NS); QL (30 EA per 30 days)
V-GO 30	1	PA (NS); QL (30 EA per 30 days)
V-GO 40	1	PA (NS); QL (30 EA per 30 days)
Electrolytic, Caloric, And Water Balance		
Ammonia Detoxicants		
<i>Carglumic Acid</i>	5	PA; LA; 30DS
<i>Constulose</i>	2	
<i>Enulose</i>	2	
<i>Generlac</i>	2	
<i>Lactulose Encephalopathy</i>	2	
<i>Lactulose Oral Solution</i>	2	
RAVICTI	5	PA; *; LA; 30DS; *Not available at mail-order
<i>Sodium Phenylbutyrate Oral Powder 3 GM/TSP</i>	5	PA; *; 30DS; *Not available at mail-order
Caloric Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	B/D
CLINOLIPID	3	B/D
<i>Dextrose Intravenous Solution 10 %, 250 MG/ML, 5 %, 50 %, 70 %</i>	2	
<i>Dextrose-NaCl Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>Dextrose-Sodium Chloride Intravenous Solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID	3	B/D
NUTRILIPID	3	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D
TRAVASOL	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Diuretics		
<i>aMILoride HCl Oral</i>	2	
<i>Amiloride-Hydrochlorothiazide</i>	2	
<i>Bumetanide Injection</i>	2	
<i>Bumetanide Oral</i>	1	
<i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i>	1	
DIURIL	4	
<i>Furosemide Injection</i>	2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	1	
<i>Furosemide Oral Tablet</i>	1	
<i>hydroCHLOROthiazide Oral</i>	1	
<i>Indapamide Oral</i>	1	
<i>metOLazone</i>	2	
<i>Torsemide Oral</i>	1	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	1	
<i>Triamterene-HCTZ Oral Tablet</i>	1	
Ion-Removing Agents		
AURYXIA	4	PA; QL (360 EA per 30 days)
<i>Calcium Acetate (Phos Binder) Oral Capsule</i>	2	QL (360 EA per 30 days)
<i>Calcium Acetate Oral Tablet 667 MG</i>	2	QL (360 EA per 30 days)
<i>LOKELMA ORAL PACKET 10 GM</i>	3	QL (34 EA per 30 days)
<i>LOKELMA ORAL PACKET 5 GM</i>	3	QL (30 EA per 30 days)
<i>Sevelamer Carbonate Oral Tablet</i>	4	QL (540 EA per 30 days)
<i>Sodium Polystyrene Sulfonate Oral Powder</i>	2	
SPS	2	
VELTASSA	3	QL (30 EA per 30 days)
Replacement Preparations		
<i>KCl in Dextrose-NaCl Intravenous Solution 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%</i>	2	B/D
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	3	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
KLOR-CON SPRINKLE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ, 20 MEQ	2	
Potassium Chloride Crys ER Oral Tablet Extended Release 15 MEQ	3	
Potassium Chloride ER Oral Capsule Extended Release	2	
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ	2	
Potassium Chloride ER Oral Tablet Extended Release 8 MEQ	1	
Potassium Chloride Intravenous Solution 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	4	
Potassium Chloride Intravenous Solution 2 MEQ/ML, 2 MEQ/ML (20 ML)	2	
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	4	
Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG)	3	
Potassium Citrate ER Oral Tablet Extended Release 5 MEQ (540 MG)	2	
Sodium Chloride (PF)	2	
Sodium Chloride Injection	2	
Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	2	
Sodium Chloride Irrigation Solution 0.9 %	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	B/D

Enzymes

Enzymes

ALDURAZYME	5	PA; *; LA; 30DS; *Not available at mail-order
ELAPRASE	5	PA; *; LA; 30DS; *Not available at mail-order
NAGLAZYME	5	PA; *; LA; 30DS; *Not available at mail-order

Eye, Ear, Nose, And Throat (Ent) Preparations

Antiallergic Agents

Azelastine HCl Nasal Solution 0.1 %, 0.15 %	2	
Azelastine HCl Ophthalmic	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Cromolyn Sodium Ophthalmic	2	
Epinastine HCl	4	
Olopatadine HCl Ophthalmic Solution 0.1 %	2	
Olopatadine HCl Ophthalmic Solution 0.2 %	3	
Antiglaucoma Agents		
acetaZOLAMIDE ER	2	
acetaZOLAMIDE Oral Tablet 125 MG	3	
acetaZOLAMIDE Oral Tablet 250 MG	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT	3	
Betaxolol HCl Ophthalmic	3	
BETOPTIC-S	3	
Brimonidine Tartrate Ophthalmic Solution 0.15 %	3	
Brimonidine Tartrate Ophthalmic Solution 0.2 %	2	
Brimonidine Tartrate-Timolol	3	
Brinzolamide	3	
COMBIGAN	3	
Dorzolamide HCl Ophthalmic	2	
Dorzolamide HCl-Timolol Mal	3	
Latanoprost Ophthalmic	4	
Levobunolol HCl Ophthalmic Solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (5 ML per 25 days)
methazolAMIDE Oral Tablet 25 MG	3	
methazolAMIDE Oral Tablet 50 MG	4	
Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %	3	
RHOPRESSA	3	PA
ROCKLATAN	3	QL (2.5 ML per 30 days)
SIMBRINZA	3	
Timolol Maleate Ophthalmic Gel Forming Solution	3	
Timolol Maleate Ophthalmic Solution	1	
VYZULTA	3	QL (5 ML per 25 days)
Anti-Infectives (Eent)		
Acetic Acid Otic	2	
AK-Poly-Bac	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Bacitracin Ophthalmic	2	
Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM	2	
Bacitra-Neomycin-Polymyxin-HC	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
Chlorhexidine Gluconate Mouth/Throat	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRODEX	3	
Ciprofloxacin HCl Ophthalmic	1	
Erythromycin Ophthalmic	1	
GENTAK OPHTHALMIC OINTMENT	1	
Gentamicin Sulfate Ophthalmic Solution	1	
Hydrocortisone-Acetic Acid	2	
Levofloxacin Ophthalmic Solution 0.5 %	2	
Moxifloxacin HCl Ophthalmic Solution	3	
NATACYN	3	
Neomycin-Bacitracin Zn-Polymyx	2	
Neomycin-Polymyxin-Dexameth Ophthalmic Ointment	2	
Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1	2	
Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025	2	
Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1	3	
Neomycin-Polymyxin-HC Otic Solution 1 %	2	
Neomycin-Polymyxin-HC Otic Suspension	2	
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
Ofloxacin Ophthalmic	1	
Ofloxacin Otic	2	
PAROEX	1	
PERIOGARD	1	
POLYCIN	2	
Polymyxin B-Trimethoprim	1	
Sulfacetamide Sodium Ophthalmic Ointment	3	
Sulfacetamide Sodium Ophthalmic Solution	4	
Sulfacetamide-Prednisolone Ophthalmic Solution	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>Tobramycin Ophthalmic</i>	1	
<i>Tobramycin-Dexamethasone</i>	3	
<i>Trifluridine Ophthalmic</i>	3	
ZIRGAN	3	
Anti-Inflammatory Agents (Ent)		
<i>Dexamethasone Sodium Phosphate Ophthalmic</i>	2	
<i>Diclofenac Sodium Ophthalmic</i>	1	
<i>Difluprednate</i>	3	
DUREZOL	3	
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	2	QL (75 ML per 30 days)
<i>Fluorometholone Ophthalmic</i>	3	
<i>Flurbiprofen Sodium</i>	1	
<i>Fluticasone Propionate Nasal</i>	2	QL (16 GM per 30 days)
FML FORTE	3	
<i>Ketorolac Tromethamine Ophthalmic</i>	2	
MAXIDEX	3	
PRED MILD	3	
<i>prednisolONE Acetate Ophthalmic</i>	4	
<i>PrednisolONE Sodium Phosphate Ophthalmic</i>	3	
RESTASIS	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
XIIDRA	3	
Ent Drugs, Miscellaneous		
<i>Apraclonidine HCl</i>	2	
<i>Carteolol HCl</i>	2	
CYSTARAN	5	LA; 30DS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>Ipratropium Bromide Nasal</i>	1	QL (30 ML per 30 days)
Local Anesthetics (Ent)		
<i>Lidocaine HCl External Solution</i>	2	
<i>Lidocaine Viscous HCl</i>	2	
<i>Proparacaine HCl Ophthalmic</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Drugs		
Antidiarrhea Agents		
Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG	2	PA
Loperamide HCl Oral Capsule	2	
XERMELO	5	PA; LA; 30DS; QL (84 EA per 28 days)
Antiemetics		
Aprepitant Oral	2	B/D; QL (6 EA per 30 days)
Aprepitant Oral Capsule 125 MG	2	B/D; QL (2 EA per 30 days)
Aprepitant Oral Capsule 40 MG	2	B/D; QL (4 EA per 30 days)
Aprepitant Oral Capsule 80 & 125 MG	2	B/D; QL (6 EA per 30 days)
Aprepitant Oral Capsule 80 MG	4	B/D; QL (4 EA per 30 days)
COMPRO	3	
Dronabinol Oral Capsule 10 MG	2	PA; QL (60 EA per 30 days)
Dronabinol Oral Capsule 2.5 MG	3	PA; QL (60 EA per 30 days)
Dronabinol Oral Capsule 5 MG	4	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
Granisetron HCl Oral	3	B/D
Meclizine HCl Oral Tablet 12.5 MG, 25 MG	2	PA
Ondansetron	2	B/D
Ondansetron HCl Oral Solution	3	B/D
Ondansetron HCl Oral Tablet 4 MG, 8 MG	2	B/D
Prochlorperazine	3	
Prochlorperazine Maleate Oral	2	
Promethazine HCl Rectal Suppository 12.5 MG	3	
Promethazine HCl Rectal Suppository 25 MG	4	
Scopolamine	4	QL (10 EA per 30 days)
Anti-Inflammatory Agents (Gi Drugs)		
Balsalazide Disodium	3	
Mesalamine ER Oral Capsule Extended Release 24 Hour	4	QL (120 EA per 30 days)
Mesalamine Oral Capsule Delayed Release	4	QL (180 EA per 30 days)
Mesalamine Oral Tablet Delayed Release	4	
Mesalamine Rectal Enema	4	
Mesalamine-Cleanser	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Antiulcer Agents And Acid Suppressants		
<i>Amoxicill-Clarithro-Lansopraz</i>	4	
CARAFATE ORAL SUSPENSION	4	
<i>Cimetidine HCl Oral Solution 300 MG/5ML</i>	1	
<i>Cimetidine Oral</i>	1	
DEXILANT	4	ST; QL (30 EA per 30 days)
<i>Dexlansoprazole</i>	4	ST; QL (30 EA per 30 days)
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	1	
<i>Lansoprazole Oral Capsule Delayed Release</i>	2	QL (60 EA per 30 days)
<i>miSOPROStol Oral</i>	2	
<i>Omeprazole Oral Capsule Delayed Release</i>	1	QL (60 EA per 30 days)
<i>Pantoprazole Sodium Oral Tablet Delayed Release</i>	1	QL (60 EA per 30 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release</i>	3	QL (60 EA per 30 days)
<i>Sucralfate Oral Suspension</i>	4	
<i>Sucralfate Oral Tablet</i>	2	
Cathartics And Laxatives		
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	
<i>GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM</i>	3	
<i>PEG 3350/Electrolytes</i>	2	
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	2	
<i>PEG-3350/Electrolytes</i>	2	
TRILYTE	2	
TRULANCE	3	QL (30 EA per 30 days)
Gi Drugs, Miscellaneous		
<i>Alosetron HCl</i>	5	PA; 30DS
CHENODAL	5	ST; LA; 30DS
CREON	3	
GATTEX	5	PA; *; LA; 30DS; *Not available at mail-order
LINZESS	3	QL (30 EA per 30 days)
<i>Metoclopramide HCl Oral Solution 10 MG/10ML, 5 MG/5ML</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Metoclopramide HCl Oral Tablet</i>	1	
MOVANTIK	3	QL (30 EA per 30 days)
RELISTOR ORAL	5	PA; 30DS; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; 30DS; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; 30DS; QL (12 ML per 30 days)
<i>Ursodiol Oral Capsule 300 MG</i>	3	
<i>Ursodiol Oral Tablet</i>	3	
XIFAXAN ORAL TABLET 200 MG	5	PA; 30DS; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; 30DS; QL (84 EA per 28 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	
CLOVIQUE	5	PA; *; 30DS; *Not available at mail-order
<i>Deferasirox Oral Tablet Soluble</i>	5	PA; *; 30DS; *Not available at mail-order
<i>Deferiprone</i>	5	PA; *; LA; 30DS; *Not available at mail-order
<i>penicillAMINE Oral Tablet</i>	5	*; 30DS; *Not available at mail-order
<i>Trientine HCl</i>	5	PA; *; 30DS; *Not available at mail-order
Hormones And Synthetic Substitutes		
Adrenals		
<i>Budesonide ER Oral Tablet Extended Release 24 Hour</i>	5	PA; 30DS; QL (30 EA per 30 days)
<i>Budesonide Oral</i>	4	
<i>Cortisone Acetate Oral</i>	2	
DECADRON ORAL ELIXIR	2	
<i>Dexamethasone Oral Elixir</i>	2	
<i>Dexamethasone Oral Solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Dexamethasone Oral Tablet	1	
Fludrocortisone Acetate Oral	2	
Hydrocortisone Oral	1	
MethylPREDNISolone Oral	2	
MILLIPRED ORAL TABLET	4	
<i>prednisoLONE Oral Solution</i>	1	
PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 6.7 (5 Base) MG/5ML	1	
PREDNISONE INTENSOL	4	
<i>PredniSOne Oral Solution</i>	1	
<i>predniSOne Oral Tablet</i>	1	
<i>predniSOne Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)</i>	1	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
Danazol Oral Capsule 100 MG, 50 MG	2	
Danazol Oral Capsule 200 MG	3	
Oxandrolone Oral Tablet 10 MG	3	PA; QL (60 EA per 30 days)
Oxandrolone Oral Tablet 2.5 MG	3	PA; QL (90 EA per 30 days)
Testosterone Cypionate Injection Solution 200 MG/ML	2	
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML, 200 MG/ML (1 ML)	2	
Testosterone Enanthate Intramuscular Solution	2	
Testosterone Transdermal Gel 12.5 MG/ACT (1%)	3	
Testosterone Transdermal Gel 20.25 MG/1.25GM (1.62%)	2	
Testosterone Transdermal Gel 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	4	
Testosterone Transdermal Solution	4	QL (180 ML per 30 days)
Antidiabetic Agents		
Acarbose Oral Tablet 100 MG, 50 MG	1	QL (90 EA per 30 days)
Acarbose Oral Tablet 25 MG	1	
AVANDIA ORAL TABLET 2 MG	3	QL (30 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (1.2 ML per 30 days)
FARXIGA	3	QL (30 EA per 30 days)
FIASP	3	QL (30 ML per 30 days)
FIASP FLEXTOUCH	3	QL (30 ML per 30 days)
FIASP PENFILL	3	QL (30 ML per 30 days)
<i>Glimepiride Oral Tablet 1 MG, 4 MG</i>	1	QL (60 EA per 30 days)
<i>Glimepiride Oral Tablet 2 MG</i>	1	QL (30 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG</i>	1	QL (60 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE Oral Tablet 10 MG</i>	1	QL (120 EA per 30 days)
<i>glipiZIDE Oral Tablet 5 MG</i>	1	QL (90 EA per 30 days)
<i>GlipiZIDE XL Oral Tablet Extended Release 24 Hour 10 MG</i>	1	QL (60 EA per 30 days)
<i>GlipiZIDE XL Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i>	1	QL (90 EA per 30 days)
<i>GlipiZIDE-MetFORMIN HCl Oral Tablet 2.5-250 MG</i>	1	QL (60 EA per 30 days)
<i>GlipiZIDE-MetFORMIN HCl Oral Tablet 2.5-500 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG</i>	1	QL (120 EA per 30 days)
GLYXAMBI	3	QL (30 EA per 30 days)
HUMULIN R U-500 (CONCENTRATED)	5	30DS; QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	30DS; QL (30 ML per 30 days)
<i>Insulin Asp Prot & Asp FlexPen</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart FlexPen</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart PenFill</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart Prot & Aspart</i>	3	QL (30 ML per 30 days)
JANUMET	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
LANTUS	3	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
LEVEMIR	3	QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL (30 ML per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG</i>	1	QL (120 EA per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG</i>	1	QL (90 EA per 30 days)
<i>metFORMIN HCl Oral Tablet 1000 MG</i>	1	QL (60 EA per 30 days)
<i>metFORMIN HCl Oral Tablet 500 MG</i>	1	QL (120 EA per 30 days)
<i>metFORMIN HCl Oral Tablet 850 MG</i>	1	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 100 MG, 50 MG</i>	2	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 25 MG</i>	2	
NOVOLIN 70/30	3	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN N	3	QL (30 ML per 30 days)
NOVOLIN N FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN R	3	QL (30 ML per 30 days)
NOVOLIN R FLEXPEN	3	QL (30 ML per 30 days)
NOVOLOG	3	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (30 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	3	QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	3	QL (3 ML per 28 days)
<i>Pioglitazone HCl</i>	1	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Glimepiride</i>	2	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Metformin HCl</i>	4	QL (90 EA per 30 days)
RYBELSUS	3	QL (30 EA per 30 days)
SOLIQUA	3	QL (18 ML per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (30 ML per 30 days)
TOUJEO SOLOSTAR	3	QL (30 ML per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
TRESIBA	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL (30 ML per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
XULTOPHY	3	QL (15 ML per 30 days)
Antihypoglycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	3	
<i>Glucagon Emergency Injection Kit</i>	4	
GVOKE HYPOPEN	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA; LA; 30DS
Contraceptives		
AFIRMELLE	2	
ALTAVERA	2	
<i>Alyacen 1/35</i>	2	
<i>Alyacen 7/7/7</i>	2	
APRI	2	
AUBRA	2	
AUBRA EQ	2	
AUROVELA 1.5/30	2	
AUROVELA 1/20	2	
AUROVELA 24 FE	3	
AUROVELA FE 1.5/30	2	
AUROVELA FE 1/20	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALZIVA	2	
BEKYREE	2	
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30	2	
BLISOVI FE 1/20	2	
<i>Brielllyn</i>	2	
CAMILA	2	
CAZIANT	2	
CHATEAL	2	
CHATEAL EQ	2	
CRYSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
CYRED	2	
CYRED EQ	2	
DASETTA 1/35	2	
DASETTA 7/7/7	2	
DEBLITANE	2	
DELYLA	2	
<i>Desogestrel-Ethinyl Estradiol</i>	2	
ELINEST	2	
ELURYNG	2	QL (1 EA per 28 days)
EMOQUETTE	2	
ENPRESSE-28	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN	2	
ESTARYLLA	2	
<i>Ethynodiol Diac-Eth Estradiol</i>	2	
<i>Etonogestrel-Ethinyl Estradiol</i>	2	QL (1 EA per 28 days)
FALMINA	2	
FEMYNOR	2	
HAILEY 1.5/30	2	
HAILEY 24 FE	3	
HAILEY FE 1.5/30	2	
HAILEY FE 1/20	2	
HEATHER	2	
ICLEVIA	3	
INCASSIA	2	
INTROVALE	3	
ISIBLOOM	2	
JENCYCLA	2	
JOLESSA	3	
JULEBER	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	3	
KAITLIB FE	2	
KALLIGA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
KARIVA	2	
KELNOR 1/35	2	
KELNOR 1/50	2	
KURVELO	2	
LARIN 1.5/30	2	
LARIN 1/20	2	
LARIN 24 FE	3	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LARISSIA	2	
LAYOLIS FE	2	
LESSINA	2	
LEVONEST	2	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG</i>	3	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG</i>	2	
<i>Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG</i>	2	
LEVORA 0.15/30 (28)	2	
LILLOW	2	
LOESTRIN 1.5/30 (21)	2	
LOESTRIN 1/20 (21)	2	
LOESTRIN FE 1.5/30	2	
LOESTRIN FE 1/20	2	
LOW-OGESTREL	2	
LUTERA	2	
LYLEQ	2	
LYZA	2	
Marlissa	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN 24 FE	3	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MILI	2	
MONO-LINYAH	2	
NECON 0.5/35 (28)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
NORA-BE	2	
<i>Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG</i>	2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet</i>	2	
<i>Norethindrone Oral</i>	2	
<i>Norethindron-Ethinyl Estrad-Fe</i>	2	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG</i>	2	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	2	
<i>Norgestim-Eth Estrad Triphasic</i>	2	
NORLYDA	2	
NORLYROC	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NYLIA 1/35	2	
NYLIA 7/7/7	2	
NYMYO	2	
ORSYTHIA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA 1/35	2	
PIRMELLA 7/7/7	2	
PORTIA-28	2	
PREVIFEM	2	
RECLIPSEN	2	
SETLAKIN	3	
SHAROBEL	2	
SIMLIYA	2	
SPRINTEC 28	2	
SRONYX	2	
TARINA 24 FE	3	
TARINA FE 1/20	2	
TARINA FE 1/20 EQ	2	
TILIA FE	2	
TRI FEMYNOR	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-MILI	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-NYMYO	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TULANA	2	
VELIVET	2	
VIENVA	2	
<i>Viorele</i>	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
ZOVIA 1/35 (28)	2	
ZOVIA 1/35E (28)	2	

Estrogens And Antiestrogens

DUAVEE	3	
<i>Estradiol Oral</i>	2	
<i>Estradiol Transdermal Patch Weekly</i>	3	
ESTRING	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
INTRAROSA	3	
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>Raloxifene HCl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Gonadotropins		
<i>Chorionic Gonadotropin Intramuscular</i>	2	PA; *; *Not available at mail-order
NOVAREL	2	PA; *; *Not available at mail-order
PREGNYL	2	PA; *; *Not available at mail-order
Meglitinides		
<i>Nateglinide</i>	1	QL (90 EA per 30 days)
<i>Repaglinide Oral Tablet 0.5 MG, 1 MG</i>	1	QL (120 EA per 30 days)
<i>Repaglinide Oral Tablet 2 MG</i>	1	QL (240 EA per 30 days)
Parathyroid		
<i>Calcitonin (Salmon) Nasal</i>	2	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	30DS; QL (2.4 ML per 28 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML, 620 MCG/2.48ML	5	*; 30DS; *Not available at mail-order; QL (2.4 ML per 28 days)
NATPARA	5	*; 30DS; *Not available at mail-order
TYMLOS	5	*; 30DS; *Not available at mail-order; QL (1.56 ML per 30 days)
Pituitary		
<i>Desmopressin Ace Spray Refrig</i>	4	
<i>Desmopressin Acetate Oral Tablet 0.1 MG</i>	3	
<i>Desmopressin Acetate Oral Tablet 0.2 MG</i>	2	
<i>Desmopressin Acetate Spray</i>	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; 30DS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA; *; 30DS; *Not available at mail-order
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA; *; *Not available at mail-order
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG	5	PA; 30DS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA; *; *Not available at mail-order
INCRELEX	5	PA; *; LA; 30DS; *Not available at mail-order
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; *; LA; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	*; LA; 30DS; *Not available at mail-order
SYNAREL	5	30DS
Progestins		
<i>medroxyPROGESTERone Acetate Intramuscular</i>	2	
<i>MedroxyPROGESTERone Acetate Oral</i>	1	
<i>Norethindrone Acetate Oral</i>	3	
<i>Progesterone Oral</i>	3	
Somatostatin Agonists		
<i>Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 500 MCG/ML</i>	4	*; *Not available at mail-order
<i>Octreotide Acetate Injection Solution 50 MCG/ML</i>	2	*; *Not available at mail-order
SIGNIFOR	5	PA; LA; 30DS
Somatotropin Agonists		
SOMATULINE DEPOT	5	PA (NS); *; 30DS; *Not available at mail-order
Thyroid And Antithyroid Agents		
EUTHYROX	1	
LEVO-T	1	
<i>Levothyroxine Sodium Oral Tablet</i>	1	
LEVOXYL	1	
<i>Liothyronine Sodium Oral Tablet 25 MCG</i>	4	
<i>Liothyronine Sodium Oral Tablet 5 MCG, 50 MCG</i>	2	
<i>methIMAzole Oral</i>	1	
<i>Propylthiouracil Oral</i>	1	
SYNTHROID	3	
UNITHROID	1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
Dutasteride Oral	4	QL (30 EA per 30 days)
Finasteride Oral Tablet 5 MG	1	
Complement Inhibitors		
HAEGARDA	5	PA; *; LA; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Icatibant Acetate	5	PA; *; 30DS; *Not available at mail-order; QL (18 ML per 30 days)
SAJAZIR	5	PA; *; 30DS; *Not available at mail-order; QL (18 ML per 30 days)
Miscellaneous Therapeutic Agents		
ACTIMMUNE	5	*; LA; 30DS; *Not available at mail-order
Alendronate Sodium Oral Solution	3	
Alendronate Sodium Oral Tablet 10 MG, 5 MG	1	QL (30 EA per 30 days)
Alendronate Sodium Oral Tablet 35 MG	1	QL (8 EA per 28 days)
Alendronate Sodium Oral Tablet 70 MG	1	
Allopurinol Oral Tablet 100 MG, 300 MG	1	
Anagrelide HCl	4	
ARCALYST	5	PA; *; 30DS; *Not available at mail-order
AUBAGIO	5	PA; *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; *; 30DS; *Not available at mail-order; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; *; 30DS; *Not available at mail-order; QL (4 EA per 28 days)
azaTHIOPrine Oral Tablet 100 MG, 75 MG	4	B/D
azaTHIOPrine Oral Tablet 50 MG	2	B/D
Baclofen Oral Tablet	1	
BENLYSTA	5	PA; *; 30DS; *Not available at mail-order
Betaine	5	LA; 30DS
BETASERON SUBCUTANEOUS KIT	5	PA; *; 30DS; *Not available at mail-order; QL (14 EA per 28 days)
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	4	PA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; LA; 30DS; QL (900 EA per 30 days)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	5	PA; 30DS; QL (300 EA per 30 days)
BYLVAY ORAL CAPSULE 1200 MCG	5	PA; LA; 30DS; QL (150 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL CAPSULE 400 MCG	5	PA; LA; 30DS; QL (450 EA per 30 days)
<i>Cabergoline</i>	4	
<i>Cinacalcet HCl Oral Tablet 30 MG</i>	4	B/D; *; *Not available at mail-order; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 60 MG</i>	5	B/D; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 90 MG</i>	5	B/D; *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>Colchicine Oral Capsule</i>	4	
<i>Colchicine Oral Tablet</i>	3	
<i>Colchicine-Probenecid</i>	2	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; *; 30DS; *Not available at mail-order; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; *; 30DS; *Not available at mail-order; QL (12 ML per 28 days)
CRYSVITA	5	PA; *; LA; 30DS; *Not available at mail-order
<i>CycloSPORINE Modified Oral Capsule 100 MG, 50 MG</i>	4	B/D
<i>CycloSPORINE Modified Oral Capsule 25 MG</i>	3	B/D
<i>CycloSPORINE Modified Oral Solution</i>	4	B/D
<i>CycloSPORINE Oral Capsule 100 MG</i>	4	B/D
<i>CycloSPORINE Oral Capsule 25 MG</i>	3	B/D
CYSTAGON	4	PA; *; LA; *Not available at mail-order
<i>Dalfampridine ER</i>	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Disulfiram Oral</i>	2	
DYSPORT	4	PA
ELMIRON	4	
ENBREL MINI	5	PA; *; 30DS; *Not available at mail-order; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; *; 30DS; *Not available at mail-order; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; *; 30DS; *Not available at mail-order; QL (4 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; *; 30DS; *Not available at mail-order; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *; 30DS; *Not available at mail-order; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (8 ML per 28 days)
ENSPRYNG	5	PA; *; LA; 30DS; *Not available at mail-order
<i>Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG</i>	5	B/D; 30DS
Febuxostat	4	ST; QL (30 EA per 30 days)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D; *; 30DS; *Not available at mail-order
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	4	B/D; *; *Not available at mail-order
GAMMAGARD S/D LESS IGA	5	B/D; *; 30DS; *Not available at mail-order
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	B/D; *; 30DS; *Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D; *; 30DS; *Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	B/D; *; *Not available at mail-order
GENGRAF ORAL CAPSULE 100 MG	4	B/D
GENGRAF ORAL CAPSULE 25 MG	3	B/D
GENGRAF ORAL SOLUTION	4	B/D
GILENYA ORAL CAPSULE 0.5 MG	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
GIVLAARI	5	PA; LA; 30DS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; *; 30DS; *Not available at mail-order; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (3 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (3 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; *; 30DS; *Not available at mail-order; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	5	PA; *; 30DS; *Not available at mail-order; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML	5	PA; *; 30DS; *Not available at mail-order; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; *; 30DS; *Not available at mail-order; QL (12 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
<i>Ibandronate Sodium Oral</i>	2	
INFLECTRA	5	PA; *; LA; 30DS; *Not available at mail-order
JAVYGTOR ORAL PACKET 100 MG	5	PA; *; LA; 30DS; *Not available at mail-order
JYNARQUE ORAL TABLET	5	PA; *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LA; 30DS; QL (56 EA per 28 days)
<i>Leflunomide Oral Tablet 10 MG</i>	3	QL (60 EA per 30 days)
<i>Leflunomide Oral Tablet 20 MG</i>	3	
<i>Leucovorin Calcium Injection Solution 500 MG/50ML</i>	2	B/D
<i>Leucovorin Calcium Injection Solution Reconstituted</i>	2	B/D
<i>Leucovorin Calcium Oral Tablet 10 MG</i>	3	
<i>Leucovorin Calcium Oral Tablet 15 MG, 25 MG, 5 MG</i>	2	
<i>levOCARNitine Oral Solution</i>	3	B/D
<i>levOCARNitine Oral Tablet</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI	5	PA; LA; 30DS; QL (90 ML per 30 days)
MESNEX ORAL	5	30DS
metyroSINE	5	30DS
<i>Miglustat</i>	5	PA; *; 30DS; *Not available at mail-order
<i>Mycophenolate Mofetil Oral Capsule</i>	3	B/D
<i>Mycophenolate Mofetil Oral Suspension Reconstituted</i>	5	B/D; 30DS
<i>Mycophenolate Mofetil Oral Tablet</i>	3	B/D
<i>Mycophenolate Sodium</i>	4	B/D
<i>Nitisinone</i>	5	PA; *; 30DS; *Not available at mail-order
ORFADIN ORAL SUSPENSION	5	PA; LA; 30DS
OXBRYTA ORAL TABLET	5	PA; *; LA; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
OXBRYTA ORAL TABLET SOLUBLE	5	PA; *; LA; 30DS; *Not available at mail-order; QL (150 EA per 30 days)
<i>Pamidronate Disodium Intravenous Solution</i>	4	PA
PLEGRIDY	5	PA; *; 30DS; *Not available at mail-order
PLEGRIDY STARTER PACK	5	PA; *; 30DS; *Not available at mail-order
<i>Probenecid Oral</i>	3	
PROGRAF ORAL PACKET	4	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; *; *Not available at mail-order; QL (1 ML per 180 days)
PYRUKYND	5	PA; LA; 30DS; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; 30DS; QL (7 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; 30DS; QL (14 EA per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; *Not available at mail-order; QL (6 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order; QL (6 ML per 28 days)
RENFLEXIS	5	PA; *; LA; 30DS; *Not available at mail-order
REZUROCK	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
RIDAURA	3	
RINVOQ	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet 150 MG</i>	3	QL (1 EA per 28 days)
<i>Risedronate Sodium Oral Tablet 30 MG</i>	3	QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet 35 MG, 35 MG (12 PACK), 35 MG (4 PACK)</i>	3	QL (4 EA per 28 days)
<i>Risedronate Sodium Oral Tablet 5 MG</i>	4	QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet Delayed Release</i>	4	QL (4 EA per 28 days)
SANDIMMUNE ORAL SOLUTION	4	B/D
<i>Sapropterin Dihydrochloride Oral Packet</i>	5	PA; *; 30DS; *Not available at mail-order
<i>Sapropterin Dihydrochloride Oral Tablet</i>	5	PA; *; 30DS; *Not available at mail-order
<i>Sirolimus Oral Solution</i>	5	B/D; 30DS
<i>Sirolimus Oral Tablet 0.5 MG</i>	1	B/D
<i>Sirolimus Oral Tablet 1 MG, 2 MG</i>	4	B/D
SKYRIZI (150 MG DOSE)	5	PA; *; 30DS; *Not available at mail-order; QL (2 EA per 28 days)
SKYRIZI INTRAVENOUS	5	PA; *; 30DS; *Not available at mail-order; QL (10 ML per 28 days)
SKYRIZI PEN	5	PA; *; 30DS; *Not available at mail-order; QL (1 ML per 28 days)
<i>Skyrizi Subcutaneous Solution Cartridge</i>	5	PA; *; 30DS; *Not available at mail-order; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; *Not available at mail-order; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; *; LA; 30DS; *Not available at mail-order; QL (0.5 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; *; 30DS; *Not available at mail-order; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; *; 30DS; *Not available at mail-order; QL (1 ML per 28 days)
<i>Tacrolimus Oral Capsule 0.5 MG, 1 MG</i>	3	B/D
<i>Tacrolimus Oral Capsule 5 MG</i>	4	B/D
TALTZ	5	PA; *; LA; 30DS; *Not available at mail-order; QL (3 ML per 28 days)
TAVNEOS	5	PA; LA; 30DS; QL (180 EA per 30 days)
TECFIDERA	5	PA; *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	*; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	*; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Tranexamic Acid Oral</i>	3	
TYBOST	4	
VOXZOGO	5	PA; *; LA; 30DS; *Not available at mail-order
XELJANZ ORAL SOLUTION	5	PA; *; 30DS; *Not available at mail-order; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; *; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
XELJANZ XR	5	PA; *; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
XEOMIN	4	PA
XGEVA	5	PA (NS); *; 30DS; *Not available at mail-order; QL (1.7 ML per 28 days)
ZEPOSIA	5	PA; *; LA; 30DS; *Not available at mail-order; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	5	PA; *; LA; 30DS; *Not available at mail-order; QL (7 EA per 7 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT	5	PA; *; LA; 30DS; *Not available at mail-order; QL (37 EA per 37 days)
Other Miscellaneous Therapeutic Agents		
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	4	PA
Nutritional/Supplements		
Vitamins		
<i>CompleteNate</i>	1	
ELITE-OB	1	
<i>M-Natal Plus</i>	1	
<i>Neonatal Complete Oral Tablet 27-1 MG</i>	1	
NEONATAL PLUS	1	
NIVA-PLUS	1	
O-CAL FA	1	
<i>One Vite Womens Plus</i>	1	
<i>PNV Prenatal Plus Multivitamin</i>	1	
<i>PNV Tabs 29-1</i>	1	
<i>PNV-DHA</i>	1	
<i>PNV-Omega</i>	1	
<i>PNV-Select</i>	1	
<i>Prenaissance Plus</i>	1	
PRENATABS RX	1	
<i>Prenatal 19</i>	1	
<i>Prenatal Low Iron Oral Tablet 27-1 MG</i>	1	
<i>Prenatal Oral Tablet 27-1 MG</i>	1	
<i>Prenatal Plus</i>	1	
<i>Prenatal Plus Iron</i>	1	
<i>Prenatal Plus/Iron</i>	1	
<i>Prenatal Vitamin Plus Low Iron</i>	1	
PRENATAL/FOLIC ACID	1	
PRENATRIX	1	
PRENATRYL	1	
<i>PrePLUS</i>	1	
<i>Se-Natal 19</i>	1	
THERANATAL CORE NUTRITION	1	
<i>Thrivite Rx</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TRICARE	1	
Virt-PN DHA	1	
Virt-PN Plus	1	
VITATELY WITH GINGER	1	
Vol-Plus	1	
Vol-Tab Rx	1	
WesTab Plus	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
Pharmaceutical Aids		
Pharmaceutical Aids		
BD SWAB SINGLE USE REGULAR	1	
BD SWABS SINGLE USE BUTTERFLY	1	
Sure Comfort Alcohol Prep	1	
ULTICARE ALCOHOL SWABS	1	
Respiratory Tract Agents		
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	4	B/D
Budesonide Inhalation Suspension 1 MG/2ML	4	B/D; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT, 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT HFA	3	QL (24 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	4	QL (1 EA per 30 days)
SYMBICORT	3	QL (10.2 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Leukotriene Modifiers		
<i>Montelukast Sodium Oral Packet</i>	3	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet</i>	4	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet Chewable 4 MG</i>	2	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet Chewable 5 MG</i>	4	QL (30 EA per 30 days)
<i>Zafirlukast</i>	3	QL (60 EA per 30 days)
Respiratory Tract Agents, Miscellaneous		
<i>Acetylcysteine Inhalation</i>	4	B/D
<i>ADEMPAS</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>BEVESPI AEROSPHERE</i>	3	
<i>Bosentan Oral Tablet 125 MG</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (60 EA per 30 days)
<i>Bosentan Oral Tablet 62.5 MG</i>	5	PA; *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
<i>BREZTRI AEROSPHERE</i>	3	QL (11 GM per 30 days)
<i>Cromolyn Sodium Inhalation</i>	4	B/D; QL (240 ML per 30 days)
<i>Cromolyn Sodium Oral</i>	4	
<i>DALIRESP ORAL TABLET 250 MCG</i>	4	PA
<i>DALIRESP ORAL TABLET 500 MCG</i>	4	PA; QL (30 EA per 30 days)
<i>EPINEPHrine Injection Solution 0.3 MG/0.3ML</i>	2	
<i>EPINEPHrine Injection Solution Auto-Injector</i>	2	
<i>ESBRIET ORAL CAPSULE</i>	5	PA; *; 30DS; *Not available at mail-order
<i>INCRUSE ELLIPTA</i>	3	QL (30 EA per 30 days)
<i>KALYDECO ORAL PACKET 25 MG</i>	5	PA; 30DS; QL (56 EA per 28 days)
<i>KALYDECO ORAL PACKET 50 MG, 75 MG</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>KALYDECO ORAL TABLET</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>NUCALA SUBCUTANEOUS SOLUTION AUTO-Injector</i>	5	PA; *; LA; 30DS; *Not available at mail-order
<i>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</i>	5	PA; *; LA; 30DS; *Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Nucala Subcutaneous Solution Prefilled Syringe 40 MG/0.4ML	5	PA; *; LA; 30DS; *Not available at mail-order
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *; LA; 30DS; *Not available at mail-order
OFEV	5	PA; *; 30DS; *Not available at mail-order
OPSUMIT	5	PA; *; LA; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG	5	PA; 30DS; QL (112 EA per 28 days)
ORKAMBI ORAL PACKET 150-188 MG	5	PA; 30DS; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; 30DS; QL (112 EA per 28 days)
Pirfenidone Oral Tablet 267 MG, 801 MG	5	PA; *; 30DS; *Not available at mail-order
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; 30DS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; *; LA; 30DS; *Not available at mail-order
PULMOZYME	5	PA; *; 30DS; *Not available at mail-order; QL (150 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT	3	
SYMJEPI	2	
Theophylline	4	
Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG, 450 MG	3	
Theophylline ER Oral Tablet Extended Release 24 Hour	2	
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; LA; 30DS; QL (90 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA; LA; 30DS; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; *; LA; 30DS; *Not available at mail-order; QL (8 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; *; LA; 30DS; *Not available at mail-order; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *; LA; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
ZEMAIRA	5	PA; *; LA; 30DS; *Not available at mail-order
Serums, Toxoids, And Vaccines		
Toxoids		
ADACEL	3	
BOOSTRIX	4	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>Diphtheria-Tetanus Toxoids DT</i>	4	
INFANRIX	4	
TDVAX	3	
TENIVAC	3	
Vaccines		
ACTHIB	4	
<i>BCG Vaccine</i>	4	
BEXSERO	4	
ENGERIX-B	4	B/D
GARDASIL 9	4	
HAVRIX	3	
HIBERIX INJECTION	3	
IMOVAX RABIES	4	
IPOPOL	4	
IXIARO	4	
KINRIX	4	
MENACTRA	4	
MENQUADFI	4	
MENVEO	3	
M-M-R II INJECTION	3	
PEDIARIX	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	4	
PENTACEL	3	
<i>PreHevbrio</i>	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Priorix	3	*; *Not available at mail-order
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
QUADRACEL	4	
RABAVERT	4	
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTAQUE ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
Stamaril	4	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	4	*; *Not available at mail-order
YF-VAX	4	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	

Skin And Mucous Membrane Agents

Antibacterials (Skin And Mucous Membrane)

Benzoyl Peroxide-Erythromycin	3	
CLINDACIN ETZ EXTERNAL SWAB	2	
CLINDACIN-P	2	
Clindamycin Phosphate External Foam	4	
Clindamycin Phosphate External Gel	3	
Clindamycin Phosphate External Lotion	2	
Clindamycin Phosphate External Solution	3	QL (60 ML per 28 days)
Clindamycin Phosphate External Swab	2	
Clindamycin Phosphate Vaginal	3	
Ery	2	
Erythromycin External Gel	3	
Erythromycin External Pad	2	
Erythromycin External Solution	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Gentamicin Sulfate External Cream	1	QL (90 GM per 30 days)
Gentamicin Sulfate External Ointment	1	
metroNIDAZOLE Vaginal	3	
Mupirocin Calcium	4	QL (44 GM per 28 days)
Mupirocin External	2	
VANDAZOLE	3	
Antifungals (Skin And Mucous Membrane)		
Ciclopirox External Solution	2	
Ciclopirox Olamine External	3	
Clotrimazole External Cream	2	
Clotrimazole External Solution	2	
Clotrimazole Mouth/Throat Troche	3	QL (70 EA per 14 days)
Clotrimazole-Betamethasone	2	
Econazole Nitrate External	4	QL (85 GM per 30 days)
Ketoconazole External Cream	2	QL (60 GM per 28 days)
Ketoconazole External Foam	4	
Ketoconazole External Shampoo 2 %	2	
KETODAN EXTERNAL FOAM	4	
Miconazole 3 Vaginal Suppository	2	
NYAMYC	2	
Nystatin External	2	
Nystatin-Triamcinolone	3	
NYSTOP	2	
Terconazole Vaginal Cream	2	
Terconazole Vaginal Suppository	4	
Anti-Inflammatory Agents (Skin And Mucous)		
Ala-Cort External Cream	1	
Alclometasone Dipropionate	3	
Betamethasone Dipropionate Aug External Cream	2	
Betamethasone Dipropionate Aug External Gel	4	
Betamethasone Dipropionate Aug External Lotion	4	
Betamethasone Dipropionate Aug External Ointment	4	
Betamethasone Dipropionate External Cream	2	
Betamethasone Dipropionate External Lotion	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Betamethasone Dipropionate External Ointment	4	
Betamethasone Valerate External Cream	2	
Betamethasone Valerate External Foam	4	
Betamethasone Valerate External Lotion	2	
Betamethasone Valerate External Ointment	2	
Clobetasol Propionate E	3	
Clobetasol Propionate External Cream	4	
Clobetasol Propionate External Foam	4	
Clobetasol Propionate External Gel	2	
Clobetasol Propionate External Liquid	4	
Clobetasol Propionate External Lotion	3	
Clobetasol Propionate External Ointment	3	
Clobetasol Propionate External Shampoo	4	
Clobetasol Propionate External Solution	2	QL (50 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	4	
Desonide External Cream	3	
Desonide External Lotion	4	
Desonide External Ointment	2	
Desoximetasone External Cream 0.05 %	4	
Desoximetasone External Cream 0.25 %	2	
Desoximetasone External Gel	2	
Desoximetasone External Ointment	4	
Fluocinolone Acetonide Body	3	
Fluocinolone Acetonide External Cream 0.01 %	3	
Fluocinolone Acetonide External Cream 0.025 %	2	
Fluocinolone Acetonide External Ointment	2	
Fluocinolone Acetonide External Solution	3	
Fluocinolone Acetonide Scalp	3	
Fluocinonide External Gel	2	
Fluocinonide External Ointment	2	
Fluocinonide External Solution	2	
Fluticasone Propionate External Cream	3	
Fluticasone Propionate External Ointment	3	
Halobetasol Propionate External Cream	4	
Halobetasol Propionate External Ointment	4	
Hydrocortisone (Perianal) External Cream 2.5 %	1	
Hydrocortisone Butyrate External Ointment	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Hydrocortisone External Cream 1 %, 2.5 %	1	
Hydrocortisone External Lotion 2.5 %	1	
Hydrocortisone External Ointment 1 %	1	
Hydrocortisone External Ointment 2.5 %	2	
Hydrocortisone Rectal Enema	1	
Hydrocortisone Valerate External Cream	2	
Hydrocortisone Valerate External Ointment	4	
Mometasone Furoate External	1	
ORALONE	3	
PROCTO-MED HC EXTERNAL	1	
PROCTO-PAK EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
Triamcinolone Acetonide External Cream 0.025 %, 0.5 %	2	
Triamcinolone Acetonide External Cream 0.1 %	1	
Triamcinolone Acetonide External Lotion	3	
Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %	2	
Triamcinolone Acetonide Mouth/Throat	3	
TRIDERM EXTERNAL CREAM 0.1 %	1	
TRIDERM EXTERNAL CREAM 0.5 %	2	
Antivirals (Skin And Mucous Membrane)		
Acyclovir External Ointment	4	
DENAVIR	3	
Local Anti-Infectives, Miscellaneous		
metroNIDAZOLE External Cream	2	
MetroNIDAZOLE External Gel 0.75 %	2	
MetroNIDAZOLE External Gel 1 %	4	
MetroNIDAZOLE External Lotion	3	
Selenium Sulfide External Lotion	1	
Silver Sulfadiazine External	1	
SSD	1	
Sulfacetamide Sodium (Acne)	4	
Scabicides And Pediculicides		
Crotan	2	
Lindane External Shampoo	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Malathion External</i>	3	
<i>Permethrin External Cream</i>	3	
Skin And Mucous Membrane Agents, Misc.		
<i>Accutane Oral Capsule 10 MG</i>	2	
ACCUTANE ORAL CAPSULE 20 MG	2	
ACCUTANE ORAL CAPSULE 30 MG, 40 MG	3	
<i>Acitretin Oral Capsule 10 MG, 25 MG</i>	4	PA
<i>Acitretin Oral Capsule 17.5 MG</i>	5	PA; 30DS
<i>Adapalene External Cream</i>	4	
<i>Adapalene External Gel</i>	4	
<i>Ammonium Lactate External</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG	2	
AMNESTEEM ORAL CAPSULE 40 MG	3	
AVITA	3	
<i>Bexarotene External</i>	5	PA (NS); *; 30DS; *Not available at mail-order
<i>Calcipotriene External Cream</i>	4	QL (120 GM per 30 days)
<i>Calcipotriene External Ointment</i>	4	QL (120 GM per 30 days)
<i>Calcipotriene External Solution</i>	3	QL (120 ML per 30 days)
CALCITRENE	4	QL (120 GM per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG	2	
CLARAVIS ORAL CAPSULE 30 MG, 40 MG	3	
CONDYLOX EXTERNAL GEL	4	
<i>Diclofenac Sodium External Gel 3 %</i>	4	PA
ELIDEL	3	ST
<i>Fluorouracil External Cream 5 %</i>	4	
<i>Fluorouracil External Solution</i>	2	
<i>Imiquimod External Cream 5 %</i>	2	
<i>ISOtretinoin Oral Capsule 10 MG, 20 MG</i>	2	
<i>ISOtretinoin Oral Capsule 30 MG, 40 MG</i>	3	
<i>Lidocaine External Ointment 5 %</i>	4	QL (180 GM per 30 days)
<i>Lidocaine External Patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>Lidocaine-Prilocaine External Cream</i>	2	B/D; QL (30 GM per 30 days)
<i>Methoxsalen Rapid</i>	5	30DS
MYORISAN ORAL CAPSULE 10 MG, 20 MG	2	
MYORISAN ORAL CAPSULE 30 MG, 40 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Pimecrolimus	4	ST
Podofilox External	2	
RECTIV	4	PA
REGRANEX	5	PA; 30DS
SANTYL	4	QL (90 GM per 30 days)
Tacrolimus External Ointment	4	ST
Tazarotene External Cream	4	
Tretinooin External Cream 0.025 %, 0.1 %	3	
Tretinooin External Cream 0.05 %	4	
Tretinooin External Gel 0.01 %, 0.025 %	3	
Tretinooin External Gel 0.05 %	4	
ZENATANE ORAL CAPSULE 10 MG, 20 MG	2	
ZENATANE ORAL CAPSULE 30 MG, 40 MG	3	
ZTLIDO	2	PA; QL (90 EA per 30 days)
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
FlavoxATE HCl	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (187.5 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
Oxybutynin Chloride ER	1	QL (60 EA per 30 days)
Oxybutynin Chloride Oral	1	
Solifenacin Succinate	4	QL (30 EA per 30 days)
Tolterodine Tartrate ER	3	QL (30 EA per 30 days)
TOVIAZ	3	QL (30 EA per 30 days)
Vitamins		
Vitamin D		
Calcitriol Oral Capsule	2	B/D
Calcitriol Oral Solution	4	B/D
Paricalcitol Oral Capsule 1 MCG	3	B/D
Paricalcitol Oral Capsule 2 MCG	4	B/D
Paricalcitol Oral Capsule 4 MCG	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

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<i>Abacavir Sulfate</i>	6	<i>ALPRAZolam ER</i>	48	<i>Armodafinil</i>	36
<i>Abacavir Sulfate-lamiVUDine</i>	6	<i>ALPRAZOLAM INTENSOL</i>	48	<i>ARNUITY ELLIPTA</i>	85
<i>Abacavir-lamiVUDine-</i> <i>Zidovudine</i>	6	<i>ALPRAZolam XR</i>	49	<i>Asenapine Maleate</i>	44
<i>ABELCET</i>	4	<i>ALTAVERA</i>	70	<i>Aspirin-Dipyridamole ER</i>	35
<i>ABILIFY MAINTENA</i>	44	<i>ALUNBRIG</i>	16	<i>ASSURE ID INSULIN</i>	
<i>ABILIFY MYCITE</i>	44	<i>Alyacen 1/35</i>	70	<i>SAFETY SYR</i>	53
<i>ABILIFY MYCITE</i> <i>MAINTENANCE KIT</i>	44	<i>Alyacen 7/7/7</i>	70	<i>Atazanavir Sulfate</i>	6
<i>ABILIFY MYCITE STARTER</i> <i>KIT</i>	44	<i>ALYQ</i>	35	<i>Atenolol</i>	32
<i>Abiraterone Acetate</i>	16	<i>Amantadine HCl</i>	43	<i>Atenolol-Chlorthalidone</i>	32
<i>Acamprosate Calcium</i>	49	<i>Ambrisentan</i>	35	<i>Atomoxetine HCl</i>	49
<i>Acarbose</i>	66	<i>Amikacin Sulfate</i>	3	<i>Atorvastatin Calcium</i>	31
<i>Accutane</i>	93	<i>aMILoride HCl</i>	58	<i>Atovaquone</i>	5
<i>ACCUTANE</i>	93	<i>Amiloride-Hydrochlorothiazide</i>	58	<i>Atovaquone-Proguanil HCl</i>	5
<i>Acebutolol HCl</i>	32	<i>AMINOSYN II</i>	57	<i>ATROVENT HFA</i>	26
<i>Acetaminophen-Codeine</i>	51	<i>AMINOSYN-PF</i>	57	<i>AUBAGIO</i>	77
<i>Acetaminophen-Codeine #3</i>	51	<i>Amiodarone HCl</i>	31	<i>AUBRA</i>	70
<i>acetazOLAMIDE</i>	60	<i>Amitriptyline HCl</i>	40	<i>AUBRA EQ</i>	70
<i>acetazOLAMIDE ER</i>	60	<i>amLODIPine Besy-Benazepril</i> <i>HCl</i>	33	<i>AUROVELA 1.5/30</i>	70
<i>Acetic Acid</i>	60	<i>amLODIPine Besylate</i>	33	<i>AUROVELA 1/20</i>	70
<i>Acetylcysteine</i>	86	<i>Amlodipine-Olmesartan</i>	33	<i>AUROVELA 24 FE</i>	70
<i>Acitretin</i>	93	<i>Ammonium Lactate</i>	93	<i>AUROVELA FE 1.5/30</i>	70
<i>ACTHIB</i>	88	<i>AMNESTEEM</i>	93	<i>AURYXIA</i>	58
<i>ACTIMMUNE</i>	77	<i>Amoxapine</i>	40	<i>AUSTEDO</i>	49
<i>Acyclovir</i>	9, 92	<i>Amoxicill-Clarithro-Lansopraz</i> ..	64	<i>AVANDIA</i>	66
<i>Acyclovir Sodium</i>	9	<i>Amoxicillin</i>	13	<i>AVIANE</i>	70
<i>ADACEL</i>	88	<i>Amoxicillin-Pot Clavulanate</i> 13, 14		<i>AVITA</i>	93
<i>Adapalene</i>	93	<i>Amoxicillin-Pot Clavulanate ER</i> 13		<i>AVONEX PEN</i>	77
<i>Adefovir Dipivoxil</i>	9	<i>Amphetamine-Dextroamphetamine ER</i> 36		<i>AVONEX PREFILLED</i>	77
<i>ADEMPAS</i>	86	<i>Amphetamine-</i> <i>Dextroamphetamine</i>	36	<i>AYUNA</i>	70
<i>ADVAIR DISKUS</i>	85	<i>Amphotericin B</i>	4	<i>AYVAKIT</i>	16
<i>ADVAIR HFA</i>	85	<i>Amphotericin B Liposome</i>	4	<i>azaTHIOPrine</i>	77
<i>AFIRMELLE</i>	70	<i>Ampicillin</i>	14	<i>Azelastine HCl</i>	59
<i>AIMOVIG</i>	42	<i>Ampicillin Sodium</i>	14	<i>Azithromycin</i>	12
<i>AJOVY</i>	42	<i>Ampicillin-Sulbactam Sodium</i>	14	<i>AZOPT</i>	60
<i>AK-Poly-Bac</i>	60	<i>Anagrelide HCl</i>	77	<i>Aztreonam</i>	13
<i>Ala-Cort</i>	90	<i>Anastrozole</i>	16	<i>AZURETTE</i>	70
<i>Albendazole</i>	4	<i>ANDRODERM</i>	66	<i>BAC</i>	48
<i>Albuterol Sulfate</i>	27	<i>APO-Varenicline</i>	26	<i>Bacitracin</i>	61
<i>Albuterol Sulfate HFA</i>	27	<i>Apraclonidine HCl</i>	62	<i>Bacitracin-Polymyxin B</i>	61
<i>Alclometasone Dipropionate</i>	90	<i>Aprepitant</i>	63	<i>Bacitra-Neomycin-Polymyxin- HC</i>	61
<i>ALDURAZYME</i>	59	<i>APRETUDE</i>	6	<i>Baclofen</i>	77
<i>ALECENSA</i>	16	<i>APRI</i>	70	<i>Balsalazide Disodium</i>	63
<i>Alendronate Sodium</i>	77	<i>APTIOM</i>	40	<i>BALVERSA</i>	16
<i>Alfuzosin HCl ER</i>	28	<i>APTIVUS</i>	6	<i>BALZIVA</i>	70
<i>Allopurinol</i>	77	<i>ARANESP (ALBUMIN FREE)</i> 29		<i>BAND-AID GAUZE SMALL</i>	53
<i>Alosetron HCl</i>	64	<i>ARCALYST</i>	77	<i>BAQSIMI ONE PACK</i>	69
<i>ALPHAGAN P</i>	60	<i>ARIPIPRAZOLE</i>	44	<i>BAQSIMI TWO PACK</i>	69
<i>ALPRAZolam</i>	48, 49	<i>ARISTADA</i>	44	<i>BARACLUDE</i>	9
		<i>ARISTADA INITIO</i>	44	<i>BCG Vaccine</i>	88

BD AUTOSHIELD	53	BETOPTIC-S	60	BYLVAY (PELLETS)	77
BD AUTOSHIELD DUO	53	BEVESPI AEROSPHERE	86	Cabenuva	6
BD INSULIN SYR		<i>Bexarotene</i>	16, 93	Cabergoline	78
ULTRAFINE II	53	BEXSERO	88	CABOMETYX	16
BD INSULIN SYRINGE	53	<i>Bicalutamide</i>	16	Calcipotriene	93
BD INSULIN SYRINGE		BICILLIN L-A	14	Calcitonin (<i>Salmon</i>)	75
HALF-UNIT	53	BIKTARVY	6	CALCITRENE	93
BD INSULIN SYRINGE		BIOGUARD GAUZE		Calcitriol	94
MICROFINE	54	SPONGES	54	Calcium Acetate	58
BD INSULIN SYRINGE U/F	54	<i>Bisoprolol Fumarate</i>	32	Calcium Acetate (<i>Phos Binder</i>)	58
BD INSULIN SYRINGE U/F		<i>Bisoprolol-</i>		CALQUENCE	16
1/2UNIT	54	<i>hydroCHLORothiazide</i>	32	CAMILA	70
BD INSULIN SYRINGE U-500	54	BLEPHAMIDE	61	<i>Candesartan Cilexetil</i>	34
BD INSULIN SYRINGE		BLEPHAMIDE S.O.P.	61	<i>Candesartan Cilexetil-HCTZ</i>	34
ULTRAFINE	54	BLISOVI 24 FE	70	CAPLYTA	44
BD PEN NEEDLE MICRO U/F	54	BLISOVI FE 1.5/30	70	CAPRELSA	16
BD PEN NEEDLE MINI U/F	54	BLISOVI FE 1/20	70	Captopril	34
BD PEN NEEDLE NANO 2ND		BOOSTRIX	88	CARAFATE	64
GEN	54	<i>Bosentan</i>	86	<i>carBAMazepine</i>	36
BD PEN NEEDLE NANO U/F	54	BOSULIF	16	<i>CarBAMazepine ER</i>	36
BD PEN NEEDLE ORIGINAL		BOTOX	77, 84	<i>carBAMazepine ER</i>	36
U/F	54	BRAFTOVI	16	<i>Carbidopa-Levodopa</i>	43
BD PEN NEEDLE SHORT U/F	54	BREO ELLIPTA	85	<i>Carbidopa-Levodopa ER</i>	43
BD SAFETYGLIDE INSULIN		BREZTRI AEROSPHERE	86	<i>Carbidopa-Levodopa-</i>	
SYRINGE	54	<i>Briellyn</i>	70	<i>Entacapone</i>	43
BD SAFETY-LOK INSULIN		BRILINTA	30	<i>Car glutamic Acid</i>	57
SYRINGE	54	<i>Brimonidine Tartrate</i>	60	<i>Carteolol HCl</i>	62
BD SWAB SINGLE USE		<i>Brimonidine Tartrate-Timolol</i>	60	CARTIA XT	33
REGULAR	85	<i>Brinzolamide</i>	60	<i>Carvedilol</i>	32
BD SWABS SINGLE USE		BRIVIACT	36	<i>Caspofungin Acetate</i>	5
BUTTERFLY	85	<i>Bromocriptine Mesylate</i>	43	CATAFLAM	50
BD VEO INSULIN SYR U/F		BRUKINSA	16	CAYSTON	13
1/2UNIT	54	<i>Budesonide</i>	65, 85	CAZIANT	70
BD VEO INSULIN SYRINGE		<i>Budesonide ER</i>	65	<i>Cefaclor</i>	11
U/F	54	<i>Bumetanide</i>	58	<i>Cefaclor ER</i>	11
BEKYREE	70	<i>Buprenorphine HCl</i>	53	<i>Cefadroxil</i>	11
BELSOMRA	48	<i>Buprenorphine HCl-Naloxone</i>		<i>CeFAZolin Sodium</i>	11
<i>Benazepril HCl</i>	34	<i>HCl</i>	53	<i>CeFAZolin Sodium-Dextrose</i>	11
<i>Benazepril-</i>		<i>buPROPion HCl</i>	40	<i>Cefdinir</i>	11
<i>hydroCHLORothiazide</i>	34	<i>BuPROPion HCl ER (Smoking</i>		<i>Cefepime HCl</i>	11
BENLYSTA	77	<i>Det)</i>	40	<i>Cefepime-Dextrose</i>	11
<i>Benzoyl Peroxide-Erythromycin</i>	89	<i>buPROPion HCl ER (SR)</i>	40	<i>Cefixime</i>	11
<i>Benztropine Mesylate</i>	43	<i>buPROPion HCl ER (XL)</i>	40	<i>cefOXitin Sodium</i>	13
BESREMI	16	<i>busPIRone HCl</i>	48	<i>CefOXitin Sodium-Dextrose</i>	13
Betaine	77	<i>Butalbital-Acetaminophen</i>	48	<i>Ceppodoxime Proxetil</i>	11
Betamethasone Dipropionate	90, 91	<i>Butalbital-APAP-Caffeine</i>	48	<i>Cefprozil</i>	11
Betamethasone Dipropionate		<i>Butorphanol Tartrate</i>	51	<i>CefTAZidime</i>	12
Aug	90	<i>BYDUREON</i>	67	<i>cefTAZidime</i>	12
Betamethasone Valerate	91	<i>BYDUREON BCISE</i>	67	<i>CefTAZidime and Dextrose</i>	11
BETASERON	77	<i>BYETTA 10 MCG PEN</i>	67	<i>CefTRIAXone Sodium</i>	12
<i>Betaxolol HCl</i>	32, 60	<i>BYETTA 5 MCG PEN</i>	67	<i>cefTRIAXone Sodium</i>	12
<i>Bethanechol Chloride</i>	27	<i>BYLVAY</i>	77, 78		

<i>CefTRIAXone Sodium in Dextrose</i>	12	<i>Clorazepate Dipotassium</i>	37	<i>CycloSPORINE</i>	78
<i>CefTRIAXone Sodium-Dextrose</i>	12	<i>Clotrimazole</i>	90	<i>CycloSPORINE Modified</i>	78
<i>Cefuroxime Axetil</i>	12	<i>Clotrimazole-Betamethasone</i>	90	<i>Cyproheptadine HCl</i>	3
<i>Cefuroxime Sodium</i>	12	<i>CLOVIQUE</i>	65	<i>CYRED</i>	71
<i>Celecoxib</i>	50	<i>cloZAPine</i>	45	<i>CYRED EQ</i>	71
<i>CELONTIN</i>	37	<i>CloZAPine</i>	45	<i>CYSTAGON</i>	78
<i>Cephalexin</i>	12	<i>COARTEM</i>	5	<i>CYSTARAN</i>	62
<i>Cetirizine HCl</i>	3	<i>Codeine Sulfate</i>	51	<i>Dalfampridine ER</i>	78
<i>Cevimeline HCl</i>	27	<i>Colchicine</i>	78	<i>DALIRESP</i>	86
<i>CHATEAL</i>	70	<i>Colchicine-Probenecid</i>	78	<i>Danazol</i>	66
<i>CHATEAL EQ</i>	70	<i>Colestipol HCl</i>	31	<i>Dantrolene Sodium</i>	28
<i>CHEMET</i>	65	<i>Colistimethate Sodium (CBA)</i>	4	<i>Dapsone</i>	4
<i>CHENODAL</i>	64	<i>COMBIGAN</i>	60	<i>DAPTACEL</i>	88
<i>Chlorhexidine Gluconate</i>	61	<i>COMBIVENT RESPIMAT</i>	27	<i>DAPTOmycin</i>	4
<i>Chloroquine Phosphate</i>	5	<i>COMETRIQ (100 MG DAILY</i>		<i>DARZALEX FASPRO</i>	17
<i>chlorproMAZINE HCl</i>	44	<i>DOSE)</i>	17	<i>DASETTA 1/35</i>	71
<i>Chlorthalidone</i>	58	<i>COMETRIQ (140 MG DAILY</i>		<i>DASETTA 7/7/7</i>	71
<i>Chlorzoxazone</i>	28	<i>DOSE)</i>	17	<i>DAURISMO</i>	17
<i>Cholestyramine</i>	31	<i>COMETRIQ (60 MG DAILY</i>		<i>DEBLITANE</i>	71
<i>Cholestyramine Light</i>	31	<i>DOSE)</i>	17	<i>DECADRON</i>	65
<i>Chorionic Gonadotropin</i>	75	<i>COMFORT ASSIST INSULIN</i>		<i>Deferasirox</i>	65
<i>Ciclopirox</i>	90	<i>SYRINGE</i>	54	<i>Deferiprone</i>	65
<i>Ciclopirox Olamine</i>	90	<i>COMPLERA</i>	6	<i>DELSTRIGO</i>	6
<i>Cilostazol</i>	30	<i>CompleteNate</i>	84	<i>DELYLA</i>	71
<i>CILOXAN</i>	61	<i>COMPROM</i>	63	<i>Demeclocycline HCl</i>	15
<i>CIMDUO</i>	6	<i>CONDYLOX</i>	93	<i>DENAVIR</i>	92
<i>Cimetidine</i>	64	<i>Constulose</i>	57	<i>DEPO-PROVERA</i>	17
<i>Cimetidine HCl</i>	64	<i>COPAXONE</i>	78	<i>DERMACEA GAUZE</i>	
<i>Cinacalcet HCl</i>	78	<i>COPIKTRA</i>	17	<i>SPONGE</i>	54
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<i>Ciprofloxacin in D5W</i>	15	<i>COTELLIC</i>	17	<i>DERMACEA IV SPONGES</i>	54
<i>Citalopram Hydrobromide</i>	40	<i>COUMADIN</i>	28	<i>DERMACEA NON-WOVEN</i>	
<i>CLARAVIS</i>	93	<i>CREON</i>	64	<i>SPONGES</i>	54
<i>Clarithromycin</i>	12	<i>CRIXIVAN</i>	6	<i>DERMACEA TYPE VII</i>	
<i>Clarithromycin ER</i>	12	<i>Cromolyn Sodium</i>	60, 86	<i>GAUZE</i>	54
<i>CLINDACIN ETZ</i>	89	<i>Crotan</i>	92	<i>DESCOZY</i>	6
<i>CLINDACIN-P</i>	89	<i>CRYSELL-28</i>	70	<i>Desipramine HCl</i>	40
<i>Clindamycin HCl</i>	4	<i>CRYSVITA</i>	78	<i>Desmopressin Ace Spray Refrig.</i>	75
<i>Clindamycin Palmitate HCl</i>	4	<i>CURITY ALL PURPOSE</i>		<i>Desmopressin Acetate</i>	75
<i>Clindamycin Phosphate</i>	4, 89	<i>SPONGES</i>	54	<i>Desmopressin Acetate Spray</i>	75
<i>CLINOLIPID</i>	57	<i>CURITY AMD</i>		<i>Desogestrel-Ethinyl Estradiol</i>	71
<i>CloBAZam</i>	37	<i>ANTIMICROBIAL SPNGE</i>	54	<i>Desonide</i>	91
<i>Clobetasol Propionate</i>	91	<i>CURITY GAUZE</i>	54	<i>Desoximetasone</i>	91
<i>Clobetasol Propionate E</i>	91	<i>CURITY GAUZE SPONGE</i>	54	<i>Desvenlafaxine Succinate ER</i>	40
<i>CLODAN</i>	91	<i>CURITY SPONGES</i>	54	<i>Dexamethasone</i>	65, 66
<i>clomiPRAMINE HCl</i>	40	<i>CVS Gauze</i>	54	<i>Dexamethasone Sodium</i>	
<i>clonazePAM</i>	37	<i>CVS Gauze Sterile</i>	54	<i>Phosphate</i>	62
<i>ClonIDine</i>	34	<i>CYCLAFEM 1/35</i>	70	<i>DEXILANT</i>	64
<i>cloNIDine HCl</i>	34	<i>CYCLAFEM 7/7/7</i>	70	<i>Dexlansoprazole</i>	64
<i>Clopidogrel Bisulfate</i>	30	<i>Cyclobenzaprine HCl</i>	28	<i>Dexmethylphenidate HCl</i>	53
		<i>Cyclophosphamide</i>	17	<i>Dexmethylphenidate HCl ER</i>	53

Dextroamphetamine Sulfate	36	DUREZOL	62	Entacapone	43
Dextroamphetamine Sulfate ER ..	36	Dutasteride	76	Entecavir	9
Dextrose	57	DYSPORT	78	ENTRESTO	34
Dextrose-NaCl	57	EASY TOUCH FLIPLOCK		Enulose	57
Dextrose-Sodium Chloride	57	INSULIN SY	54	EPCLUSA	7, 9
DIACOMIT	37	EASY TOUCH INSULIN		EPIDIOLEX	37
diazepam	37	SAFETY SYR	54	Epinastine HCl	60
Diazepam	37	EASY TOUCH INSULIN		EPINEPHrine	86
DIAZEPAM INTENSOL	37	SYRINGE	55	EPITOL	37
Diazoxide	34	EASY TOUCH PEN		EPIVIR HBV	7
Diclofenac Potassium	50	NEEDLES	55	Eplerenone	34
Diclofenac Sodium	50, 62, 93	EASY TOUCH SAFETY PEN		EPONTIA	37
Diclofenac Sodium ER	50	NEEDLES	55	EQL Gauze	55
Dicloxacillin Sodium	14	EASY TOUCH		ERIVEDGE	17
Dicyclomine HCl	26	SHEATHLOCK SYRINGE	55	ERLEADA	17
Didanosine	6	EC-Naproxen	50	Erlotinib HCl	17
Diflunisal	50	Econazole Nitrate	90	ERRIN	71
Difluprednate	62	EDURANT	6	Ertapenem Sodium	4
DIGITEK	33	Efavirenz	6	Ery	89
DIGOX	34	Efavirenz-Emtricitab-Tenofo		ERY-TAB	12
Digoxin	34	DF	6	ERYTHROCIN STEARATE	13
Dihydroergotamine Mesylate	42	Efavirenz-Emtricitab-Tenofovir	6	Erythromycin	13, 61, 89
DILANTIN	37	Efavirenz-lamiVUDine-		Erythromycin Base	13
diltiazem HCl	33	Tenofovir	7	Erythromycin Ethylsuccinate	13
diltiazem HCl ER	33	ELAPRASE	59	ESBRIET	86
Diltiazem HCl ER Beads	33	ELIDEL	93	Escitalopram Oxalate	41
diltiazem HCl ER Coated		ELIGARD	17	ESTARYLLA	71
Beads	33	ELINEST	71	Estradiol	74
Dilt-XR	33	ELIQUIS	28	ESTRING	74
Diphenoxylate-Atropine	63	ELIQUIS DVT/PE STARTER		Ethambutol HCl	8
Diphtheria-Tetanus Toxoids DT ..	88	PACK	28	Ethosuximide	37
Disulfiram	78	ELITE-OB	84	Ethynodiol Diac-Eth Estradiol	71
DIURIL	58	ELMIRON	78	Etodolac	50
Divalproex Sodium	37	ELURYNG	71	Etodolac ER	50
Divalproex Sodium ER	37	EMCYT	17	Etonogestrel-Ethinyl Estradiol	71
Dofetilide	31	EMEND	63	Etravirine	7
Donepezil HCl	27	EMOQUETTE	71	EUTHYROX	76
DOPTELET	30	EMSAM	43	Everolimus	17, 18, 79
Dorzolamide HCl	60	Emtricitabine	7	EVOTAZ	7
Dorzolamide HCl-Timolol Mal ..	60	Emtricitabine-Tenofovir DF	7	EXCILON IV SPONGES	55
DOVATO	6	EMTRIVA	7	EXEL COMFORT POINT PEN	
Doxazosin Mesylate	30	Enalapril Maleate	34	NEEDLE	55
Doxepin HCl	40, 48	Enalapril-Hydrochlorothiazide ..	34	Exemestane	18
DOXY 100	15	ENBREL	78, 79	EXKIVITY	18
Doxycycline Hyclate	15	ENBREL MINI	78	Ezetimibe	31
Doxycycline Monohydrate	15	ENBREL SURECLICK	79	FALMINA	71
DRIZALMA SPRINKLE	40	ENDOCET	51	Famciclovir	9
Dronabinol	63	ENGERIX-B	88	Famotidine	64
DROXIA	17	Enoxaparin Sodium	28, 29	FANAPT	45
Droxidopa	34	ENPRESSE-28	71	FANAPT TITRATION PACK	45
DUAVEE	74	ENSKYCE	71	FARXIGA	67
DULoxetine HCl	41	ENSPRYNG	79	FARYDAK	18

<i>Febuxostat</i>	79	<i>FUZEON</i>	7	<i>GVOKE HYPOOPEN 1-PACK</i>	70
<i>Felbamate</i>	37	<i>FYCOMPA</i>	37, 38	<i>GVOKE HYPOOPEN 2-PACK</i>	70
<i>Felodipine ER</i>	33	<i>Gabapentin</i>	38	<i>GVOKE KIT</i>	70
<i>FEMYNOR</i>	71	<i>Galantamine Hydrobromide</i>	27	<i>GVOKE PFS</i>	70
<i>Fenofibrate</i>	31	<i>Galantamine Hydrobromide ER</i>	27	<i>HAEGARDA</i>	76
<i>Fenofibrate Micronized</i>	31	<i>GAMMAGARD</i>	79	<i>HAILEY 1.5/30</i>	71
<i>Fenofibric Acid</i>	31	<i>GAMMAGARD S/D LESS</i>		<i>HAILEY 24 FE</i>	71
<i>FentaNYL</i>	51	<i>IGA</i>	79	<i>HAILEY FE 1.5/30</i>	71
<i>FentaNYL Citrate</i>	51	<i>GAMMAKED</i>	79	<i>HAILEY FE 1/20</i>	71
<i>FETZIMA</i>	41	<i>GAMUNEX-C</i>	79	<i>Halobetasol Propionate</i>	91
<i>FETZIMA TITRATION</i>	41	<i>GARDASIL 9</i>	88	<i>Haloperidol</i>	45
<i>FIASP</i>	67	<i>GATTEX</i>	64	<i>Haloperidol Decanoate</i>	45
<i>FIASP FLEXTOUCH</i>	67	<i>Gauze Pads</i>	55	<i>Haloperidol Lactate</i>	45
<i>FIASP PENFILL</i>	67	<i>Gauze Type VII Medi-Pak</i>	55	<i>HARVONI</i>	9, 10
<i>Finasteride</i>	76	<i>GAVILYTE-C</i>	64	<i>HAVRIX</i>	88
<i>FINTEPLA</i>	37	<i>GAVILYTE-G</i>	64	<i>HealthWise Insulin Syr/Needle</i>	55
<i>FIRMAGON</i>	18	<i>GAVILYTE-N WITH</i>		<i>HealthWise Micron Pen</i>	
<i>FIRMAGON (240 MG DOSE)</i>	18	<i>FLAVOR PACK</i>	64	<i>Needles</i>	55
<i>FlavoxATE HCl</i>	94	<i>GAVRETO</i>	18	<i>HealthWise Short Pen Needles</i>	55
<i>Flecainide Acetate</i>	31	<i>Gemfibrozil</i>	31	<i>HEATHER</i>	71
<i>FLOVENT DISKUS</i>	85	<i>Generlac</i>	57	<i>Heparin Sodium (Porcine)</i>	29
<i>FLOVENT HFA</i>	85	<i>GENGRAF</i>	79	<i>HETLIOZ</i>	48
<i>Fluconazole</i>	5	<i>GENOTROPIN</i>	75	<i>HETLIOZ LQ</i>	48
<i>Fluconazole in Sodium Chloride</i>	5	<i>GENOTROPIN MINIQUICK</i>	75	<i>HIBERIX</i>	88
<i>Flucytosine</i>	5	<i>GENTAK</i>	61	<i>HM Sterile Pads</i>	55
<i>Fludrocortisone Acetate</i>	66	<i>Gentamicin in Saline</i>	3	<i>HM ULTICARE INSULIN</i>	
<i>Flunisolide</i>	62	<i>Gentamicin Sulfate</i>	3, 61, 90	<i>SYRINGE</i>	55
<i>Fluocinolone Acetonide</i>	91	<i>GENVOYA</i>	7	<i>HM ULTICARE MINI PEN</i>	
<i>Fluocinolone Acetonide Body</i>	91	<i>GILENYA</i>	79	<i>NEEDLES</i>	55
<i>Fluocinolone Acetonide Scalp</i>	91	<i>GILOTrif</i>	18	<i>HM ULTICARE SHORT PEN</i>	
<i>Fluocinonide</i>	91	<i>GIVLAARI</i>	79	<i>NEEDLES</i>	55
<i>Fluorometholone</i>	62	<i>GLEOSTINE</i>	18	<i>HUMIRA</i>	80
<i>Fluorouracil</i>	93	<i>Glimepiride</i>	67	<i>HUMIRA PEDIATRIC</i>	
<i>FLUoxetine HCl</i>	41	<i>glipiZIDE</i>	67	<i>CROHNS START</i>	79
<i>FluPHENAZine Decanoate</i>	45	<i>glipiZIDE ER</i>	67	<i>HUMIRA PEN</i>	79
<i>FluPHENAZine HCl</i>	45	<i>GlipiZIDE XL</i>	67	<i>HUMIRA PEN-CD/UC/HS</i>	
<i>fluPHENAZine HCl</i>	45	<i>GlipiZIDE-MetFORMIN HCl</i>	67	<i>STARTER</i>	80
<i>Flurbiprofen</i>	50	<i>glipiZIDE-metFORMIN HCl</i>	67	<i>HUMIRA PEN-PEDIATRIC</i>	
<i>Flurbiprofen Sodium</i>	62	<i>GLUCAGEN HYPOKIT</i>	70	<i>UC START</i>	80
<i>Flutamide</i>	18	<i>Glucagon Emergency</i>	70	<i>HUMIRA PEN-PS/UV/ADOL</i>	
<i>Fluticasone Propionate</i>	62, 91	<i>Glycopyrrolate</i>	26	<i>HS START</i>	80
<i>fluvoxaMINE Maleate</i>	41	<i>GLYXAMBI</i>	67	<i>HUMIRA PEN-PSOR/UVEIT</i>	
<i>FML FORTE</i>	62	<i>GNP Sterile Gauze</i>	55	<i>STARTER</i>	80
<i>Fondaparinux Sodium</i>	29	<i>GNP UltiCare Pen Needles</i>	55	<i>HUMULIN R U-500</i>	
<i>FORTEO</i>	75	<i>GOCOVRI</i>	43	<i>(CONCENTRATED)</i>	67
<i>Fosamprenavir Calcium</i>	7	<i>GOLYTELY</i>	64	<i>HUMULIN R U-500</i>	
<i>Fosinopril Sodium</i>	34	<i>Granisetron HCl</i>	63	<i>KWIKPEN</i>	67
<i>Fosinopril Sodium-HCTZ</i>	34	<i>Griseofulvin Microsize</i>	5	<i>HydrALAZINE HCl</i>	34
<i>FOTIVDA</i>	18	<i>Griseofulvin Ultramicrosize</i>	5	<i>hydroCHLOROTHIAZIDE</i>	58
<i>FRAGMIN</i>	29	<i>guanFACINE HCl</i>	34	<i>HYDROcodone-Acetaminophen</i>	51
<i>FULPHILA</i>	30	<i>guanFACINE HCl ER</i>	49	<i>Hydrocodone-Ibuprofen</i>	51
<i>Furosemide</i>	58	<i>GVOKE HYPOOPEN</i>	70	<i>Hydrocortisone</i>	66, 92

<i>Hydrocortisone (Perianal)</i>	91	IPOL	88	<i>Ketoprofen ER</i>	50
<i>Hydrocortisone Butyrate</i>	91	<i>Ipratropium Bromide</i>	26, 62	<i>Ketorolac Tromethamine</i>	62
<i>Hydrocortisone Valerate</i>	92	<i>Ipratropium-Albuterol</i>	27	KINRIX	88
<i>Hydrocortisone-Acetic Acid</i>	61	<i>Irbesartan</i>	34	KISQALI (200 MG DOSE)	19
<i>HYDROmorphine HCl</i>	51	<i>Irbesartan-Hydrochlorothiazide</i>	34	KISQALI (400 MG DOSE)	19
<i>HYDROmorphine HCl PF</i>	51	IRESSA	19	KISQALI (600 MG DOSE)	19
<i>Hydroxychloroquine Sulfate</i>	5	ISENTRESS	7	KISQALI FEMARA (400 MG DOSE)	19
<i>Hydroxyurea</i>	18	ISENTRESS HD	7	KISQALI FEMARA (600 MG DOSE)	19
<i>hydrOXYzine HCl</i>	48	ISIBLOOM	71	KISQALI FEMARA(200 MG DOSE)	19
<i>hydrOXYzine Pamoate</i>	48	<i>Isoniazid</i>	8	KLOR-CON	58
<i>Ibandronate Sodium</i>	80	<i>Isosorbide Dinitrate</i>	35	ISOtretinoin	93
IBRANCE	18	<i>Isosorbide Mononitrate</i>	35	<i>Itraconazole</i>	5
IBU	50	<i>Isosorbide Mononitrate ER</i>	35	<i>Ivermectin</i>	4
<i>Ibuprofen</i>	50	IXIARO	88	J & J GAUZE	55
<i>Icatibant Acetate</i>	77	JANTOVEN	29	JAKAFI	19
ICLEVIA	71	JANUMET	67	JANUVIA	68
ICLUSIG	18	JANUMET XR	68	JARDIANC	68
IDHIFA	18	JAVYGTOR	80	JENTADUETO	68
<i>Imatinib Mesylate</i>	18	JENCYCLA	71	JENTADUETO XR	68
IMBRUVICA	18, 19	JENTADUETO	68	JOLESSA	71
<i>Imipenem-Cilastatin</i>	13	JULEBER	71	JULUCA	7
<i>Imipramine HCl</i>	41	JUNEL 1.5/30	71	JUNEL FE 1.5/30	71
<i>Imiquimod</i>	93	JUNEL 1/20	71	JUNEL FE 1/20	71
IMOVAZ RABIES	88	JUNEL FE 24	71	JYNARQUE	80
IMVEXXY MAINTENANCE PACK	74	KAITLIB FE	71	KALLIGA	71
IMVEXXY STARTER PACK	74	KALYDECO	86	KALYDECO	86
INCASSIA	71	KARIVA	72	KARIVA	72
INCRELEX	75	<i>KCl in Dextrose-NaCl</i>	58	KELNOR 1/35	72
INCRUSE ELLIPTA	86	KELNOR 1/50	72	KENDALL HYDROPHILIC	55
<i>Indapamide</i>	58	KETODAN	90	FOAM DRESS	55
INFANRIX	88	Ketoconazole	5, 90	KENDALL HYDROPHILIC FOAM PLUS	55
INFLECTRA	80	KERENDIA	34	KERENDIA	34
INGREZZA	49	KETOPROFEN	50	Ketoconazole	5, 90
INLYTA	19	KETOTIFEN	50	KETOTIFEN	50
INQOVI	19	KETOTIFEN	50	KETOTIFEN	50
INREBIC	19	KETOTIFEN	50	KETOTIFEN	50
<i>Insulin Asp Prot & Asp FlexPen</i>	67	KETOTIFEN	50	KETOTIFEN	50
<i>Insulin Aspart</i>	67	KETOTIFEN	50	KETOTIFEN	50
<i>Insulin Aspart FlexPen</i>	67	KETOTIFEN	50	KETOTIFEN	50
<i>Insulin Aspart PenFill</i>	67	KETOTIFEN	50	KETOTIFEN	50
<i>Insulin Aspart Prot & Aspart</i>	67	KETOTIFEN	50	KETOTIFEN	50
INTELENCE	7	KETOTIFEN	50	KETOTIFEN	50
INTRALIPID	57	KETOTIFEN	50	KETOTIFEN	50
INTRAROSA	74	KETOTIFEN	50	KETOTIFEN	50
INTRON A	10	KETOTIFEN	50	KETOTIFEN	50
INTROVALE	71	KETOTIFEN	50	KETOTIFEN	50
INVEGA HAFYERA	45	KETOTIFEN	50	KETOTIFEN	50
INVEGA SUSTENNA	45	KETOTIFEN	50	KETOTIFEN	50
INVEGA TRINZA	45, 46	KETOTIFEN	50	KETOTIFEN	50
INVIRASE	7	KETOTIFEN	50	KETOTIFEN	50
IOPIDINE	62	KETOTIFEN	50	KETOTIFEN	50

LENVIMA (14 MG DAILY DOSE).....	19	Lithium Carbonate ER.....	49	MEKINIST	21
LENVIMA (18 MG DAILY DOSE).....	20	LIVMARLI.....	81	MEKTOVI.....	21
LENVIMA (20 MG DAILY DOSE).....	20	LOESTRIN 1.5/30 (21).....	72	Meloxicam	50
LENVIMA (24 MG DAILY DOSE).....	20	LOESTRIN 1/20 (21).....	72	Memantine HCl	49
LENVIMA (4 MG DAILY DOSE).....	20	LOESTRIN FE 1.5/30.....	72	MENACTRA	88
LENVIMA (8 MG DAILY DOSE).....	20	LOESTRIN FE 1/20.....	72	MENQUADFI	88
LESSINA.....	72	LOKELMA.....	58	MENVEO	88
Letrozole	20	LONSURF.....	20	Meperidine HCl	51
Leucovorin Calcium	80	Loperamide HCl.....	63	Mercaptopurine	21
LEUKERAN	20	Lopinavir-Ritonavir	7	Meropenem	13
Leuprolide Acetate	20	LORazepam	49	Meropenem-Sodium Chloride	13
LEVEMIR	68	LORAZEPAM INTENSOL	49	Mesalamine	63
LEVEMIR FLEXTOUCH	68	LORBRENA.....	20	Mesalamine ER	63
levETIRAcetam	38	LORCET HD.....	51	Mesalamine-Cleanser	63
levETIRAcetam ER	38	Losartan Potassium	35	MESNEX	81
Levobunolol HCl	60	Losartan Potassium-HCTZ	35	metFORMIN HCl	68
levOCARNitine	80	Lovastatin	31	metFORMIN HCl ER	68
Levacetirizine Dihydrochloride	3	LOW-OGESTREL	72	Methadone HCl	51
LevoFLOXacin	15	Loxapine Succinate	46	methazolAMIDE	60
levoFLOXacin	15	LUCEMYRA.....	53	Methenamine Hippurate	16
Levofloxacin	61	LUMAKRAS.....	20	methIMAzole	76
LevoFLOXacin in D5W	15	LUMIGAN.....	60	Methocarbamol	28
LEVONEST	72	LUPANETA PACK.....	20	Methotrexate	21
Levonorgest-Eth Estrad 91-Day	72	LUPRON DEPOT (1-MONTH)	20	Methotrexate Sodium	21
Levonorgestrel-Ethinyl Estrad	72	LUPRON DEPOT (3-MONTH)	20	Methotrexate Sodium (PF)	21
Levonorg-Eth Estrad Triphasic	72	LUPRON DEPOT (4-MONTH)	20	Methoxsalen Rapid	93
LEVORA 0.15/30 (28)	72	LUPRON DEPOT (6-MONTH)	20	Methscopolamine Bromide	26
LEVO-T	76	LUPRON DEPOT-PED (1-MONTH)	20	Methylphenidate HCl	53
Levothyroxine Sodium	76	LUPRON DEPOT-PED (3-MONTH)	20	Methylphenidate HCl ER	53
LEVOXYL	76	LUTERA.....	72	Methylphenidate HCl ER (OSM)	53
LEXIVA	7	LYBALVI.....	46	MethylPREDNISolone	66
Lidocaine	93	LYLEQ.....	72	Metoclopramide HCl	64, 65
Lidocaine HCl	62	LYNPARZA	21	metOLazone	58
Lidocaine Viscous HCl	62	LYSODREN	21	Metoprolol Succinate ER	32
Lidocaine-Prilocaine	93	LYZA.....	72	Metoprolol Tartrate	32
LILLOW	72	Magnesium Sulfate	40	Metoprolol-hydroCHLORothiazide	32
Lindane	92	Malathion	93	metroNIDAZOLE	6, 90, 92
Linezolid	4	Maraviroc	7	MetroNIDAZOLE	92
Linezolid in Sodium Chloride	4	Marlissa	72	MetroNIDAZOLE in NaCl	6
LINZESS	64	MARPLAN	41	metyroSINE	81
Liothyronine Sodium	76	MATULANE	21	Mexiletine HCl	31
Lisinopril	34	MAVYRET	10	Miconazole 3	90
Lisinopril-hydroCHLORothiazide	35	MAXIDEX	62	MICROGESTIN 1.5/30	72
Lithium	49	Meclizine HCl	63	MICROGESTIN 1/20	72
Lithium Carbonate	49	medroxyPROGESTERone Acetate	76	MICROGESTIN 24 FE	72
		MedroxyPROGESTERone Acetate	76	MICROGESTIN FE 1.5/30	72
		Mefloquine HCl	5	MICROGESTIN FE 1/20	72
		Megestrol Acetate	21	Midodrine HCl	34
				Miglitol	68
				Miglustat	81

MILI	72	NEO-POLYCIN	61	NOVOLIN N	68
MILLIPRED	66	NEO-POLYCIN HC	61	NOVOLIN N FLEXPEN	68
<i>Minocycline HCl</i>	15	NERLYNX	21	NOVOLIN R	68
<i>Minoxidil</i>	34	NEUPRO	43	NOVOLIN R FLEXPEN	68
MIRASORB SPONGES	55	Nevirapine	7	NOVOLOG	68
<i>Mirtazapine</i>	41	Nevirapine ER	7	NOVOLOG FLEXPEN	68
<i>miSOPROStol</i>	64	Niacin ER (Antihyperlipidemic)	32	NOVOLOG MIX 70/30	68
M-M-R II	88	NIACOR	32	NOVOLOG MIX 70/30	
<i>M-Natal Plus</i>	84	NICOTROL	26	FLEXPEN	68
<i>Modafinil</i>	36	NICOTROL NS	26	NOVOLOG PENFILL	68
<i>Molindone HCl</i>	46	NIFEdipine ER	33	NOVOPEN ECHO	55
<i>Mometasone Furoate</i>	92	NIFEdipine ER Osmotic		NOVOTWIST PEN NEEDLE	56
MONO-LINYAH	72	Release	33	NOXAFL	5
<i>Montelukast Sodium</i>	86	Nilutamide	21	NUBEQA	21
<i>Morphine Sulfate</i>	52	niMODipine	33	NUCALA	86, 87
<i>Morphine Sulfate (Concentrate)</i>	51	NINLARO	21	<i>Nucala</i>	87
<i>Morphine Sulfate ER</i>	51	Nitazoxanide	6	NUEDEXTA	49
MOVANTIK	65	Nitisinone	81	NUPLAZID	46
<i>Moxifloxacin HCl</i>	15, 61	NITRO-BID	35	NUTRILIPID	57
<i>Moxifloxacin HCl in NaCl</i>	15	NITRO-DUR	35	NYAMYC	90
MOZOBIL	30	Nitrofurantoin	16	NYLIA 1/35	73
MULTAQ	31	Nitrofurantoin Macrocrystal	16	NYLIA 7/7/7	73
<i>Mupirocin</i>	90	Nitrofurantoin Monohyd Macro	16	NYMYO	73
<i>Mupirocin Calcium</i>	90	Nitroglycerin	35	Nystatin	5, 90
<i>Mycophenolate Mofetil</i>	81	NITROMIST	35	<i>Nystatin-Triamcinolone</i>	90
<i>Mycophenolate Sodium</i>	81	NIVA-PLUS	84	NYSTOP	90
MYORISAN	93	NIVESTYM	30	O-CAL FA	84
MYRBETRIQ	94	NORA-BE	73	<i>Octreotide Acetate</i>	76
<i>Nabumetone</i>	50	Norethin Ace-Eth Estrad-FE	73	ODEFSEY	8
<i>Nadolol</i>	32	Norethindrone	73	ODOMZO	21
NAGLAZYME	59	Norethindrone Acetate	76	OFEV	87
<i>Naloxone HCl</i>	52	Norethindrone Acet-Ethiny Est	73	Ofloxacin	15, 61
<i>Naltrexone HCl</i>	52	Norethindron-Ethiny Estrad-Fe	73	OLANZapine	46
NAMZARIC	27, 28	Norethin-Eth Estradiol-Fe	73	OLANZapine-FLUoxetine HCl	41
<i>Naproxen</i>	50	Norgestimate-Eth Estradiol	73	Olopatadine HCl	60
<i>Naproxen Sodium</i>	50	Norgestim-Eth Estrad Triphasic	73	Omega-3-acid Ethyl Esters	32
NARCAN	52	NORLYDA	73	Omeprazole	64
NATACYN	61	NORLYROC	73	OMNIPOD 5 G6 INTRO (GEN	
<i>Nateglinide</i>	75	NORTREL 0.5/35 (28)	73	5)	56
NATPARA	75	NORTREL 1/35 (21)	73	OMNIPOD 5 G6 POD (GEN 5)	56
NAYZILAM	38	NORTREL 1/35 (28)	73	OMNIPOD CLASSIC PDM	
NECON 0.5/35 (28)	72	NORTREL 7/7/7	73	(GEN 3)	56
<i>Nefazodone HCl</i>	41	Nortriptyline HCl	41	OMNIPOD CLASSIC PODS	
<i>Neomycin Sulfate</i>	3	NORVIR	8	(GEN 3)	56
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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

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

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. - 8p.m., Monday through Friday. TTY users should call 711.

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

Appeals and Grievances

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Appeals and Grievances is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

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VIETNAMESE

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ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону 1-800-685-5209 (телефайп 711).

ARABIC

لامحة: إذا كنت تتحدث العربية، توفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 1-800-685-5209 (الهاتف النصي 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-685-5209 (TTY 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-685-5209 (TTY 711).

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-800-685-5209 (TTY 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-685-5209 (TTY 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiama 1-800-685-5209 (TTY 711).

JAPANESE

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 1-800-685-5209 (TTY 711) までお問い合わせ下さい。

GERMAN

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1- 800-685-5209 (TTY 711) kostenlos zur Verfügung.

FARSI

توجه: چنانچه به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان، در اختیار شما قرار خواهد گرفت.
تماس بگیرید. با شماره 1-800-685-5209 (TTY 711).

SERBO-CROATIAN

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-685-5209 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom 711).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetszschtscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-685-5209 (TTY 711).

NEPALI

ग्रन्थ न दिनहूँ सः तप इल नेप ल् ब् ल० नहाल भन०० तप इक दिनिमत भ० प० स हू य त् स० एव ह दिन० शल० क प म् उपल व ४४ । फ न गन हू स 1-800-685-5209 (टीटव इ 711) ।

OROMO

XIYYEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-685-5209 (TTY 711).

BANTU

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-685-5209 (TTY 711).

CAMBODIAN

ប៊បយនោះ ១០០១០ប៊សុខមនុយ ៩០២៨, ១០០សចនយ៉ែ០៩៧ ១០០មនកតាមឈល គិចនសបបរអន្តោះ
ទូរសព្ទ 1-800-685-5209 (TTY 711) ។

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800- 685-5209 (TTY 711).

HINDI

‘ यान दः यदद आप | हं दा बालत हं ता आपक ललए मु त म भाषा सहायता सवाए उपलब ध हं। 1-800-685-5209
(TTY 711) पर कॉल करें।

LAO

ໄປດຊາບ: ຖໍ່ ຖູ້ ຖູ້ ບໍ່ ພວກ ເກົ່າງ ລາວ, ການບໍ່ ລໍາ ການຊ່ວຍເຫັນ ທຳ ກົມພາ, ໄດ້ ກົມພາ, ໄດ້ ເລີ່ມ
ທີ່ ၅, ດັນ ນມ ພ ທິມໃຫ ທ ພ. ໄກສ 1-800-685-5209 (TTY 711).

GUJARATI

સુચના: જો તમ ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે. ફોન કરો 1-800-685-5209 (TTY 711).

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-685-5209 (TTY 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-685-5209 (телефон 711).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistentă lingvistică, gratuit. Sunați la 1-800-685-5209 (TTY 711).

2022 Comprehensive Formulary

(List of Covered Drugs)

This formulary is current as of December 1, 2022.

For more recent information or other questions, please contact Highmark Wholecare Member Services toll-free at: **1-800-685-5209 (TTY 711)**.

Our business hours are 8 a.m. - 8 p.m., seven days a week from October 1 through March 31.

From April 1 through September 30 our business hours are 8 a.m. - 8 p.m.,

Monday through Friday. Or visit us at **HighmarkWholecare.com**

Member Services also has free language interpreter services available for non-English speakers.



Four Gateway Center
444 Liberty Avenue, Suite 2100
Pittsburgh, PA 15222-1222

Highmark Wholecare offers HMO plans with a Medicare contract. Some Highmark Wholecare plans have a contract with Medicaid in the states where they are offered. Enrollment in these plans depends on contract renewal.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").