



Alignment
Health Plan®

2025

Formulary | List of Covered Drugs

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

This formulary was updated on 10/11/2024. For more recent information or other questions, please contact Alignment Health Plan Member Services at 1-866-634-2247 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit alignmenthealthplan.com.

Important Message About What You Pay for Vaccines—Our plan covers most Part D vaccines at no cost to you even if you haven't paid your deductible*. Call Member Services for more information.

Important Message About What You Pay for Insulin—You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible*.

*Plans with a deductible: **AZ:** Alignment Health smartHMO (HMO) PBP 005; **CA:** Alignment Health smartHMO (HMO) PBP 038, Alignment Health smartHMO (HMO) PBP 040, Alignment Health Heroes+ (HMO) PBP 043; **NC:** Alignment Health smartHMO (HMO) PBP 006; **NV:** Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 005, Alignment Health smartHMO (HMO) PBP 008; **TX:** Alignment Health smartHMO (HMO-POS) PBP 003)

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This Formulary is for Alignment Health Plan **California:** Alignment Health My Choice (HMO) 001, 028, Alignment Health My Choice CalPlus (HMO) 007, Alignment Health Platinum + Instacart (HMO) 008, Alignment Health Platinum + Instacart (HMO-POS) 016, Alignment Health Heart & Diabetes (HMO C-SNP) 010, Alignment Health AllCare Preferred (HMO) 011, Alignment Health smartHMO (HMO) 013, 038, 040, Alignment Health Sutter Advantage (HMO) 019, 020, 021, 023, Alignment Health Harmony (HMO) 031, Alignment Health Select (HMO) 037, Alignment Health ESRD Balance (HMO C-SNP) 033, Alignment Health the ONE + Rite Aid (HMO) / Alignment Health el ÚNICO + Rite Aid (HMO) 034, Alignment Health the ONE (HMO) + Walgreens / Alignment Health el ÚNICO + Walgreens (HMO) 035, Alignment Health Heroes+ (HMO) 043, Alignment Health CommUnity (HMO) 046, Alignment Health smartSavings (HMO) 047, Alignment Health Heart & Diabetes Care (HMO C-SNP) 048, Alignment Health My Choice Select (HMO) 049, Alignment Health My Choice (PPO) 001, 003, Alignment Health Balance (PPO) 006, Alignment Health Advantage PPO (PPO) 001,002, Alignment Health Plan Retiree Options (PPO) Morgan Hill Unified School District, Alignment Health Plan Retiree Options (PPO) Whittier City School District, Alignment Health Plan Retiree Options (PPO) West Covina Unified School District, Alignment Health Plan Retiree Options (PPO) City of Selma, Alignment Health Plan Retiree Options (PPO) Cupertino USD **Arizona:** Alignment Health Plan the ONE + Walgreens/el ÚNICO + Walgreens (HMO) 001, 002, Alignment Health Plan Heart & Diabetes (HMO C-SNP) 003, Alignment Health smartHMO (HMO) 005 **Nevada:** Alignment Health Heart & Diabetes (HMO C-SNP) 004, Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 005, Alignment Health Platinum + Instacart (HMO) 007, Alignment Health smartHMO (HMO) 008 **North Carolina:** Alignment Health Platinum (HMO-POS) 003, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 005, Alignment Health smartHMO (HMO) 006, Alignment Health AVA (PPO) 001 **Texas:** Alignment Health the ONE + Walgreens (HMO-POS) / Alignment Health el ÚNICO + Walgreens (HMO-POS) 001, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 002, Alignment Health smartHMO (HMO-POS) 003, Alignment Health Premium (HMO-POS) 005.

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SECTION 1: INTRODUCTION

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 Alignment Health Plan. When it refers to “plan” or “our plan,” it means Alignment Health Plan.

This document includes Drug List (formulary) for our plan which is current as of 10/11/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

WHAT IS THE ALIGNMENT HEALTH PLAN FORMULARY?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Alignment Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Alignment Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Alignment Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Alignment Health Plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

CAN THE FORMULARY (DRUG LIST) CHANGE?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

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

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

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

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

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

- **Drugs removed from the market.**

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove

drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug at a retail network pharmacy or a 31-day supply of the drug at a long-term care network pharmacy and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

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The enclosed formulary is current as of 10/11/2024. To get updated information about the drugs covered by Alignment Health Plan please contact us. Our contact information appears on the front and back cover pages.

HOW DO I USE THE FORMULARY?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. 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?

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

WHAT ARE ORIGINAL BIOLOGICAL PRODUCTS AND HOW ARE THEY RELATED TO BIOSIMILARS?

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

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

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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:** Alignment Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Alignment Health Plan before you fill your prescriptions. If you don't get approval, Alignment Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Alignment Health Plan limits the amount of the drug that Alignment Health Plan will cover. For example, Alignment Health Plan provides 60 tablets/30 days per prescription for Losartan 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Alignment Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Alignment Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alignment Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. 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 Alignment Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Alignment Health Plan's formulary?" on page VII 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 Alignment Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Alignment Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Alignment Health Plan.
- You can ask Alignment Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

HOW DO I REQUEST AN EXCEPTION TO THE ALIGNMENT HEALTH PLAN'S FORMULARY?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Alignment Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

WHAT CAN I DO IF MY DRUG IS NOT ON THE FORMULARY OR HAS A RESTRICTION?

As a new or continuing member in our plan you may be taking drugs that are not on our

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of the medication at a retail network pharmacy or a 31-day supply of the medication at a long-term care network pharmacy. If coverage is not approved, after your first 30-day supply of the medication at a retail network pharmacy or a 31-day supply of the medication at a long-term care network pharmacy, 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.

You may have changes that take you from one treatment setting to another. During this level of care change, drugs may be prescribed that are not covered by your plan. If this happens, you and your doctor must use your plan's exception and appeals processes. However, when you are admitted

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to, or discharged from, a long-term care setting, you may not have access to the drugs you were previously given. You may get a refill upon admission or discharge to prevent a gap in care.

FOR MORE INFORMATION

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

If you have questions about Alignment Health 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>.

ALIGNMENT HEALTH PLAN FORMULARY

The formulary that begins on page 1 provides coverage information about the drugs covered by Alignment Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

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

ALIGNMENT STARS 6 TIER WITH SPECIALTY

1 = Preferred Generic Drugs
2 = Generic Drugs
3 = Preferred Brand Drugs
4 = Non-Preferred Drugs
5 = Specialty Drugs
6 = Select Care Drugs
BD = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy
= High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.
* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-844-227-7616, 24 hours a day/7 days a week TTY users should call 711.
† = Split fill indicated drug. This high-cost medication is indicated with a cross (†) for you to request a 2-week supply (partial fill) of medication versus a full month. This partial fill may allow for copay savings if the medicine causes severe side effects, and you stop taking it or have a dosage change. If there are no side effects, you may only pay the rest of your monthly copay when you pick up the remaining 2-week supply, if applicable.

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2025 DOSAGE FORM ABBREVIATIONS KEY

act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/afl	atrial fibrillation/atrial flutter
app	applicator
ba, br act, breath act, breath activ	breath activated
bau	bioequivalent allergy unit
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
cpcr	controlled release capsule
conc	concentrate
conj	conjugate, conjugated
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
emul	emulsion
er, extended, extended rel, xr	extended release
ext	extract
ig	immunoglobulin
gm	gram
gu	genitourinary
hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lipo	lipophilic
lf, lfu	flocculation units

liq, liqd	liquid
maint	maintenance
mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
mu	million units
nebu	nebules
oc	oral contraceptive
oin, oint	ointment
omv	outer membrane vesicles
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak, pk	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
tbcrl	controlled release tablet
tbdp	dispersible tablet
tbec	enteric coated tablet
tbpk	tablet pack
td	transdermal
ther	therapy
titr	titration
tl	translingual
unt, ut	unit
va	vaginal
vac, vacc	vaccine

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BONUS DRUG LIST

(Supplemental Non-Part D Eligible Drug List)

Alignment Health Plan offers a Supplemental Non-Part D Eligible Drug List, also known as a Bonus Drug List, to provide additional coverage to your Part D benefit. The Bonus Drug List includes certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you will pay will be determined by the drug tier. If you receive “Extra Help” from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs. The amount you pay when you fill a prescription for these drugs does not count toward your deductible or “total drug costs” (your payments plus any Part D plan’s payments that help you qualify for catastrophic coverage). In addition, tiering exceptions do not apply to these drugs. Please refer to your Evidence of Coverage for more information.

Certain exclusions apply. Drugs available over-the-counter are not covered. Limitations and restrictions may apply. The Bonus Drug List is subject to change at any time.

Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) is not eligible for bonus drug coverage.

Drug Name	Drug Tier	Requirements/Limits
Cough and Cold		
<i>benzonatate cap 100 mg</i>	4	
<i>benzonatate cap 150 mg</i>	4	
<i>benzonatate cap 200 mg</i>	4	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	4	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	4	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	4	
Hair Loss		
<i>finasteride tab 1 mg</i>	4	
Prescription Vitamins		
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	3	
<i>folic acid tab 1 mg</i>	3	
Sexual Dysfunction		
<i>sildenafil citrate tab 25 mg (generic for Viagra)</i>	3	QL (6 tablets/30 days)
<i>sildenafil citrate tab 50 mg (generic for Viagra)</i>	3	QL (6 tablets/30 days)
<i>sildenafil citrate tab 100 mg (generic for Viagra)</i>	3	QL (6 tablets/30 days)
Weight Loss		
<i>phentermine hcl cap 15 mg</i>	4	
<i>phentermine hcl cap 30 mg</i>	4	
<i>phentermine hcl cap 37.5 mg</i>	4	
<i>phentermine hcl tab 37.5 mg</i>	4	

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MEDICARE PART B PRESCRIPTION DRUGS

In addition to the drugs covered under your Part D prescription drug benefit, Alignment Health Plan provides coverage of some prescription drugs and pharmacy-related items under your Part B medical benefit that may be filled at a network pharmacy. Coverage includes but is not limited to:

Category	Coinsurance/Copayment*
Diabetic Monitoring Supplies**	
Freestyle brand blood glucose monitor and test strips QL (100 test strips/30 days, maximum of 1 fill/30 days)	\$0
Lancet devices and lancets	\$0
Oral Anti-Cancer Drugs	
MYLERAN - busulfan tabs	0% - 20% coinsurance***
capecitabine tabs	0% - 20% coinsurance***
etoposide caps	0% - 20% coinsurance***
melphalan tabs	0% - 20% coinsurance***
temozolomide caps	0% - 20% coinsurance***
HYCAMTIN - topotecan hcl caps	0% - 20% coinsurance***
Respiratory Tract/Pulmonary Agents	
BROVANA - arformoterol tartate nebu	0% - 20% coinsurance***
PERFOROMIST - formoterol fumarate nebu	0% - 20% coinsurance***
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3 ml	0% - 20% coinsurance***
levalbuterol hcl nebu	0% - 20% coinsurance***
sodium chloride soln nebu 0.9%	0% - 20% coinsurance***
Vaccines	
COVID-19 vaccine	\$0
influenza (flu) vaccine	\$0
pneumonia vaccine	\$0

*Please refer to your Evidence of Coverage for additional details on any applicable criteria that may be required for prescription/supply coverage and your copayment/coinsurance. The amount you pay for these drugs/supplies does not count towards your Part D deductible or “total drug costs” (your payments plus any Part D plan’s payments that help you qualify for catastrophic coverage). If you receive “Extra Help” from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs.

**Continuous glucose monitoring (CGM) devices are subject to Durable Medical Equipment (DME) coverage criteria and coinsurance.

***All plans have a 0% - 20% coinsurance for Medicare Part B drugs except for Alignment Health Plan Retiree Options, which has a \$0 copay for Medicare Part B drugs.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tablets/30 days)
<i>ascomp/codeine - butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#</i>	3	QL (180 capsules/30 days)
<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	4	QL (4 patches/28 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg, 50-325-40-30 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml, 2 mg/ml</i>	4	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	QL (48 mls/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
<i>CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg</i>	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	
<i>diclofenac sodium soln 1.5%</i>	3	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	QL (90 tablets/30 days)
<i>duramorph - morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml</i>	4	BD
<i>ec-naproxen - naproxen tab ec 375 mg</i>	3	QL (120 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 500 mg</i>	3	QL (90 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>esgic - butalbital-acetaminophen-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	2	QL (150 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	3	QL (180 tablets/30 days)
HYDROMORPHONE HYDROCHLORIDE - hydromorphone hcl preservative free (pf) inj 2 mg/ml	4	BD
<i>ibu - ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap er 75 mg#</i>	3	QL (60 capsules/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
<i>ketorolac tromethamine tab 10 mg#</i>	2	
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	2	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	2	QL (360 tablets/30 days)
<i>morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml</i>	4	BD
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	3	QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	3	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	3	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	4	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg, 150 mg, 200 mg, 250 mg	5	PA, QL (60 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	3	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TENCON - butalbital-acetaminophen tab 50-325 mg#	3	PA (>=65 yr), QL (180 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg</i>	3	QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	3	QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	QL (240 capsules/30 days)
Anesthetics		
<i>glydo - lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	3	
<i>lidocaine hcl soln 4%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	3	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	3	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	3	PA, QL (90 patches/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	3	PA, QL (90 patches/30 days)
<i>tridacaine iii - lidocaine patch 5%</i>	3	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg, 500 mg</i>	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	4	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	3	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	

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Drug Name	Drug Tier	Requirements/Limits
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml, 300 mg/1.5ml	5	
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	3	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	2	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg, 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	5	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN - cefazolin sodium for inj 2 gm	4	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	4	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	3	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	3	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	3	
<i>cefprozil tab 250 mg, 500 mg</i>	2	
<i>ceftazidime for inj 1 gm, 6 gm</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	2	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	3	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
<i>clarithromycin tab 250 mg, 500 mg</i>	2	
<i>clindacin etz pledgets - clindamycin phosphate swab 1%</i>	3	
<i>clindacin-p - clindamycin phosphate swab 1%</i>	3	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	2	
<i>clindamycin phosphate gel 1%</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	3	
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg (base equivalent)	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	2	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	2	
<i>doxycycline monohydrate cap 75 mg, 150 mg</i>	3	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	4	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
ERY - erythromycin pads 2%	3	
<i>erythrocin lactobionate - erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	5	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>erythromycin tab 250 mg, 500 mg</i>	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 10 mg/ml, 40 mg/ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	3	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg, 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole cap 375 mg</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	3	
<i>mondoxyne nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl iv solution 400 mg/250ml (base equiv)</i>	4	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	3	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	2	
<i>nitrofurantoin susp 25 mg/5ml#</i>	5	
<i>ofloxacin tab 400 mg</i>	2	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose, 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
SULFADIAZINE - sulfadiazine tab 500 mg	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	
<i>tazicef - ceftazidime for inj 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 1 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 6 gm</i>	4	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline for iv soln 50 mg</i>	5	
<i>tinidazole tab 250 mg, 500 mg</i>	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml (base equivalent)	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 1.25 gm (base equivalent), 1.5 gm (base equivalent), 10 gm (base equivalent)</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml (base equivalent), 750 mg/150ml (base equivalent), 1000 mg/200ml (base equivalent), 1250 mg/250ml (base equivalent), 1500 mg/300ml (base equivalent), 1750 mg/350ml (base equivalent)	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%, 1.25 gm/250ml-5%, 1.5 gm/300ml-5%	4	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg	5	QL (30 tablets/30 days)
APTIOM - eslicarbazepine acetate tab 600 mg, 800 mg	5	QL (60 tablets/30 days)
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	QL (60 tablets/30 days)
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine tab 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam suspension 2.5 mg/ml</i>	3	PA (>=65 yr), QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg, 20 mg</i>	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	2	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	2	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg, 600 mg</i>	3	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv), 500 mg/10ml (phenytoin equiv)</i>	4	
FYCOMPA - perampanel susp 0.5 mg/ml	5	QL (2 bottles/28 days)
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	1	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	2	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
LIBERVANT - diazepam buccal film 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	5	QL (10 films/30 days)
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	3	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital elixir 20 mg/5ml#</i>	2	
<i>phenobarbital sodium inj 65 mg/ml, 130 mg/ml#</i>	4	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	2	
<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg, 250 mg</i>	2	
<i>roweepra - levetiracetam tab 500 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	4	
<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
SYMPAZAN - clobazam oral film 5 mg	5	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA (>=65 yr), QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	3	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	5	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	5	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	3	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>	2	
<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	4	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	3	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	3	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>doxepin hcl conc 10 mg/ml#</i>	2	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	4	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	3	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	3	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg</i>	1	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg#</i>	1	
<i>nortriptyline hcl cap 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	4	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	4	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	1	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	1	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg, 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	3	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	3	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	3	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	4	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent), 225 mg (base equivalent)</i>	4	
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i>	2	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	4	BD
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	PA (≥ 65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	PA (≥ 65 yr)
<i>chlorpromazine hcl inj 25 mg/ml, 50 mg/2ml</i>	4	PA (≥ 65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA (≥ 65 yr)
<i>compro - prochlorperazine suppos 25 mg</i>	3	
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	4	
<i>granisetron hcl inj 1 mg/ml, 4 mg/4ml (1 mg/ml)</i>	4	
<i>granisetron hcl tab 1 mg</i>	2	BD
ONDANSETRON HCL - ondansetron hcl tab 24 mg	3	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	5	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	4	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
ONDANSETRON HYDROCHLORIDE - ondansetron hcl inj soln pref syr 4 mg/2ml	5	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	2	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml (base equivalent)	5	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	3	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine suppos 25 mg</i>	3	
<i>promethazine hcl oral soln 6.25 mg/5ml#</i>	2	
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	4	PA (>=65 yr)
<i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	
<i>scopolamine td patch 72hr 1 mg/3days#</i>	4	
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	3	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>caspofungin acetate for iv soln 50 mg, 70 mg</i>	4	
<i>ciclodan - ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg), 186 mg (isavuconazole 100 mg)	5	PA
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>flucytosine cap 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	3	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	3	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	3	
<i>micafungin sodium for iv soln 50 mg, 100 mg</i>	4	
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	3	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	3	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
Antigout Agents		
<i>allopurinol sodium for inj 500 mg</i>	4	
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat tab 40 mg, 80 mg</i>	3	QL (30 tablets/30 days)
<i>probenecid tab 500 mg</i>	2	
Antimigraine Agents		
<i>AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml</i>	3	PA, QL (2 pens/30 days)
<i>AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml</i>	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)</i>	3	QL (12 tablets/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml</i>	3	PA, QL (2 pens/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml</i>	3	PA, QL (3 syringes/30 days)
<i>EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml</i>	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
<i>MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg</i>	5	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (18 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	3	PA, QL (16 tablets/30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	5	
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	2	
Antimycobacterials		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg, 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	2	
ISONIAZID - isoniazid inj 100 mg/ml	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	3	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg, 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
<i>adriamycin - doxorubicin hcl for inj 50 mg</i>	4	BD
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
ALIQOPA - copanlisib hcl for iv soln 60 mg (base equivalent)	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
ALYMSYS - bevacizumab-maly iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
<i>anastrozole tab 1 mg</i>	2	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	4	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	5	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	5	
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
<i>bendamustine hcl for iv soln 25 mg, 100 mg</i>	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
<i>bleomycin sulfate for inj 15 unit, 30 unit</i>	4	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BORTEZOMIB - bortezomib for inj 1 mg, 2.5 mg	4	PA
<i>bortezomib for inj 3.5 mg</i>	5	PA
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>busulfan inj 6 mg/ml</i>	5	
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*†	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml</i>	4	
<i>carmustine for inj 100 mg</i>	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	4	
<i>cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml)</i>	4	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml), 1 gm/5ml (200 mg/ml), 500 mg/ml	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	3	BD
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	4	BD
CYCLOPHOSPHAMIDE MONOHYDRATE - cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion), 500 mg/50ml (for infusion)*	5	PA
CYTARABINE - cytarabine inj 20 mg/ml	4	BD
<i>cytarabine inj pf 20 mg/ml, 100 mg/ml</i>	4	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	4	
<i>dactinomycin for inj 0.5 mg</i>	5	
DANYELZA - naxitamab-gqgk iv soln 40 mg/10ml (4 mg/ml)	5	PA
DARZALEX - daratumumab iv soln 100 mg/5ml, 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	4	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml (base equiv)	3	
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg (base equivalent), 500 mg (base equivalent)</i>	5	
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 50 mg</i>	4	BD
<i>doxorubicin hcl inj 2 mg/ml</i>	4	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	4	BD
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl inj 2 mg/ml	4	BD
ELITEK - rasburicase for iv soln 1.5 mg, 7.5 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg, 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	5	PA
<i>eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</i>	5	PA
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)†</i>	5	PA, QL (30 tablets/30 days)
ETOPOPHOS - etoposide phosphate iv for inj 100 mg (base equivalent)	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</i>	4	
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	3	
FLUDARABINE PHOSPHATE - fludarabine phosphate for inj 50 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine phosphate inj 25 mg/ml</i>	4	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</i>	4	BD
FOLOTYN - pralatrexate iv inj 20 mg/ml, 40 mg/2ml	5	PA
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gefitinib tab 250 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>gemcitabine hcl for inj 200 mg, 1 gm, 2 gm</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv), 1 gm/26.3ml (38 mg/ml) (base equiv), 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg, 420 mg	5	PA
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml)	4	
<i>ifosfamide for inj 1 gm</i>	4	
<i>imatinib mesylate tab 100 mg (base equivalent)†</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)†</i>	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml), 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml)</i>	4	
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
IXEMPRA KIT - ixabepilone for iv infusion 15 mg, 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg, 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg, 420 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
KYPROLIS - carfilzomib for inj 10 mg, 30 mg, 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	4	
<i>leucovorin calcium for inj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	4	
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*†	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	
<i>mercaptopurine tab 50 mg</i>	3	
<i>mesna inj 100 mg/ml</i>	4	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg, 20 mg, 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml), 25 mg/12.5ml (2 mg/ml), 30 mg/15ml (2 mg/ml)</i>	4	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
<i>mutamycin - mitomycin for iv soln 5 mg, 20 mg, 40 mg</i>	5	
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg, 420 mg	5	PA
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	

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

Drug Name	Drug Tier	Requirements/Limits
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	5	PA
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	5	PA
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	5	
<i>oxaliplatin for iv inj 50 mg, 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml, 100 mg/20ml</i>	5	
PACLITAXEL - paclitaxel iv conc 150 mg/25ml (6 mg/ml)	4	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100 mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/ml)</i>	4	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg, 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	4	
<i>paraplatin - carboplatin iv soln 450 mg/45ml, 600 mg/60ml</i>	4	
<i>pazopanib hcl tab 200 mg (base equiv)†</i>	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PEMETREXED - pemetrexed disodium iv soln 100 mg/4ml (base equiv), 500 mg/20ml (base equiv), 1 gm/40ml (base equiv)	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 100 mg (base equiv), 500 mg (base equiv)	5	PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv), 1000 mg (base equiv)</i>	5	PA
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml, 80 mg-40 mg-2000 unt/ml	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg, 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	

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

Drug Name	Drug Tier	Requirements/Limits
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg†	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg†	5	PA, QL (120 capsules/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RITUXAN - rituximab iv soln 100 mg/10ml, 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml, 1600-26800 mg-unit/13.4ml*	5	PA
romidepsin for iv inj 10 mg	5	PA
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml, 500 mg/25ml	5	PA
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	5	
sorafenib tosylate tab 200 mg (base equivalent)†	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)†	5	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	2	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg (base equivalent), 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml, 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg, 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>toposar - etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</i>	4	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	4	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	4	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg	5	PA
<i>tretinoin cap 10 mg</i>	5	PA
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	5	PA, QL (64 tablets/28 days)
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VECTIBIX - panitumumab iv soln 100 mg/5ml, 400 mg/20ml	5	PA
VEGZELMA - bevacizumab-adcd iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	BD
VINCRISTINE SULFATE - vincristine sulfate iv soln 1 mg/ml	4	BD
<i>vinorelbine tartrate inj 10 mg/ml (base equiv), 50 mg/5ml (10 mg/ml) (base equiv)</i>	4	
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*†	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml), 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion), 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
Antiparasitics		
<i>albendazole tab 200 mg</i>	5	
<i>atovaquone susp 750 mg/5ml</i>	4	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	4	
<i>chloroquine phosphate tab 250 mg, 500 mg</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	3	QL (10 tablets/90 days)
<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	PA
<i>quinine sulfate cap 324 mg</i>	4	PA
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	2	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	3	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	4	
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg#</i>	2	
Antipsychotics		
ABILIFY ASIMTUFI - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	2	QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3	QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	3	QL (270 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	4	QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	4	QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg, 8 mg, 10 mg, 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	4	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	2	
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	2	
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	4	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	4	QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine for im inj 10 mg</i>	4	PA (≥ 65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	2	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (≥ 65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg, 2 mg	2	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	2	QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	1	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA (≥ 65 yr), QL (30 tablets/30 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg</i>	4	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 37.5 mg, 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	3	QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (≥ 65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	2	
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	3	
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	3	
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (≥ 65 yr), QL (540 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	5	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	2	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	3	PA (≥ 65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq)	4	PA (≥ 65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg (base eq)	5	PA (≥ 65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	5	PA (≥ 65 yr), QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 5 mg, 20 mg</i>	2	
<i>baclofen tab 10 mg</i>	1	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	3	
<i>tizanidine hcl cap 2 mg (base equivalent), 4 mg (base equivalent), 6 mg (base equivalent)</i>	3	
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)</i>	1	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	3	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	4	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	3	
<i>acyclovir tab 400 mg, 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	5	QL (4 mls/28 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	5	QL (6 mls/28 days)
<i>cidofovir iv inj 75 mg/ml</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	5	PA
<i>etravirine tab 100 mg, 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	4	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	4	QL (60 packets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
lamivudine oral soln 10 mg/ml	3	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	3	
lamivudine tab 150 mg	3	QL (60 tablets/30 days)
lamivudine tab 300 mg	3	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	3	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tablets/30 days)
maraviroc tab 150 mg	5	QL (60 tablets/30 days)
maraviroc tab 300 mg	5	QL (120 tablets/30 days)
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	3	QL (30 tablets/30 days)
nevirapine tab 200 mg	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
penciclovir cream 1%	4	
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
ribavirin cap 200 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin tab 200 mg</i>	2	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg, 400 mg	5	PA
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg (base equiv), 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	4	QL (180 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	5	QL (14 vials/28 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	3	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5	PA, QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrup 10 mg/ml</i>	3	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
Anxiolytics		
<i>buspirone hcl tab 5 mg, 10 mg, 15 mg</i>	1	
<i>buspirone hcl tab 7.5 mg, 30 mg</i>	2	
<i>chlordiazepoxide hcl cap 5 mg, 10 mg</i>	1	QL (120 capsules/30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 capsules/30 days)
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	4	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	4	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	4	PA (≥ 65 yr), QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	4	PA (≥ 65 yr), QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	4	PA (≥ 65 yr), QL (240 mls/30 days)
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	4	PA (≥ 65 yr), QL (240 mls/30 days)
<i>diazepam oral soln 1 mg/ml</i>	4	PA (≥ 65 yr), QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	4	PA (≥ 65 yr)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	4	PA (≥ 65 yr)
<i>hydroxyzine pamoate cap 25 mg, 50 mg#</i>	4	PA (≥ 65 yr)
<i>lorazepam conc 2 mg/ml</i>	4	PA (≥ 65 yr), QL (150 mls/30 days)
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	4	PA (≥ 65 yr), QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	4	PA (≥ 65 yr), QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	4	PA (≥ 65 yr), QL (150 tablets/30 days)
Bipolar Agents		
<i>lithium carbonate cap 150 mg, 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	3	
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS	2	PA
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg (base equivalent)	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
GAUZE PADS 2" X 2"	2	PA
<i>glimepiride tab 1 mg#</i>	6	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	6	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	6	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	6	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	6	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	6	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	6	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	6	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	6	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	6	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	6	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	6	QL (120 tablets/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	4	QL (4 kits/30 days)
<i>glucagon hcl for inj 1 mg</i>	4	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	6	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	6	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	6	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	6	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	6	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	6	QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 1.25-250 mg#</i>	6	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>	6	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	1	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	2	
INSULIN SYRINGE/NEEDLE	2	PA
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg, 150-500 mg, 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg, 150-500 mg, 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	6	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	6	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	6	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	6	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	6	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	6	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	6	QL (90 tablets/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	4	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	4	
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	4	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	4	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	4	
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	4	
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	4	
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	4	
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	4	
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	4	
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	4	
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	4	
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	4	
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir	4	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	6	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	6	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	6	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	3	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg, 90 mg	3	
<i>cilostazol tab 50 mg, 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)</i>	4	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	4	QL (120 capsules/30 days)
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	2	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
HEPARIN SODIUM - heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	3	
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml</i>	3	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	3	
<i>jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	5	
<i>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)</i>	2	
PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml	5	PA
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	4	
Cardiovascular Agents		
acebutolol hcl cap 200 mg, 400 mg	2	
acetazolamide cap er 12hr 500 mg	3	
acetazolamide tab 125 mg, 250 mg	2	
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	6	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 100 mg	3	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	4	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	6	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	6	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	6	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	6	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	6	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	6	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	6	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg	6	
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	6	
betaxolol hcl tab 10 mg, 20 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg, 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg, 1 mg, 2 mg	2	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg	6	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	6	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	6	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	6	
<i>cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	2	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	QL (30 packets/30 days)
<i>colesevelam hcl tab 625 mg</i>	4	QL (180 tablets/30 days)
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)</i>	3	PA, QL (600 mls/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	3	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	5	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	6	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
eplerenone tab 25 mg, 50 mg	3	
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	6	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	2	
fenofibrate micronized cap 43 mg	2	QL (60 capsules/30 days)
fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg, 54 mg	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg, 160 mg	2	QL (30 tablets/30 days)
flecainide acetate tab 50 mg, 100 mg, 150 mg	2	
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	6	QL (60 capsules/30 days)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	6	QL (30 tablets/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	6	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	6	
furosemide inj 10 mg/ml	4	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg, 40 mg, 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
icosapent ethyl cap 0.5 gm	4	QL (240 capsules/30 days)
icosapent ethyl cap 1 gm	4	QL (120 capsules/30 days)
indapamide tab 1.25 mg, 2.5 mg	2	
irbesartan tab 75 mg, 150 mg, 300 mg	6	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	6	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	2	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	1	
isosorbide mononitrate tab 10 mg, 20 mg	2	
isradipine cap 2.5 mg, 5 mg	2	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	3	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg, 200 mg, 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	6	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	6	QL (60 tablets/30 days)
<i>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>methazolamide tab 25 mg, 50 mg</i>	4	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg, 75 mg</i>	3	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	3	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	6	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	4	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)</i>	2	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	3	
<i>nifedipine cap 10 mg, 20 mg#</i>	2	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	3	
NITRO-BID - nitroglycerin oint 2%	2	
<i>nitroglycerin oint 0.4%</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	3	
<i>olmesartan medoxomil tab 5 mg</i>	6	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	6	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>pacerone - amiodarone hcl tab 100 mg</i>	3	
<i>pacerone - amiodarone hcl tab 200 mg</i>	1	
<i>pacerone - amiodarone hcl tab 400 mg</i>	4	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	6	
<i>perindopril erbumine tab 4 mg</i>	6	
<i>perindopril erbumine tab 8 mg</i>	6	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg, 10 mg</i>	2	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	6	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	2	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	2	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	4	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	6	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	6	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	3	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	6	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	6	QL (30 tablets/30 days)
<i>sorine - sotalol hcl tab 120 mg, 160 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	QL (60 capsules/30 days)
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg, 20 mg</i>	3	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	6	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	6	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	6	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	6	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	6	QL (30 tablets/30 days)
<i>VASCEPA - icosapent ethyl cap 0.5 gm</i>	3	QL (240 capsules/30 days)
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	1	
<i>VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg</i>	3	QL (30 tablets/30 days)
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	4	QL (30 capsules/30 days)
<i>AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml</i>	5	PA, QL (1 kit/28 days)
<i>AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml</i>	5	PA, QL (1 kit/28 days)
<i>BETASERON - interferon beta-1b for inj kit 0.3 mg</i>	5	PA, QL (15 vials/syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tablets/30 days)
<i>COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	3	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	5	PA, QL (1 pack/28 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv)	5	PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 60 mg (base equiv), 80 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	5	PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv)	5	PA, QL (30 capsules/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	2	QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
<i>paroxetine mesylate cap 7.5 mg (base equiv)#</i>	4	QL (30 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION PACK - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
<i>riluzole tab 50 mg</i>	3	
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>zenzedi - dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
KEPIVANCE - palifermin for iv inj 5.16 mg	5	
<i>kourzeq - triamcinolone acetonide dental paste 0.1%</i>	3	
<i>oralone dental paste - triamcinolone acetonide dental paste 0.1%</i>	3	
<i>periogard - chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	3	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
Dermatological Agents		
<i>accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	4	PA
<i>ala-cort - hydrocortisone cream 1%</i>	2	QL (454 grams/30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120 grams/30 days)
<i>amnesteem - isotretinoin cap 10 mg, 20 mg, 40 mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	QL (135 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>calcitrene - calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate lotion 0.05%</i>	4	QL (177 mls/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)
<i>clodan - clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	3	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	3	QL (120 grams/30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120 grams/30 days)
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	4	
<i>EFUDEX - fluorouracil cream 5%</i>	3	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i>	3	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide cream 0.1%</i>	4	QL (240 grams/28 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	3	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil soln 5%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	3	QL (120 mls/30 days)
<i>hydrocortisone cream 1%, 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	QL (453.6 grams/30 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	3	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	4	
<i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>malathion lotion 0.5%</i>	3	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	3	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	4	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA - apremilast tab 20 mg	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%</i>	3	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	3	
PREDNICARBATE - prednicarbate oint 0.1%	2	QL (120 grams/30 days)
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	3	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	
<i>tretinoin gel 0.01%, 0.025%</i>	3	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
<i>triderm - triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	5	
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg†</i>	5	PA
<i>deferasirox tab for oral susp 125 mg†</i>	4	PA
<i>deferasirox tab for oral susp 250 mg, 500 mg†</i>	5	PA
<i>deferasirox tab 90 mg†</i>	3	PA
<i>deferasirox tab 180 mg, 360 mg†</i>	4	PA
<i>dextrose inj 5%, 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% - dextrose 5% w/ sodium chloride 0.33%	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.45%, 0.9%</i>	4	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kionex - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>klor-con - potassium chloride powder packet 20 meq</i>	4	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	2	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	2	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	2	
<i>lactated ringer's solution</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>potassium chloride cap er 8 meq, 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq, 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	3	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	3	
<i>sodium chloride irrigation soln 0.9%</i>	4	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	4	
<i>sodium chloride preservative free (pf) inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sps - sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>tolvaptan tab 15 mg, 30 mg</i>	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)	3	
<i>water for irrigation, sterile irrigation soln</i>	3	
Gastrointestinal Agents		
<i>aloseptron hcl tab 0.5 mg (base equiv)</i>	4	PA, QL (60 tablets/30 days)
<i>aloseptron hcl tab 1 mg (base equiv)</i>	5	PA, QL (60 tablets/30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	4	
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg, 400 mg, 800 mg</i>	2	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
<i>dexlansoprazole cap delayed release 30 mg, 60 mg</i>	4	QL (30 capsules/30 days)
<i>dicyclomine hcl cap 10 mg#</i>	4	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	4	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	4	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	4	QL (30 packets/30 days)
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	4	
<i>famotidine for susp 40 mg/5ml</i>	3	
<i>famotidine inj 40 mg/4ml, 200 mg/20ml</i>	4	
<i>famotidine preservative free inj 20 mg/2ml</i>	4	
<i>famotidine tab 20 mg, 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg#</i>	2	
<i>methscopolamine bromide tab 5 mg#</i>	3	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<i>misoprostol tab 100 mcg, 200 mcg</i>	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 150 mg	2	
<i>nizatidine cap 300 mg</i>	2	
OICALIVA - obeticholic acid tab 5 mg, 10 mg*†	5	PA, QL (30 tablets/30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	4	
<i>peg-3350/electrolytes/ascorbate - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	3	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA, QL (30 syringes/30 days)
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA, QL (18 mls/30 days)
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA, QL (90 tablets/30 days)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
<i>sucralfate tab 1 gm</i>	2	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg, 500 mg</i>	3	
VIBERZI - eluxadoline tab 75 mg, 100 mg	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
<i>betaine powder for oral solution</i>	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg, 35 mg*	5	
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA
<i>javygtor - sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>	5	PA
<i>javygtor - sapropterin dihydrochloride tab 100 mg†</i>	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	3	
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCovi - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg†</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOX - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
yargesa - miglustat cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	2	
dutasteride cap 0.5 mg	1	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 capsules/30 days)
ELMIRON - pentosan polysulfate sodium caps 100 mg	5	PA
finasteride tab 5 mg	1	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	4	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
methergine - methylergonovine maleate tab 0.2 mg	5	
methylergonovine maleate tab 0.2 mg	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	2	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
silodosin cap 4 mg, 8 mg	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
solifenacin succinate tab 5 mg, 10 mg	2	QL (30 tablets/30 days)
tadalafil tab 2.5 mg, 5 mg	4	PA, QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg	2	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg	2	QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg	2	QL (30 capsules/30 days)
tropium chloride tab 20 mg	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
ACTHAR GEL - corticotropin subcutaneous gel auto-injector 40 unit/0.5ml, 80 unit/ml	5	PA
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	4	
<i>dexamethasone sodium phosphate inj 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	4	
<i>dexamethasone soln 0.5 mg/5ml</i>	4	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
<i>methylprednisolone sod succ for inj 40 mg (base equiv), 125 mg (base equiv), 500 mg (base equiv), 1000 mg (base equiv)</i>	4	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone oral soln 5 mg/5ml</i>	2	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	1	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	1	
<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	3	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>amethia - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg</i>	2	
<i>aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg</i>	2	
<i>aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
camila - norethindrone tab 0.35 mg	2	
camrese - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
danazol cap 50 mg, 100 mg, 200 mg	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	2	
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
deblitane - norethindrone tab 0.35 mg	2	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	2	
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	2	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
errin - norethindrone tab 0.35 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg</i>	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#</i>	3	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#</i>	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	2	
<i>hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>heather - norethindrone tab 0.35 mg</i>	2	
<i>iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>incassia - norethindrone tab 0.35 mg</i>	2	
<i>introvale - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>jencycla - norethindrone tab 0.35 mg</i>	2	
<i>jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>kaitlib fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>kelnor 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	2	
<i>larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>layolis fe - norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg</i>	2	
<i>luteru - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>lyleq - norethindrone tab 0.35 mg</i>	2	
<i>lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	3	
<i>lyza - norethindrone tab 0.35 mg</i>	2	
<i>marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	2	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	2	
<i>MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#</i>	3	
<i>methyltestosterone cap 10 mg</i>	5	PA
<i>microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#</i>	3	
<i>mono-lynyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg</i>	2	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be - norethindrone tab 0.35 mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc - norethindrone tab 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	
<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>pimtreea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
PREMARIN - estrogens, conjugated for inj 25 mg	4	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	

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

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
progesterone cap 100 mg, 200 mg	2	
raloxifene hcl tab 60 mg	2	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
sharobel - norethindrone tab 0.35 mg	2	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
simpesse - levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	2	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	2	
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml	2	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	
testosterone td gel 25 mg/2.5gm (1%)	3	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	3	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	3	PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	3	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	3	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	3	PA, QL (2 pump bottles/30 days)
testosterone td soln 30 mg/act	4	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
tri-lynyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-marzia - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>tri-lo-mili - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>tri-lo-sprintec - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>tri-mili - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-nymyo - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-sprintec - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-vylibra - norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	2	
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>trivora-28 - levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125-30mg-mcg	2	
<i>turqoz - norgestrel & ethinyl estradiol tab</i> 0.3 mg-30 mcg	2	
<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.03-0.451 mg#	3	
<i>velivet - desogest-ethin est tab</i> 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
<i>vestura - drospirenone-ethinyl estradiol tab</i> 3-0.02 mg	2	
<i>vienva - levonorgestrel & ethinyl estradiol tab</i> 0.1 mg-20 mcg	2	
<i>viorele - desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	2	
<i>volnea - desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	2	
<i>vyfemla - norethindrone & ethinyl estradiol tab</i> 0.4 mg-35 mcg	2	
<i>vylibra - norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg	2	
<i>wera - norethindrone & ethinyl estradiol tab</i> 0.5 mg-35 mcg	2	
<i>wymzya fe - norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	2	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	3	
<i>yuvaferm - estradiol vaginal tab</i> 10 mcg	3	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	3	
<i>zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab</i> 1mg-35 mcg	2	
<i>zumandimine - drospirenone-ethinyl estradiol tab</i> 3-0.03 mg#	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1	
<i>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
<i>SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	3	
<i>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
<i>ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>	5	PA
<i>ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>	5	PA
<i>ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>	5	PA
<i>ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg</i>	4	PA
<i>FIRMAGON - degarelix acetate for inj 80 mg (base equiv)</i>	4	
<i>FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)</i>	5	
<i>LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg</i>	4	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA
<i>LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg</i>	5	PA
<i>LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg</i>	5	PA
<i>LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg</i>	5	PA
<i>LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg</i>	5	PA
<i>LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg</i>	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	5	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg (base equiv), 20 mg (base equiv), 30 mg (base equiv), 40 mg (base equiv), 60 mg (base equiv)*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ABRYVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	QL (1 vaccine/365 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - rilonacept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3	QL (1 vaccine/lifetime; >=50 yr)
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
<i>cyclosporine cap 25 mg, 100 mg</i>	3	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	3	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENGVAIXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGRIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3	BD

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Drug Name	Drug Tier	Requirements/Limits
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
ENTYVIO - vedolizumab soln pen-injector 108 mg/0.68ml	5	PA
ENVARISUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARISUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	3	
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm, 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i>	3	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	3	BD
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)

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Drug Name	Drug Tier	Requirements/Limits
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXCHIQ - chikungunya virus vaccine live for im solution	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	BD
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg, 20 mg</i>	2	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	4	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3	QL (1 vaccine/lifetime; >=60 yr)
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	4	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	

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Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
REZUROCK - belumosudil mesylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
SIMULECT - basiliximab for iv soln 10 mg, 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	5	BD
<i>sirolimus tab 0.5 mg, 1 mg</i>	3	BD
<i>sirolimus tab 2 mg</i>	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml, 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	3	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
VAXCHORA - cholera vaccine live attenuated for oral susp	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	5	PA
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent), 10 mg (base equivalent)	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent), 22 mg (base equivalent)	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	

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Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>hydrocortisone perianal cream 1%, 2.5%</i>	2	QL (454 grams/30 days)
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	4	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctocort - hydrocortisone perianal cream 1%</i>	2	QL (454 grams/30 days)
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	2	QL (454 grams/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	5	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
CALCITRIOL - calcitriol inj 1 mcg/ml	4	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	3	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 60 mg (base equiv), 90 mg (base equiv)</i>	5	PA
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	4	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	3	
<i>paricalcitol iv soln 2 mcg/ml, 5 mcg/ml</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	3	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
Ophthalmic Agents		
<i>atropine sulfate ophth soln 1%</i>	2	
<i>azelastine hcl ophth soln 0.05%</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.1%, 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide ophth susp 1%</i>	4	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	2	
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	3	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>fluorometholone ophth susp 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium ophth soln 0.03%</i>	3	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	3	
INVELTYS - loteprednol etabonate ophth susp 1%	4	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	4	
<i>loteprednol etabonate ophth susp 0.5%</i>	4	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox)</i>	2	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	2	
<i>polycin - bacitracin-polymyxin b ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	2	
PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	3	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMZY - lotilaner ophth soln 0.25%	5	PA
XIIDRA - lifitegrast ophth soln 5%	3	QL (60 containers/30 days)
Otic Agents		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%</i>	3	BD
<i>acetylcysteine inhal soln 20%</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)</i>	2	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	4	
<i>alyq - tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>ambrisentan tab 5 mg, 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg, 125 mg*</i>	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
<i>breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	3	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD
<i>cypheptadine hcl tab 4 mg#</i>	4	
<i>desloratadine tab 5 mg</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	4	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (1 inhaler/30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	2	QL (2 inhalers/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	3	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
OFEV - nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir (index of reactivity)	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin for inhal soln 6 gm</i>	5	
<i>roflumilast tab 250 mcg, 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	3	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	3	QL (30 capsules/30 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)*</i>	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (36 grams/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (1 inhaler/30 days)
<i>wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tab 10 mg, 20 mg</i>	3	
Skeletal Muscle Relaxants		
<i>carisoprodol tab 350 mg#</i>	2	
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	4	
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i>	3	QL (30 tablets/30 days)
<i>eszopiclone tab 1 mg, 2 mg, 3 mg#</i>	2	QL (30 tablets/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>triazolam tab 0.25 mg</i>	3	QL (60 tablets/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab er 6.25 mg, 12.5 mg#</i>	3	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	1	QL (30 tablets/30 days)

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<i>amnesteem - isotretinoin cap 10 mg, 20 mg, 40</i>		APTIVUS.....	35
<i>mg</i>	54	<i>aranelle - norethindrone-eth estradiol tab</i>	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150</i>		<i>0.5-35/1-35/0.5-35 mg-mcg</i>	64
<i>mg</i>	14	ARANESP ALBUMIN FREE.....	44
<i>amoxicillin (trihydrate) cap 250 mg, 500</i>		ARCALYST.....	73
<i>mg</i>	5	AREXVY.....	73
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200</i>		ARIKAYCE.....	5
<i>mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	5	<i>aripiprazole orally disintegrating tab 10 mg, 15</i>	
<i>amoxicillin (trihydrate) tab 500 mg, 875</i>		<i>mg</i>	32
<i>mg</i>	5	<i>aripiprazole oral solution 1 mg/ml</i>	32
<i>amoxicillin & k clavulanate chew tab 400-57</i>		<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30</i>	
<i>mg</i>	5	<i>mg</i>	32
<i>amoxicillin & k clavulanate for susp</i>		<i>aripiprazole tab 2 mg, 5 mg</i>	32
<i>200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9</i>		ARISTADA.....	32
<i>mg/5ml</i>	5	ARISTADA INITIO.....	32
<i>amoxicillin & k clavulanate tab 250-125</i>		<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250</i>	
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<i>amoxicillin & k clavulanate tab 500-125 mg, 875-125</i>		ARNUITY ELLIPTA.....	82
<i>mg</i>	5	<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg,</i>		<i>ml)</i>	20
<i>10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	52	<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/</i>	
<i>amphetamine-dextroamphetamine tab 20</i>		<i>ml)</i>	20
<i>mg</i>	52	<i>ascomp/codeine - butalbital-aspirin-caff w/ codeine</i>	
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg,</i>		<i>cap 50-325-40-30 mg</i>	1
<i>10 mg, 12.5 mg, 15 mg, 30 mg</i>	52	<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg</i>	
AMPHOTERICIN B.....	17	<i>(base equiv), 10 mg (base equiv)</i>	32
<i>amphotericin b liposome iv for susp 50</i>		<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) & eth</i>	
<i>mg</i>	17	<i>est tab 0.01mg(7)</i>	64
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azithromycin tab 250 mg, 500 mg.....	5
azithromycin tab 600 mg.....	5
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baclofen tab 5 mg, 20 mg.....	35
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balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	64
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<i>betamethasone dipropionate augmented oint 0.05%</i>	54	<i>breyana - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	83
<i>betamethasone dipropionate cream 0.05%</i>	54	<i>briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	64
<i>betamethasone dipropionate lotion 0.05%</i>	54	BRILINTA.....	44
<i>betamethasone dipropionate oint 0.05%</i>	54	<i>brimonidine tartrate ophth soln 0.1%, 0.15%</i>	80
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	54	<i>brimonidine tartrate ophth soln 0.2%</i>	80
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	54	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	80
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	54	<i>brinzolamide ophth susp 1%</i>	80
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<i>betaxolol hcl ophth soln 0.5%</i>	80	<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	80
<i>betaxolol hcl tab 10 mg, 20 mg</i>	46	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	80
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	62	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	31
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<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	59	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	46		
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	46		

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buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	4
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	4
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buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr.....	1
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butalbital-acetaminophen-cafeine tab 50-325-40 mg.....	1
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg, 50-325-40-30 mg.....	1
butalbital-acetaminophen tab 50-325 mg.....	1
butalbital-aspirin-cafeine cap 50-325-40 mg.....	1
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....	1
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cefadroxil cap 500 mg.....	5	cefuroxime sodium for inj 750 mg.....	6
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	5	cefuroxime sodium for iv soln 1.5 gm.....	6
cefadroxil tab 1 gm.....	6	celecoxib cap 400 mg.....	1
CEFAZOLIN.....	6	celecoxib cap 50 mg, 100 mg, 200 mg.....	1
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	6	cephalexin cap 250 mg, 500 mg.....	6
cefazolin sodium for inj 500 mg, 1 gm, 10 gm.....	6	cephalexin cap 750 mg.....	6
cefazolin sodium for iv soln 1 gm.....	6	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	7
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cefpodoxime proxetil tab 100 mg, 200 mg.....	6	cholestyramine light powder 4 gm/dose.....	47
cefprozil for susp 125 mg/5ml.....	6	cholestyramine light powder packets 4 gm.....	47
cefprozil for susp 250 mg/5ml.....	6	cholestyramine powder 4 gm/dose.....	47
cefprozil tab 250 mg, 500 mg.....	6	cholestyramine powder packets 4 gm.....	47
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		ciclopirox gel 0.77%.....	17
		ciclopirox olamine cream 0.77% (base equiv).....	17

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ciclopirox shampoo 1%.....	17	clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.....	7
ciclopirox solution 8%.....	17	clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml.....	7
cidofovir iv inj 75 mg/ml.....	35	clindamycin phosphate lotion 1%.....	7
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cimetidine tab 200 mg.....	59	clindamycin phosphate vaginal cream 2%.....	7
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ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv).....	7	clobetasol propionate lotion 0.05%.....	55
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citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv).....	14	clodan - clobetasol propionate shampoo 0.05%.....	55
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<i>clozapine orally disintegrating tab 25</i> <i>mg</i>	32	<i>cyclophosphamide cap 50 mg</i>	21
<i>clozapine tab 100 mg</i>	33	CYCLOPHOSPHAMIDE MONOHYDRATE.....	21
<i>clozapine tab 200 mg</i>	33	<i>cycloserine cap 250 mg</i>	19
<i>clozapine tab 25 mg, 50 mg</i>	33	CYCLOSET.....	40
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CODEINE SULFATE.....	1	<i>cyclosporine modified cap 25 mg, 50 mg, 100</i> <i>mg</i>	74
<i>codeine sulfate tab 30 mg</i>	1	<i>cyclosporine modified oral soln 100 mg/</i> <i>ml</i>	74
<i>colchicine tab 0.6 mg</i>	18	<i>cyproheptadine hcl tab 4 mg</i>	83
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	18	CYRAMZA.....	21
<i>colesevelam hcl packet for susp 3.75</i> <i>gm</i>	47	<i>cyred eq - desogestrel & ethinyl estradiol tab 0.15</i> <i>mg-30 mcg</i>	65
<i>colesevelam hcl tab 625 mg</i>	47	CYSTAGON.....	61
<i>colestipol hcl granule packets 5 gm</i>	47	CYSTARAN.....	80
<i>colestipol hcl granules 5 gm</i>	47	CYTARABINE.....	21
<i>colestipol hcl tab 1 gm</i>	47	<i>cytarabine inj pf 20 mg/ml, 100 mg/ml</i>	21
<i>colistimethate sod for inj 150 mg (colistin base</i> <i>activity)</i>	7	D	
COMBIPATCH.....	65	<i>dabigatran etexilate mesylate cap 110 mg (etexilate</i> <i>base eq)</i>	44
COMBIVENT RESPIMAT.....	83	<i>dabigatran etexilate mesylate cap 75 mg (etexilate</i> <i>base eq), 150 mg (etexilate base eq)</i>	44
COMETRIQ.....	21	DACARBAZINE.....	21
COMPLERA.....	36	<i>dacarbazine for inj 200 mg</i>	21
<i>compro - prochlorperazine suppos 25</i> <i>mg</i>	16	<i>dactinomycin for inj 0.5 mg</i>	21
<i>constulose - lactulose solution 10</i> <i>gm/15ml</i>	59	<i>dalfampridine tab er 12hr 10 mg</i>	53
COPAXONE.....	52	DALVANCE.....	7
COPIKTRA.....	21	<i>danazol cap 50 mg, 100 mg, 200 mg</i>	65
CORLANOR.....	47	<i>dantrolene sodium cap 25 mg, 50 mg, 100</i> <i>mg</i>	35
COSELA.....	21	DANYELZA.....	21
COSENTYX.....	74	<i>dapsone tab 25 mg, 100 mg</i>	19
COSENTYX SENSOREADY PEN.....	74	DAPTACEL.....	74
COSENTYX UNOREADY.....	74	<i>daptomycin for iv soln 500 mg</i>	7
COTELLIC.....	21	<i>darunavir tab 600 mg</i>	36
CREON.....	61	<i>darunavir tab 800 mg</i>	36
CRESEMBA.....	17	DARZALEX.....	21
<i>cromolyn sodium ophth soln 4%</i>	80	DARZALEX FASPRO.....	21
<i>cromolyn sodium oral conc 100</i> <i>mg/5ml</i>	61	<i>dasetta 1/35 - norethindrone & ethinyl estradiol tab 1</i> <i>mg-35 mcg</i>	65
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	83	<i>dasetta 7/7/7 - norethindrone-eth estradiol tab</i> <i>0.5-35/0.75-35/1-35 mg-mcg</i>	65
<i>cryselle-28 - norgestrel & ethinyl estradiol tab 0.3</i> <i>mg-30 mcg</i>	65	<i>daunorubicin hcl iv soln 20 mg/4ml (base</i> <i>equiv)</i>	22
		DAUNORUBICIN HYDROCHLORIDE.....	22

DAURISMO.....	22	dexamethasone sodium phosphate ophth soln	
daysee - levonorg-eth est tab 0.15-0.03mg(84) & eth		0.1%.....	80
est tab 0.01mg(7).....	65	dexamethasone soln 0.5 mg/5ml.....	63
deblitane - norethindrone tab 0.35 mg.....	65	dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg,	
decitabine for inj 50 mg.....	22	2 mg, 4 mg, 6 mg.....	63
deferasirox granules packet 90 mg, 180 mg, 360		dexamethasone tab therapy pack 1.5 mg	
mg.....	57	(21).....	63
deferasirox tab 180 mg, 360 mg.....	57	dexamethasone tab therapy pack 1.5 mg	
deferasirox tab 90 mg.....	57	(35).....	63
deferasirox tab for oral susp 125 mg.....	57	dexamethasone tab therapy pack 1.5 mg	
deferasirox tab for oral susp 250 mg, 500		(51).....	63
mg.....	57	dexlansoprazole cap delayed release 30 mg, 60	
DELSTRIGO.....	36	mg.....	59
delyla - levonorgestrel & ethinyl estradiol tab 0.1		dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10	
mg-20 mcg.....	65	mg.....	53
demeclocycline hcl tab 150 mg, 300 mg.....	7	dexrazoxane hcl for inj 250 mg (base equivalent),	
DENG VAXIA.....	74	500 mg (base equivalent).....	22
DEPO-SUBQ PROVERA 104.....	65	dextroamphetamine sulfate cap er 24hr 10 mg, 15	
depo-testosterone - testosterone cypionate im inj in		mg.....	53
oil 100 mg/ml.....	65	dextroamphetamine sulfate cap er 24hr 5	
depo-testosterone - testosterone cypionate im inj in		mg.....	53
oil 200 mg/ml.....	65	dextroamphetamine sulfate tab 10 mg.....	53
DESCOVY.....	36	dextroamphetamine sulfate tab 5 mg.....	53
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg,		dextrose 2.5% w/ sodium chloride	
100 mg, 150 mg.....	14	0.45%.....	57
desloratadine tab 5 mg.....	83	DEXTROSE 5%/SODIUM CHLORIDE	
desmopressin acetate inj 4 mcg/ml.....	63	0.33%.....	57
desmopressin acetate nasal spray soln 0.01%		dextrose 5% in lactated ringers.....	57
(refrigerated), 0.01%.....	63	dextrose 5% w/ sodium chloride 0.2%.....	57
desmopressin acetate preservative free (pf) inj 4		dextrose 5% w/ sodium chloride 0.45%,	
mcg/ml.....	63	0.9%.....	58
desmopressin acetate tab 0.1 mg, 0.2		dextrose inj 5%, 10%.....	57
mg.....	63	DIACOMIT.....	11
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01		diazepam conc 5 mg/ml.....	39
mg(21/5).....	65	diazepam intensol - diazepam conc 5 mg/	
desogestrel & ethinyl estradiol tab 0.15 mg-30		ml.....	39
mcg.....	65	diazepam oral soln 1 mg/ml.....	39
desonide cream 0.05%.....	55	DIAZEPAM RECTAL GEL.....	11
desonide lotion 0.05%.....	55	diazepam rectal gel delivery system 10 mg, 20	
desonide oint 0.05%.....	55	mg.....	11
desoximetasone cream 0.05%.....	55	diazepam tab 2 mg, 5 mg, 10 mg.....	39
desoximetasone cream 0.25%.....	55	diazoxide susp 50 mg/ml.....	40
desoximetasone gel 0.05%.....	55	diclofenac potassium tab 50 mg.....	1
desoximetasone oint 0.25%.....	55	diclofenac sodium gel 1% (1.16% diethylamine	
desvenlafaxine succinate tab er 24hr 25 mg (base		equiv).....	1
equiv), 50 mg (base equiv), 100 mg (base		diclofenac sodium ophth soln 0.1%.....	80
equiv).....	14	diclofenac sodium soln 1.5%.....	1
dexamethasone elixir 0.5 mg/5ml.....	63	diclofenac sodium tab delayed release 25	
DEXAMETHASONE SODIUM		mg.....	1
PHOSPHATE.....	63	diclofenac sodium tab delayed release 50	
dexamethasone sodium phosphate inj 4 mg/ml, 20		mg.....	1
mg/5ml, 120 mg/30ml.....	63		

<i>diclofenac sodium tab delayed release 75 mg</i>	1	<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	11
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	22
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	22
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	47
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	7	<i>dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	65
<i>dicyclomine hcl cap 10 mg</i>	59	<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	13
<i>dicyclomine hcl tab 20 mg</i>	59	<i>donepezil hydrochloride tab 23 mg</i>	13
<i>DIFICID</i>	7	<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	13
<i>diflorasone diacetate oint 0.05%</i>	55	<i>dorzolamide hcl ophth soln 2%</i>	80
<i>difluprednate ophth emulsion 0.05%</i>	80	<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	80
<i>digoxin oral soln 0.05 mg/ml</i>	47	<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	80
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	47	<i>dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	65
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	18	<i>DOVATO</i>	36
<i>DILANTIN</i>	11	<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	47
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	47	<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i>	86
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	47	<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	14
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	47	<i>doxepin hcl conc 10 mg/ml</i>	14
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	47	<i>doxorubicin hcl for inj 50 mg</i>	22
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	47	<i>doxorubicin hcl inj 2 mg/ml</i>	22
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	47	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	22
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	47	<i>DOXORUBICIN HYDROCHLORIDE</i>	22
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	53	<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	8
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	53	<i>doxycycline (rosacea) cap delayed release 40 mg</i>	55
<i>DIPENTUM</i>	79	<i>doxycycline hyclate cap 50 mg, 100 mg</i>	7
<i>diphenhydramine hcl inj 50 mg/ml</i>	83	<i>doxycycline hyclate for inj 100 mg</i>	7
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	59	<i>doxycycline hyclate tab 20 mg, 100 mg</i>	7
<i>DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC</i>	74	<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	7
<i>dipyridamole tab 25 mg, 50 mg, 75 mg</i>	44	<i>doxycycline monohydrate cap 75 mg, 150 mg</i>	7
<i>disulfiram tab 250 mg, 500 mg</i>	4	<i>doxycycline monohydrate tab 150 mg</i>	7
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	11	<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	7
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	11	<i>DRIZALMA SPRINKLE</i>	14
		<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	16

<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	65
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	65
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	65
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	65
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	47
DUAVEE.....	65
DULERA.....	83
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)</i>	14
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	14
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	14
DUPIXENT.....	74
<i>duramorph - morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml</i>	1
<i>dutasteride cap 0.5 mg</i>	62
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	62

E

<i>ec-naproxen - naproxen tab ec 375 mg</i>	1
<i>ec-naproxen - naproxen tab ec 500 mg</i>	1
<i>econazole nitrate cream 1%</i>	17
EDURANT.....	36
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	36
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	36
<i>efavirenz tab 600 mg</i>	36
EFUDEX.....	55
ELAPRASE.....	61
ELELYSO.....	61
<i>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)</i>	18
ELIGARD.....	72
<i>elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	65
ELIQUIS.....	44
ELIQUIS STARTER PACK.....	44
ELITEK.....	22
ELMIRON.....	62
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i>	65
EMGALITY.....	18
EMPLICITI.....	22
EMSAM.....	14

<i>emtricitabine caps 200 mg</i>	36
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg</i>	36
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	36
EMTRIVA.....	36
<i>emzahh - norethindrone tab 0.35 mg</i>	65
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	47
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	47
ENBREL.....	74
ENBREL MINI.....	74
ENBREL SURECLICK.....	74
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	1
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1
<i>endocet - oxycodone w/ acetaminophen tab 5-325 mg</i>	1
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1
ENERGIX-B.....	74
ENHERTU.....	22
<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	65
<i>enoxaparin sodium inj 300 mg/3ml</i>	44
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	44
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	65
<i>enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	65
<i>entacapone tab 200 mg</i>	32
<i>entecavir tab 0.5 mg, 1 mg</i>	36
ENTRESTO.....	48
ENTYVIO.....	75
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	59
ENVARUS XR.....	75
EPCLUSA.....	36
EPIDIOLEX.....	11
<i>epinastine hcl ophth soln 0.05%</i>	80
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	83
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	83
<i>epitol - carbamazepine tab 200 mg</i>	11
<i>eplerenone tab 25 mg, 50 mg</i>	48
EPRONTIA.....	11

ERBITUX.....	22	mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	66
ergotamine w/ caffeine tab 1-100 mg.....	18	estradiol vaginal cream 0.1 mg/gm.....	66
eribulin mesylate inj 1 mg/2ml (0.5 mg/ml).....	22	estradiol vaginal tab 10 mcg.....	66
ERIVEDGE.....	22	eszopiclone tab 1 mg, 2 mg, 3 mg.....	86
ERLEADA.....	22	ethambutol hcl tab 100 mg, 400 mg.....	19
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent).....	22	ethosuximide cap 250 mg.....	11
erlotinib hcl tab 25 mg (base equivalent).....	22	ethosuximide soln 250 mg/5ml.....	11
errin - norethindrone tab 0.35 mg.....	65	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	66
ertapenem sodium for inj 1 gm (base equivalent).....	8	etodolac cap 200 mg.....	2
ERVEBO.....	75	etodolac cap 300 mg.....	2
ERY.....	8	etodolac tab 400 mg, 500 mg.....	2
erythrocin lactobionate - erythromycin lactobionate for inj 500 mg.....	8	etodolac tab er 24hr 400 mg, 500 mg.....	2
erythromycin ethylsuccinate for susp 200 mg/5ml.....	8	etodolac tab er 24hr 600 mg.....	2
erythromycin ethylsuccinate for susp 400 mg/5ml.....	8	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	66
erythromycin lactobionate for inj 500 mg.....	8	ETOPOPHOS.....	22
erythromycin ophth oint 5 mg/gm.....	80	etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml).....	22
erythromycin soln 2%.....	8	etravirine tab 100 mg, 200 mg.....	36
erythromycin tab 250 mg, 500 mg.....	8	EULEXIN.....	22
escitalopram oxalate soln 5 mg/5ml (base equiv).....	14	euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg.....	72
escitalopram oxalate tab 20 mg (base equiv).....	14	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	75
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv).....	14	everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	22
esgic - butalbital-acetaminophen-caffeine cap 50-325-40 mg.....	2	everolimus tab 5 mg.....	22
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq).....	59	everolimus tab for oral susp 2 mg, 5 mg.....	22
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....	59	everolimus tab for oral susp 3 mg.....	22
esomeprazole sodium for intravenous soln 40 mg (base equiv).....	59	EVOMELA.....	22
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg.....	66	EVOTAZ.....	36
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg.....	66	exemestane tab 25 mg.....	22
estradiol tab 0.5 mg, 1 mg, 2 mg.....	66	EXTENCILLINE.....	8
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%).....	66	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	48
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	66	ezetimibe tab 10 mg.....	48
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05		F	
		FABRAZYME.....	61
		falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	66
		famciclovir tab 125 mg, 250 mg, 500 mg.....	36
		famotidine for susp 40 mg/5ml.....	59
		famotidine inj 40 mg/4ml, 200 mg/20ml.....	59
		famotidine preservative free inj 20 mg/2ml.....	59
		famotidine tab 20 mg, 40 mg.....	59
		FANAPT.....	33

FANAPT TITRATION PACK.....	33	fluocinonide gel 0.05%.....	55
FASENRA.....	83	fluocinonide oint 0.05%.....	55
FASENRA PEN.....	83	fluocinonide soln 0.05%.....	56
febuxostat tab 40 mg, 80 mg.....	18	fluorometholone ophth susp 0.1%.....	80
felbamate susp 600 mg/5ml.....	11	FLUOROURACIL.....	56
felbamate tab 400 mg, 600 mg.....	11	fluorouracil cream 5%.....	56
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	48	fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml).....	23
fenofibrate micronized cap 43 mg.....	48	fluorouracil soln 5%.....	56
fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg.....	48	FLUOXETINE DR.....	14
fenofibrate tab 145 mg, 160 mg.....	48	fluoxetine hcl cap 10 mg.....	14
fenofibrate tab 48 mg, 54 mg.....	48	fluoxetine hcl cap 20 mg.....	15
fentanyl citrate lozenge on a handle 200 mcg.....	2	fluoxetine hcl cap 40 mg.....	15
fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	2	fluoxetine hcl solution 20 mg/5ml.....	15
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	2	fluoxetine hcl tab 10 mg.....	15
FETZIMA.....	14	fluoxetine hcl tab 20 mg.....	15
FETZIMA TITRATION PACK.....	14	fluphenazine decanoate inj 25 mg/ml.....	33
finasteride tab 5 mg.....	62	FLUPHENAZINE HCL.....	33
FINTEPLA.....	11	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	33
FIRMAGON.....	72	FLUPHENAZINE HYDROCHLORIDE.....	33
flac - fluocinolone acetonide (otic) oil 0.01%.....	82	flurbiprofen sodium ophth soln 0.03%.....	81
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	48	flurbiprofen tab 100 mg.....	2
fluconazole for susp 10 mg/ml, 40 mg/ ml.....	17	FLUTICASONE PROPIONATE/ SALMETEROL.....	84
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	17	fluticasone propionate cream 0.05%.....	56
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	17	FLUTICASONE PROPIONATE HFA.....	83
flucytosine cap 250 mg, 500 mg.....	17	fluticasone propionate nasal susp 50 mcg/ act.....	84
FLUDARABINE PHOSPHATE.....	22	fluticasone propionate oint 0.005%.....	56
fludarabine phosphate inj 25 mg/ml.....	23	fluticasone-salmeterol aer powder ba 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act.....	84
fludrocortisone acetate tab 0.1 mg.....	63	fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	48
flunisolide nasal soln 25 mcg/act (0.025%).....	83	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	48
fluocinolone acetonide (otic) oil 0.01%.....	82	fluvoxamine maleate tab 100 mg.....	15
fluocinolone acetonide cream 0.01%, 0.025%.....	55	fluvoxamine maleate tab 25 mg, 50 mg.....	15
fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil).....	55	FOLOTYN.....	23
fluocinolone acetonide oint 0.025%.....	55	fomepizole inj 1 gm/ml (for iv infusion).....	58
fluocinolone acetonide soln 0.01%.....	55	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	44
fluocinonide cream 0.05%.....	55	fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml.....	44
fluocinonide cream 0.1%.....	55	fosamprenavir calcium tab 700 mg (base equiv).....	36
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levofloxacin oral soln 25 mg/ml.....	8	lithium carbonate tab 300 mg.....	40
levofloxacin tab 250 mg, 500 mg, 750 mg.....	8	lithium carbonate tab er 300 mg, 450 mg.....	39
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	67	lithium oral solution 8 meq/5ml.....	40
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	67	LIVTENCITY.....	37
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	67	loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	68
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	67		
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	67		

loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	68	LYBALVI.....	33
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg.....	68	lyleq - norethindrone tab 0.35 mg.....	68
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	68	lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	68
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	68	LYNPARZA.....	25
LONSURF.....	25	LYSODREN.....	25
loperamide hcl cap 2 mg.....	60	LYTGOBI.....	26
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ ml).....	37	LYUMJEV.....	42
lopinavir-ritonavir tab 100-25 mg.....	37	LYUMJEV KWIKPEN.....	42
lopinavir-ritonavir tab 200-50 mg.....	37	LYUMJEV TEMPO PEN.....	42
lorazepam conc 2 mg/ml.....	39	lyza - norethindrone tab 0.35 mg.....	68
lorazepam intensol - lorazepam conc 2 mg/ ml.....	39	M	
lorazepam tab 0.5 mg, 1 mg.....	39	magnesium sulfate inj 50%.....	58
lorazepam tab 2 mg.....	39	malathion lotion 0.5%.....	56
LORBRENA.....	25	maraviroc tab 150 mg.....	37
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	68	maraviroc tab 300 mg.....	37
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	49	MARGENZA.....	26
losartan potassium tab 100 mg.....	49	marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	68
losartan potassium tab 25 mg, 50 mg.....	49	MARPLAN.....	15
loteprednol etabonate ophth gel 0.5%.....	81	MATULANE.....	26
loteprednol etabonate ophth susp 0.5%.....	81	matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	49
lovastatin tab 10 mg, 20 mg, 40 mg.....	49	medroxyprogesterone acetate im susp 150 mg/ ml.....	68
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg.....	68	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....	68
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	33	medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg.....	68
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	67	mefloquine hcl tab 250 mg.....	31
lubiprostone cap 24 mcg.....	60	megestrol acetate susp 40 mg/ml.....	68
lubiprostone cap 8 mcg.....	60	megestrol acetate tab 20 mg, 40 mg.....	68
LUMAKRAS.....	25	MEKINIST.....	26
LUMIGAN.....	81	MEKTOVI.....	26
LUMIZYME.....	61	meloxicam tab 15 mg.....	3
LUPRON DEPOT (1-MONTH).....	72	meloxicam tab 7.5 mg.....	3
LUPRON DEPOT (4-MONTH).....	72	melfalan hcl for inj 50 mg (base equiv).....	26
LUPRON DEPOT-PED (1-MONTH).....	72	memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg.....	13
LUPRON DEPOT-PED (3-MONTH).....	72	memantine hcl oral solution 2 mg/ml.....	13
LUPRON DEPOT-PED (6-MONTH).....	72	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	13
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg.....	33	memantine hcl tab 5 mg, 10 mg.....	13
lurasidone hcl tab 80 mg.....	33	MENACTRA.....	76
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	68	MENEST.....	68
		MENQUADFI.....	76
		MENVEO.....	76
		mercaptopurine tab 50 mg.....	26

meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml.....	8	methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg.....	63
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml.....	8	methylprednisolone tab therapy pack 4 mg (21).....	63
meropenem iv for soln 500 mg, 1 gm.....	8	methyltestosterone cap 10 mg.....	68
mesalamine cap dr 400 mg.....	79	metoclopramide hcl inj 5 mg/ml (base equivalent).....	60
mesalamine cap er 24hr 0.375 gm.....	79	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	60
mesalamine cap er 500 mg.....	79	metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent).....	60
mesalamine enema 4 gm.....	79	metolazone tab 2.5 mg, 5 mg, 10 mg.....	49
mesalamine rectal enema 4 gm & cleanser wipe kit.....	79	metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	49
mesalamine suppos 1000 mg.....	79	metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv).....	49
mesalamine tab delayed release 1.2 gm.....	79	metoprolol tartrate tab 25 mg, 50 mg, 100 mg.....	49
mesalamine tab delayed release 800 mg.....	79	metoprolol tartrate tab 37.5 mg, 75 mg.....	49
mesna inj 100 mg/ml.....	26	metronidazole cap 375 mg.....	8
MESNEX.....	26	metronidazole cream 0.75%.....	56
metformin hcl tab 1000 mg.....	42	metronidazole gel 0.75%.....	56
metformin hcl tab 500 mg.....	42	metronidazole gel 1%.....	56
metformin hcl tab 850 mg.....	42	metronidazole iv soln 500 mg/100ml.....	8
metformin hcl tab er 24hr 500 mg.....	42	metronidazole lotion 0.75%.....	56
metformin hcl tab er 24hr 750 mg.....	42	metronidazole tab 250 mg, 500 mg.....	8
methadone hcl tab 10 mg.....	3	metronidazole vaginal gel 0.75%.....	8
methadone hcl tab 5 mg.....	3	metyrosine cap 250 mg.....	49
methazolamide tab 25 mg, 50 mg.....	49	mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	49
methenamine hippurate tab 1 gm.....	8	MICAFUNGIN/SODIUM CHLORIDE.....	17
methergine - methylergonovine maleate tab 0.2 mg.....	62	micalungin sodium for iv soln 50 mg, 100 mg.....	17
methimazole tab 5 mg, 10 mg.....	73	microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	68
methocarbamol tab 500 mg, 750 mg.....	86	microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	68
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	76	microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	68
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	76	microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	68
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml).....	76	microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	68
methotrexate sodium tab 2.5 mg (base equiv).....	76	midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	49
METHOXSALEN.....	56	mifepristone tab 300 mg.....	73
methscopolamine bromide tab 2.5 mg.....	60	MIGERGOT.....	18
methscopolamine bromide tab 5 mg.....	60	miglustat cap 100 mg.....	61
methsuximide cap 300 mg.....	12	mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	68
methylergonovine maleate tab 0.2 mg.....	62	mimvey - estradiol & norethindrone acetate tab 1-0.5 mg.....	68
methylphenidate hcl tab 5 mg, 10 mg, 20 mg.....	53		
methylphenidate hcl tab er 20 mg.....	53		
methylprednisolone sod succ for inj 40 mg (base equiv), 125 mg (base equiv), 500 mg (base equiv), 1000 mg (base equiv).....	63		

minocycline hcl cap 50 mg, 75 mg, 100 mg.....	8	moxifloxacin hcl iv solution 400 mg/250ml (base equiv).....	9
minocycline hcl tab 50 mg, 75 mg, 100 mg.....	9	moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for Moxeza).....	81
minoxidil tab 2.5 mg, 10 mg.....	49	moxifloxacin hcl ophth soln 0.5% (base equiv) (generic for Vigamox).....	81
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg.....	15	moxifloxacin hcl tab 400 mg (base equiv).....	9
mirtazapine tab 15 mg.....	15	MRESVIA.....	76
mirtazapine tab 30 mg.....	15	MULTAQ.....	49
mirtazapine tab 7.5 mg, 45 mg.....	15	mupirocin oint 2%.....	56
misoprostol tab 100 mcg, 200 mcg.....	60	mutamycin - mitomycin for iv soln 5 mg, 20 mg, 40 mg.....	26
mitomycin for iv soln 5 mg, 20 mg, 40 mg.....	26	MVASI.....	26
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml), 25 mg/12.5ml (2 mg/ml), 30 mg/15ml (2 mg/ml).....	26	MYALEPT.....	60
M-M-R II.....	76	mycophenolate mofetil cap 250 mg.....	76
modafinil tab 100 mg, 200 mg.....	86	mycophenolate mofetil for oral susp 200 mg/ml.....	76
moexipril hcl tab 7.5 mg, 15 mg.....	49	mycophenolate mofetil hcl for iv soln 500 mg (base equiv).....	76
MOLINDONE HYDROCHLORIDE.....	33	mycophenolate mofetil tab 500 mg.....	76
mometasone furoate cream 0.1%.....	56	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv).....	76
mometasone furoate nasal susp 50 mcg/act.....	84	MYHIBBIN.....	76
mometasone furoate oint 0.1%.....	56	MYLOTARG.....	26
mometasone furoate solution 0.1% (lotion).....	56	MYRBETRIQ.....	62
mondoxylene nl - doxycycline monohydrate cap 100 mg.....	9	N	
MONJUVI.....	26	nabumetone tab 500 mg.....	3
mono-lynyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	68	nabumetone tab 750 mg.....	3
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv).....	84	nadolol tab 20 mg, 40 mg, 80 mg.....	49
montelukast sodium oral granules packet 4 mg (base equiv).....	84	nafcillin sodium for inj 1 gm, 2 gm.....	9
montelukast sodium tab 10 mg (base equiv).....	84	nafcillin sodium for iv soln 10 gm.....	9
morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml.....	3	nafcillin sodium in dextrose inj 2 gm/100ml.....	9
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	3	NAGLAZYME.....	61
morphine sulfate oral soln 10 mg/5ml.....	3	naloxone hcl inj 0.4 mg/ml, 4 mg/10ml.....	4
morphine sulfate oral soln 20 mg/5ml.....	3	naloxone hcl nasal spray 4 mg/0.1ml.....	4
morphine sulfate tab 15 mg.....	3	naloxone hcl soln cartridge 0.4 mg/ml.....	4
morphine sulfate tab 30 mg.....	3	naloxone hcl soln prefilled syringe 2 mg/2ml.....	4
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg.....	3	naltrexone hcl tab 50 mg.....	4
MOUNJARO.....	42	naproxen sodium tab 275 mg.....	3
MOVANTIK.....	60	naproxen sodium tab 550 mg.....	3
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....	9	naproxen susp 125 mg/5ml.....	3
		naproxen tab 250 mg.....	3
		naproxen tab 375 mg.....	3
		naproxen tab 500 mg.....	3
		naproxen tab ec 375 mg.....	3
		naproxen tab ec 500 mg.....	3
		naratriptan hcl tab 1 mg (base equiv).....	18

<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	19	NINLARO.....	26
NATACYN.....	81	NIPENT.....	26
<i>nateglinide tab 120 mg</i>	42	NISOLDIPINE ER.....	49
<i>nateglinide tab 60 mg</i>	42	<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34</i>	
NAYZILAM.....	12	<i>mg</i>	49
<i>nebivolol hcl tab 2.5 mg (base equivalent), 5 mg</i>		<i>nitazoxanide tab 500 mg</i>	31
<i>(base equivalent), 10 mg (base equivalent), 20 mg</i>		<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20</i>	
<i>(base equivalent)</i>	49	<i>mg</i>	61
<i>necon 0.5/35-28 - norethindrone & ethinyl estradiol</i>		NITRO-BID.....	49
<i>tab 0.5mg-35 mcg</i>	68	<i>nitrofurantoin macrocrystalline cap 50 mg, 100</i>	
NEFAZODONE HYDROCHLORIDE.....	15	<i>mg</i>	9
<i>nelarabine iv soln 5 mg/ml</i>	26	<i>nitrofurantoin monohydrate macrocrystalline cap 100</i>	
NEOMYCIN/POLYMYXIN/		<i>mg</i>	9
GRAMICIDIN.....	81	<i>nitrofurantoin susp 25 mg/5ml</i>	9
NEOMYCIN/POLYMYXIN B SULFATES.....	9	<i>nitroglycerin oint 0.4%</i>	49
<i>neomycin-bacitrac zn-polymyx</i>		<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6</i>	
<i>5(3.5)mg-400unt-10000unt op oin</i>	81	<i>mg</i>	50
<i>neomycin-polymyxin-dexamethasone ophth oint</i>		<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4</i>	
<i>0.1%</i>	81	<i>mg/hr, 0.6 mg/hr</i>	50
<i>neomycin-polymyxin-dexamethasone ophth susp</i>		<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/</i>	
<i>0.1%</i>	81	<i>spray)</i>	50
<i>neomycin-polymyxin-hc otic soln 1%</i>	82	NIVESTYM.....	45
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000</i>		NIZATIDINE.....	60
<i>unit/ml-1%</i>	82	<i>nizatidine cap 300 mg</i>	60
<i>neomycin sulfate tab 500 mg</i>	9	<i>nora-be - norethindrone tab 0.35 mg</i>	69
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc</i>		<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i>	
<i>ophth oint 1%</i>	81	<i>mcg/24hr</i>	69
<i>neo-polycin - neomycin-bacitrac zn-polymyx</i>		<i>norethindrone & ethinyl estradiol-fe chew tab 0.4</i>	
<i>5(3.5)mg-400unt-10000unt op oin</i>	81	<i>mg-35 mcg</i>	69
NERLYNX.....	26	<i>norethindrone & ethinyl estradiol-fe chew tab 0.8</i>	
<i>nevirapine susp 50 mg/5ml</i>	37	<i>mg-25 mcg</i>	69
<i>nevirapine tab 200 mg</i>	37	<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg,</i>	
<i>nevirapine tab er 24hr 400 mg</i>	37	<i>0.5 mg-35 mcg</i>	69
NEXIUM.....	60	<i>norethindrone & ethinyl estradiol tab 1 mg-35</i>	
NEXPLANON.....	62	<i>mcg</i>	69
<i>niacin tab er 500 mg</i>		<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20</i>	
<i>(antihyperlipidemic)</i>	49	<i>mcg, 1.5 mg-30 mcg</i>	69
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg</i>		<i>norethindrone ace & ethinyl estradiol tab 1 mg-20</i>	
<i>(antihyperlipidemic)</i>	49	<i>mcg, 1.5 mg-30 mcg</i>	69
<i>nicardipine hcl cap 20 mg</i>	49	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20</i>	
<i>nicardipine hcl cap 30 mg</i>	49	<i>mcg (24)</i>	69
NICOTROL INHALER.....	4	<i>norethindrone acetate tab 5 mg</i>	69
NICOTROL NS.....	4	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35</i>	
<i>nifedipine cap 10 mg, 20 mg</i>	49	<i>mg-mcg</i>	69
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90</i>		<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35</i>	
<i>mg</i>	49	<i>mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i>	69
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg,</i>		<i>norethindrone tab 0.35 mg</i>	69
<i>90 mg</i>	49	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02</i>		<i>mcg</i>	69
<i>mg</i>	68	<i>norgestimate-eth estrad tab</i>	
<i>nilutamide tab 150 mg</i>	26	<i>0.18-25/0.215-25/0.25-25 mg-mcg,</i>	
<i>nimodipine cap 30 mg</i>	49	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	69

<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	69	<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	73
<i>norlyroc - norethindrone tab 0.35 mg</i>	69	<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	73
<i>nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	69	<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	73
<i>nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	69	ODEFSEY.....	37
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	69	ODOMZO.....	26
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg</i>	15	OFEV.....	84
<i>nortriptyline hcl cap 75 mg</i>	15	<i>ofloxacin ophth soln 0.3%</i>	81
<i>nortriptyline hcl soln 10 mg/5ml</i>	15	<i>ofloxacin otic soln 0.3%</i>	82
NORVIR.....	37	<i>ofloxacin tab 400 mg</i>	9
NOXAFIL.....	17	OGIVRI.....	26
NUBEQA.....	26	OGSIVEO.....	26
NUCYNTA ER.....	3	OJEMDA.....	26
NUDEXTA.....	53	OJJAARA.....	26
NULOJIX.....	76	<i>olanzapine for im inj 10 mg</i>	34
NUPLAZID.....	33	<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	34
NURTEC.....	19	<i>olanzapine tab 15 mg, 20 mg</i>	34
NUTRILIPID.....	58	<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	34
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	18	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	50
<i>nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	69	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	50
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	69	<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	50
<i>nymyo - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	69	<i>olmesartan medoxomil tab 5 mg</i>	50
<i>nystatin cream 100000 unit/gm</i>	18	<i>olopatadine hcl nasal soln 0.6%</i>	84
<i>nystatin oint 100000 unit/gm</i>	18	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	81
<i>nystatin susp 100000 unit/ml</i>	18	<i>omega-3-acid ethyl esters cap 1 gm</i>	50
<i>nystatin tab 500000 unit</i>	18	<i>omeprazole cap delayed release 10 mg</i>	60
<i>nystatin topical powder 100000 unit/gm</i>	18	<i>omeprazole cap delayed release 20 mg, 40 mg</i>	60
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	56	OMNIPOD 5 G6 INTRO KIT (GEN 5).....	43
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	56	OMNIPOD 5 G6 PODS (GEN 5).....	43
<i>nystop - nystatin topical powder 100000 unit/gm</i>	18	OMNIPOD 5 LIBRE2 PLUS G6.....	43
O		OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	43
OALIVA.....	60	OMNIPOD CLASSIC PODS (GEN 3).....	42
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	69	OMNIPOD DASH INTRO KIT (GEN 4).....	42
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	73	OMNIPOD DASH PDM KIT (GEN 4).....	42
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml)</i>	73	OMNIPOD DASH PODS (GEN 4).....	42
		OMNIPOD GO 10 UNITS/DAY.....	43
		OMNIPOD GO 15 UNITS/DAY.....	43
		OMNIPOD GO 20 UNITS/DAY.....	43
		OMNIPOD GO 25 UNITS/DAY.....	43
		OMNIPOD GO 30 UNITS/DAY.....	43
		OMNIPOD GO 35 UNITS/DAY.....	43

OMNIPOD GO 40 UNITS/DAY.....	43	oxycodone w/ acetaminophen tab 10-325	
OMNITROPE.....	63	mg.....	3
ONCASPAR.....	26	oxycodone w/ acetaminophen tab 2.5-325	
ONDANSETRON HCL.....	16	mg.....	3
ondansetron hcl inj 40 mg/20ml (2 mg/		oxycodone w/ acetaminophen tab 5-325	
ml).....	16	mg.....	3
ondansetron hcl inj 4 mg/2ml (2 mg/		oxycodone w/ acetaminophen tab 7.5-325	
ml).....	16	mg.....	3
ondansetron hcl oral soln 4 mg/5ml.....	16	OZEMPIC.....	43
ondansetron hcl tab 4 mg, 8 mg.....	16	P	
ONDANSETRON HYDROCHLORIDE.....	16	pacerone - amiodarone hcl tab 100 mg.....	50
ondansetron orally disintegrating tab 4 mg, 8		pacerone - amiodarone hcl tab 200 mg.....	50
mg.....	16	pacerone - amiodarone hcl tab 400 mg.....	50
ONIVYDE.....	27	PACLITAXEL.....	27
ONTRUZANT.....	27	paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100	
ONUREG.....	27	mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/	
OPDIVO.....	27	ml).....	27
OPSUMIT.....	84	PADCEV.....	27
OPVEE.....	5	paliperidone tab er 24hr 1.5 mg, 3 mg, 9	
ORALAIR.....	84	mg.....	34
oralone dental paste - triamcinolone acetonide		paliperidone tab er 24hr 6 mg.....	34
dental paste0.1%.....	54	palonosetron hcl iv soln 0.25 mg/5ml (base	
ORENCIA.....	76	equivalent).....	16
ORENCIA CLICKJECT.....	76	PALONOSETRON	
ORFADIN.....	61	HYDROCHLORIDE.....	16
ORGOVYX.....	27	PALYNZIQ.....	61
ORKAMBI.....	84	PANRETIN.....	27
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oseltamivir phosphate cap 30 mg (base		equiv).....	60
equiv).....	37	pantoprazole sodium ec tab 40 mg (base	
oseltamivir phosphate cap 45 mg (base equiv), 75		equiv).....	60
mg (base equiv).....	37	pantoprazole sodium for iv soln 40 mg (base	
oseltamivir phosphate for susp 6 mg/ml (base		equiv).....	60
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OTEZLA.....	56	paraplatin - carboplatin iv soln 450 mg/45ml, 600	
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mg/20ml.....	27	paroxetine hcl oral susp 10 mg/5ml (base	
oxaprozin tab 600 mg.....	3	equiv).....	15
oxcarbazepine susp 300 mg/5ml (60 mg/		paroxetine hcl tab 10 mg, 40 mg.....	15
ml).....	12	paroxetine hcl tab 20 mg.....	15
oxcarbazepine tab 150 mg, 300 mg, 600		paroxetine hcl tab 30 mg.....	15
mg.....	12	paroxetine hcl tab er 24hr 12.5 mg.....	15
oxybutynin chloride solution 5 mg/5ml.....	62	paroxetine hcl tab er 24hr 25 mg, 37.5	
oxybutynin chloride tab 5 mg.....	62	mg.....	15
oxybutynin chloride tab er 24hr 10 mg.....	62	paroxetine mesylate cap 7.5 mg (base	
oxybutynin chloride tab er 24hr 15 mg.....	62	equiv).....	53
oxybutynin chloride tab er 24hr 5 mg.....	62	PAXLOVID.....	37
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mg.....	3	equiv).....	27
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PEDVAX HIB.....	77	60 mg, 64.8 mg, 97.2 mg, 100 mg.....	12
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peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	60	phenytek - phenytoin sodium extended cap 200 mg, 300 mg.....	12
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm.....	60	phenytoin chew tab 50 mg.....	12
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	60	phenytoin infatabs - phenytoin chew tab 50 mg.....	12
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pemetrexed disodium for iv soln 100 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv), 1000 mg (base equiv).....	27	philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	69
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penciclovir cream 1%.....	37	pilocarpine hcl ophth soln 1%, 2%, 4%.....	81
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penicillin v potassium for soln 250 mg/5ml.....	9	pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg.....	43
penicillin v potassium tab 250 mg, 500 mg.....	9	pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg.....	43
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pentamidine isethionate for inj soln 300 mg.....	31	pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv).....	43
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PENTASA.....	79	piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm).....	9
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perindopril erbumine tab 2 mg.....	50	PIQRAY 250MG DAILY DOSE.....	27
perindopril erbumine tab 4 mg.....	50	PIQRAY 300MG DAILY DOSE.....	27
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perio gard - chlorhexidine gluconate soln 0.12%.....	54	pirfenidone tab 267 mg.....	84
PERJETA.....	27	pirfenidone tab 801 mg.....	84
permethrin cream 5%.....	57	piroxicam cap 10 mg.....	3
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	16	piroxicam cap 20 mg.....	3
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phenobarbital elixir 20 mg/5ml.....	12	plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ ml).....	45
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potassium chloride cap er 8 meq, 10 meq.....	58	PREVYMIS.....	37
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		promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	17
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		propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	50

<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	50
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	50
<i>propranolol hcl inj 1 mg/ml</i>	50
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	50
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<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	34
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	50
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	50
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	50
<i>quinidine gluconate tab er 324 mg</i>	50
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<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	50
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	50

<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	32
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<i>risperidone soln 1 mg/ml</i>	34
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	34
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<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)</i>	19
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<i>sertraline hcl tab 100 mg</i>	15
<i>sertraline hcl tab 25 mg, 50 mg</i>	15
<i>setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	70
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<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	51
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tazicef - ceftazidime for inj 1 gm.....	9	testosterone td gel 25 mg/2.5gm (1%).....	70
tazicef - ceftazidime for iv soln 1 gm.....	9	testosterone td gel 40.5 mg/2.5gm (1.62%).....	70
tazicef - ceftazidime for iv soln 2 gm.....	9	testosterone td gel 50 mg/5gm (1%).....	70
tazicef - ceftazidime for iv soln 6 gm.....	9	testosterone td soln 30 mg/act.....	70
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TEPMETKO.....	29	timolol maleate ophth soln 0.25%, 0.5%.....	82
terazosin hcl cap 1 mg (base equivalent).....	51	timolol maleate ophth soln 0.5% (once- daily).....	82
terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	51	timolol maleate tab 10 mg, 20 mg.....	52
terbinafine hcl tab 250 mg.....	18	timolol maleate tab 5 mg.....	52
terbutaline sulfate tab 2.5 mg, 5 mg.....	85	tinidazole tab 250 mg, 500 mg.....	10
terconazole vaginal cream 0.4%, 0.8%.....	18		
terconazole vaginal suppos 80 mg.....	18		
TERIPARATIDE.....	80		
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml.....	70		
TESTOSTERONE ENANTHATE.....	70		
testosterone td gel 12.5 mg/act (1%).....	70		

<i>tiotropium bromide monohydrate inhal cap 18 mcg</i> (base equiv).....	85	<i>tramadol hcl tab er 24hr 300 mg</i>	4
TIVICAY.....	38	<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	52
TIVICAY PD.....	38	<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	52
<i>tizanidine hcl cap 2 mg (base equivalent),</i> <i>4 mg (base equivalent), 6 mg (base</i> <i>equivalent)</i>	35	<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	52
<i>tizanidine hcl tab 2 mg (base equivalent), 4 mg (base</i> <i>equivalent)</i>	35	<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	52
TOBRADEX.....	82	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/</i> <i>ml)</i>	45
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	82	<i>tranexamic acid tab 650 mg</i>	45
<i>tobramycin nebu soln 300 mg/5ml</i>	85	<i>tranylcypromine sulfate tab 10 mg</i>	15
<i>tobramycin ophth soln 0.3%</i>	82	TRAVASOL.....	59
TOBRAMYCIN SULFATE.....	10	<i>travoprost ophth soln 0.004% (benzalkonium free)</i> <i>(bak free)</i>	82
<i>tobramycin sulfate for inj 1.2 gm</i>	10	TRAZIMERA.....	29
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base</i> <i>equiv)</i>	10	<i>trazodone hcl tab 300 mg</i>	15
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i> <i>(base equiv), 1.2 gm/30ml (40 mg/ml) (base</i> <i>equiv)</i>	10	<i>trazodone hcl tab 50 mg, 100 mg, 150</i> <i>mg</i>	15
<i>tolcapone tab 100 mg</i>	32	TRECATOR.....	19
<i>tolterodine tartrate cap er 24hr 2 mg, 4</i> <i>mg</i>	62	TRELEGY ELLIPTA.....	85
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	62	TRELSTAR MIXJECT.....	73
<i>tolvaptan tab 15 mg, 30 mg</i>	59	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50</i> <i>mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200</i> <i>mg/20ml (10 mg/ml)</i>	85
<i>topiramate sprinkle cap 15 mg</i>	12	TRESIBA.....	44
<i>topiramate sprinkle cap 25 mg</i>	12	TRESIBA FLEXTOUCH.....	44
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200</i> <i>mg</i>	12	<i>tretinoin cap 10 mg</i>	29
<i>toposar - etoposide inj 100 mg/5ml (20 mg/ml),</i> <i>500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/</i> <i>ml)</i>	29	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	57
<i>topotecan hcl for inj 4 mg (base equiv)</i>	29	<i>tretinoin gel 0.01%, 0.025%</i>	57
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for</i> <i>infusion)</i>	29	<i>triamcinolone acetone cream 0.025%,</i> <i>0.5%</i>	57
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i>	29	<i>triamcinolone acetone cream 0.1%</i>	57
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10</i> <i>mg</i>	29	<i>triamcinolone acetone dental paste</i> <i>0.1%</i>	54
<i>torpenz - everolimus tab 5 mg</i>	29	<i>triamcinolone acetone lotion 0.025%,</i> <i>0.1%</i>	57
<i>torsemide tab 5 mg, 10 mg, 20 mg, 100</i> <i>mg</i>	52	<i>triamcinolone acetone oint 0.025%,</i> <i>0.1%</i>	57
TOUJEO MAX SOLOSTAR.....	44	<i>triamcinolone acetone oint 0.5%</i>	57
TOUJEO SOLOSTAR.....	44	<i>triamterene & hydrochlorothiazide cap 37.5-25</i> <i>mg</i>	52
TRACLEER.....	85	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg,</i> <i>75-50 mg</i>	52
TRADJENTA.....	44	<i>triazolam tab 0.25 mg</i>	86
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	4	<i>tridacaine iii - lidocaine patch 5%</i>	4
<i>tramadol hcl tab 50 mg</i>	4	<i>tridacaine ii - lidocaine patch 5%</i>	4
<i>tramadol hcl tab er 24hr 100 mg, 200</i> <i>mg</i>	4	<i>triderm - triamcinolone acetone cream</i> <i>0.5%</i>	57
		<i>trientine hcl cap 250 mg</i>	59
		<i>tri-estarylla - norgestimate-eth estrad tab</i> <i>0.18-35/0.215-35/0.25-35 mg-mcg</i>	70

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tri-lynyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	70
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	70
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tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	71
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	71
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This Formulary is for Alignment Health Plan **California:** Alignment Health My Choice (HMO) 001, 028, Alignment Health My Choice CalPlus (HMO) 007, Alignment Health Platinum + Instacart (HMO) 008, Alignment Health Platinum + Instacart (HMO-POS) 016, Alignment Health Heart & Diabetes (HMO C-SNP) 010, Alignment Health AllCare Preferred (HMO) 011, Alignment Health smartHMO (HMO) 013, 038, 040, Alignment Health Sutter Advantage (HMO) 019, 020, 021, 023, Alignment Health Harmony (HMO) 031, Alignment Health Select (HMO) 037, Alignment Health ESRD Balance (HMO C-SNP) 033, Alignment Health the ONE + Rite Aid (HMO) / Alignment Health el ÚNICO + Rite Aid (HMO) 034, Alignment Health the ONE (HMO) + Walgreens / Alignment Health el ÚNICO + Walgreens (HMO) 035, Alignment Health Heroes+ (HMO) 043, Alignment Health CommUnity (HMO) 046, Alignment Health smartSavings (HMO) 047, Alignment Health Heart & Diabetes Care (HMO C-SNP) 048, Alignment Health My Choice Select (HMO) 049, Alignment Health My Choice (PPO) 001, 003, Alignment Health Balance (PPO) 006, Alignment Health Advantage PPO (PPO) 001,002, Alignment Health Plan Retiree Options (PPO) Morgan Hill Unified School District, Alignment Health Plan Retiree Options (PPO) Whittier City School District, Alignment Health Plan Retiree Options (PPO) West Covina Unified School District, Alignment Health Plan Retiree Options (PPO) City of Selma, Alignment Health Plan Retiree Options (PPO) Cupertino USD **Arizona:** Alignment Health Plan the ONE + Walgreens/el ÚNICO + Walgreens (HMO) 001, 002, Alignment Health Plan Heart & Diabetes (HMO C-SNP) 003, Alignment Health smartHMO (HMO) 005 **Nevada:** Alignment Health Heart & Diabetes (HMO C-SNP) 004, Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 005, Alignment Health Platinum + Instacart (HMO) 007, Alignment Health smartHMO (HMO) 008 **North Carolina:** Alignment Health Platinum (HMO-POS) 003, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 005, Alignment Health smartHMO (HMO) 006, Alignment Health AVA (PPO) 001 **Texas:** Alignment Health the ONE + Walgreens (HMO-POS) / Alignment Health el ÚNICO + Walgreens (HMO-POS) 001, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 002, Alignment Health smartHMO (HMO-POS) 003, Alignment Health Premium (HMO-POS) 005.