



Blue Cross Community MMAI  
(Medicare-Medicaid Plan)<sup>SM</sup>

# 2024 List of Covered Drugs (FORMULARY)

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

HPMS Approved Formulary File ID: 24305

Effective January 2024

For more recent information or other questions, contact us at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.

Or visit <http://www.bcbsil.com/mmai>

**Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Updated on 04/15/2024

# Blue Cross Community MMAI<sup>SM</sup> | 2024 List of Covered Drugs (Formulary)

## Introduction

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

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## A. Disclaimers

This is a list of drugs that members can get in Blue Cross Community MMAI.

- Blue Cross Community MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al **1-877-723-7702 (TTY 711)**. Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 9:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- You can request to always have your materials sent to you in the language and/or format (such as large print, braille, or audio) that you need. Call **1-877-723-7702 (TTY 711)**. Once requested, Member Services will always send you materials in your chosen language and/or format until you request to have it changed. This service is free.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex

Blue Cross and Blue Shield of Illinois:

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## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room  
509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

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## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-723-7702 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-723-7702 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-723-7702 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-723-7702 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-723-7702 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-723-7702 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-723-7702 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-723-7702 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-723-7702 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-723-7702 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-723-7702 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-723-7702 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-723-7702 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-723-7702 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-723-7702 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-723-7702 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-723-7702 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

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**If you have questions,** please call Blue Cross Community MMAI Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

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## B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page xi are the drugs covered by Blue Cross Community MMAI. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Blue Cross Community MMAI will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Blue Cross Community MMAI network pharmacy.
- Blue Cross Community MMAI may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at <http://www.bcbsil.com/mmai>. or call Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

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### B2. Does the Drug List ever change?

Yes, and Blue Cross Community MMAI must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from Blue Cross Community MMAI before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

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## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check Blue Cross Community MMAI's up to date Drug List online at <http://www.bcbsil.com/mmai>.
- You can also call Member Services to check the current Drug List at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

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### B3. What happens when there is a change to the Drug List?

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name current drug and add the new generic drug, but your cost for the new drug will be the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.

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- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe, or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. If you are taking the drug, you should talk to your doctor about next steps. Your doctor will determine the best treatment plan for you. Do not stop taking your medicine. Contact your pharmacist or doctor to talk about treatment options.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

**When these changes happen, we will:**

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

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

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get approval from Blue Cross Community MMAI before you fill your prescription. Blue Cross Community MMAI may not cover the drug if you do not get approval.

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- **Quantity limits:** Sometimes Blue Cross Community MMAI limits the amount of a drug you can get.
- **Step therapy:** Sometimes Blue Cross Community MMAI requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-65. You can also get more information by visiting our website at <http://www.bcbsil.com/mmai>. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

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## **B6. What happens if Blue Cross Community MMAI changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?**

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

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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

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To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index that begins on Page 66.

To search by **medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page xiv. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That is where you will find drugs that treat heart conditions.

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## **B8. What if the drug I want to take is not on the Drug List?**

If you don't find your drug on the Drug List, call Member Services at **1-877-723-7702 (TTY 711)**, seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. The call is free. If you learn that Blue Cross Community MMAI will not cover the drug, you can do one of these things:

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

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## **B9. What if I am a new Blue Cross Community MMAI member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Blue Cross Community MMAI. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our Drug, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Blue Cross Community MMAI, **or**

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**If you have questions**, please call Blue Cross Community MMAI Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Blue Cross Community MMAI member.
- This is in addition to the temporary supply during the first 90 days you are a member of Blue Cross Community MMAI.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to go home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a refill upon admission or discharge. A one-time override of the "refill too soon" edits are provided for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

To ask for a temporary supply, call Member Services. (Phone numbers are printed on the back cover of this booklet).

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. The sections below tell you more about these options.

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

Yes. You can ask Blue Cross Community MMAI to make an exception to cover a drug that is not on the Drug List.

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

- For example, Blue Cross Community MMAI may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
  - Other examples: You can ask us to drop step therapy restrictions or PA requirements.
- 

## **B11. How can I ask for an exception?**

To ask for an exception, call your care coordinator or Member Services at **1-877-723-7702 (TTY 711)**. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

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

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## **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Blue Cross Community MMAI covers both brand name drugs and generic drugs.

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## **B14. What are OTC drugs?**

OTC stands for "over-the-counter". Blue Cross Community MMAI covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Blue Cross Community MMAI Drug List to find out what OTC drugs are covered.

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## **B15. Does Blue Cross Community MMAI cover non-drug OTC products?**

Blue Cross Community MMAI covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include syringes, pen needles, etc.

You can read the Blue Cross Community MMAI Drug List to find out what non-drug OTC products are covered.

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## **B16. What is my copay?**

As a Blue Cross Community MMAI member, you have no copays for prescription and OTC drugs as long as you follow Blue Cross Community MMAI rules.

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## **B17. What are drug tiers?**

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Generic.
  - Tier 2 drugs are Brand.
  - Tier 3 drugs are Non-Medicare OTC Drugs.
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## **C. Overview of the List of Covered Drugs**

The following list of covered drugs gives you information about the drugs covered by Blue Cross Community MMAI. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 66. The index alphabetically lists all drugs covered by Blue Cross Community MMAI.

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

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

### KEY

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## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

Uppercase = BRAND NAME

Lowercase italics = generics

Tier 1 = Generic

Tier 2 = Brand

Tier 3 = Non-Medicare OTC 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

\* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holiday, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

# = 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.

MC = Medicaid covered drug; different appeal rules may apply.

< = This Medicare drug plan offers Paxlovid for \$0 through a patient assistance program.

### 2024 DOSAGE FORM ABBREVIATION KEY

<b>act</b>	actuation	<b>ad</b>	adsorbed
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**Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS**

<b>2024 DOSAGE FORM ABBREVIATION KEY</b>			
<b>adjuv</b>	adjuvant	<b>aepb</b>	aerosol powder blister
<b>aer, aers, aero</b>	aerosol	<b>afib/afl</b>	atrial fibrillation/atrial flutter
<b>app</b>	applicator	<b>ba, breath act, breath activ</b>	breath activated
<b>bau</b>	bioequivalent allergy unit	<b>cap, caps</b>	capsules
<b>cart</b>	cartridge	<b>cd</b>	continuous delivery
<b>chew tab</b>	chewable tablets	<b>cpcr</b>	controlled release capsule
<b>conc</b>	concentrate	<b>conj</b>	conjugate, conjugated
<b>crm</b>	cream	<b>crys</b>	crystals
<b>deter</b>	deterrent	<b>disint, disintegr</b>	disintegrating
<b>dr</b>	delayed-release	<b>ec</b>	enteric coated
<b>el, elu</b>	enzyme-linked immunosorbent assay	<b>emul</b>	emulsion
<b>er, extended, extended rel, xr</b>	extended release	<b>ext</b>	extract
<b>gm</b>	gram	<b>gu</b>	genitourinary
<b>hr</b>	hour	<b>glob, ig</b>	immunoglobulin
<b>im</b>	intramuscular	<b>inh, inhal</b>	inhalation
<b>inj</b>	injection	<b>ir</b>	index of reactivity
<b>iv</b>	intravenous	<b>l</b>	liter
<b>la</b>	long acting	<b>lipo</b>	lipophilic
<b>lf, lfu</b>	flocculation units	<b>liq, liqd</b>	liquid
<b>maint</b>	maintenance	<b>mcg</b>	microgram
<b>meq</b>	milliequivalent	<b>misc</b>	miscellaneous
<b>mg</b>	milligram	<b>ml</b>	milliliter

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## Blue Cross Community MMAI 2024 LIST OF COVERED DRUGS

<b>2024 DOSAGE FORM ABBREVIATION KEY</b>			
<b>mu</b>	million units	<b>nebu</b>	nebules
<b>oc</b>	oral contraceptive	<b>oin, oint</b>	ointment
<b>omv</b>	outer membrane vesicles	<b>op, ophth</b>	ophthalmic
<b>osm</b>	osmotic	<b>pah</b>	pulmonary arterial hypertension
<b>pak, pk</b>	pack	<b>pf</b>	preservative-free
<b>pfu</b>	plaque forming units	<b>pow, powd</b>	powder
<b>pmdd</b>	premenstrual dysphoric disorder	<b>pref</b>	prefilled
<b>pttw</b>	patch twice weekly	<b>ptwk</b>	patch weekly
<b>recomb</b>	recombinant	<b>refrig</b>	refrigerate
<b>sl</b>	sublingual	<b>sol, soln</b>	solution
<b>sqcm</b>	square centimeter	<b>supp, suppos</b>	suppositories
<b>sus, susp</b>	suspension	<b>syr</b>	syringe
<b>tab, tabs</b>	tablets	<b>tocr</b>	controlled release tablet
<b>tbdp</b>	dispersible tablet	<b>tbec</b>	enteric coated tablet
<b>tbpk</b>	tablet pack	<b>td</b>	transdermal
<b>ther</b>	therapy	<b>titr</b>	titration
<b>tl</b>	translingual	<b>unt, ut</b>	unit
<b>va</b>	vaginal	<b>vac, vacc</b>	vaccine

**Note:** The “MC” next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage)

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

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**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-877-723-7702 (TTY: 711) (TTY 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holiday, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. You can also read Chapter 9 of the Member Handbook to learn how to appeal a decision.

## C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That is where you will find drugs that treat heart conditions.

### Cardiovascular Agents

Name of drug	Drug Tier Level	Necessary Actions, restrictions, or limits on use
<i>linezolid for susp 100 mg/5ml</i>	1	PA
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (3 syringes/30 days)

## D. Index of Covered Drugs

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Analgesics</b>		
<i>acetaminophen chew tab 80 mg</i>	3	MC
<i>acetaminophen liquid 160 mg/5ml</i>	3	MC
<i>acetaminophen soln 160 mg/5ml</i>	3	MC
<i>acetaminophen suppos 120 mg</i>	3	MC
<i>acetaminophen susp 160 mg/5ml</i>	3	MC
<i>acetaminophen tab 325 mg, 500 mg</i>	3	MC
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	1	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tablets/30 days)
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	3	MC
<i>aspirin chew tab 81 mg</i>	3	MC
<i>aspirin tab delayed release 81 mg, 325 mg</i>	3	MC
<i>aspirin tab 325 mg</i>	3	MC
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	3	MC
<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>diclofenac potassium tab 50 mg</i>	1	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	1	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	1	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	QL (60 tablets/30 days)
<i>etodolac cap 200 mg</i>	1	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	1	QL (90 capsules/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	1	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	2	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	2	PA, QL (15 patches/30 days)
<b>FEVERALL INFANTS - acetaminophen suppos 80 mg</b>	3	MC
<b>FEVERALL JUNIOR STRENGTH - acetaminophen suppos 325 mg</b>	3	MC
<i>flurbiprofen tab 100 mg</i>	1	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	1	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	2	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (1440 mls/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

<b>Name of Drug</b>	<b>Drug Tier Level</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	2	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	2	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	1	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	3	MC
<i>ibuprofen tab 200 mg</i>	3	MC
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<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>	1	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	1	QL (360 tablets/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	1	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	2	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	2	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	1	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	1	QL (60 tablets/30 days)
<i>naproxen sodium tab 220 mg</i>	3	MC
<i>naproxen sodium tab 275 mg</i>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	2	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	1	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)
<i>oxycodone hcl tab 5 mg</i>	1	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tablets/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	1	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	2	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)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Anesthetics</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	PA, QL (60 grams/30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg</i>	1	QL (360 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg</i>	1	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	QL (360 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	2	QL (180 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	2	QL (90 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	1	QL (360 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	1	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	2	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NICODERM CQ - nicotine td patch 24hr 14 mg/24hr	3	MC
NICORETTE - nicotine polacrilex gum 2 mg, 4 mg	3	MC
NICORETTE - nicotine polacrilex lozenge 4 mg	3	MC
NICORETTE MINI - nicotine polacrilex lozenge 2 mg, 4 mg	3	MC
NICORETTE STARTER KIT - nicotine polacrilex gum 2 mg, 4 mg	3	MC
<i>nicotine polacrilex gum 2 mg, 4 mg</i>	3	MC
<i>nicotine polacrilex lozenge 2 mg, 4 mg</i>	3	MC
<i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	3	MC
NICOTINE TRANSDERMAL SYST - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	MC
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/ spray)	2	
varenicline tartrate tab 0.5 mg, 1 mg	2	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	
<b>Antibacterials</b>		
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)	2	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm	2	
ampicillin sodium for iv soln 1 gm	2	
ampicillin sodium for iv soln 2 gm	2	
azithromycin for susp 100 mg/5ml, 200 mg/5ml	1	
azithromycin iv for soln 500 mg	2	
azithromycin tab 250 mg, 500 mg, 600 mg	1	
aztreonam for inj 1 gm	2	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	2	
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	1	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	2	
cefazolin sodium for inj 2 gm	2	
cefazolin sodium for inj 500 mg, 1 gm	2	
cefazolin sodium for iv soln 1 gm	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	2	
<i>cefazolin sodium for iv soln 2 gm and dextrose 3% (50 ml)</i>	2	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	2	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefepime hcl iv soln 1 gm/50ml</i>	2	
<i>cefepime hcl iv soln 2 gm/100ml</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm</i>	2	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	2	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	2	
<i>cefprozil tab 250 mg, 500 mg</i>	1	
<i>ceftazidime for inj 1 gm, 6 gm</i>	2	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	2	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	2	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	2	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg, 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	1	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2	
<i>clarithromycin tab 250 mg, 500 mg</i>	1	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
<i>daptomycin for iv soln 500 mg</i>	2	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	1	
DIFICID - fidaxomicin tab 200 mg	2	QL (20 tablets/10 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2	QL (1 bottle/10 days)
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	1	
<i>ertapenem sodium for inj 1 gm</i>	2	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	2	
<i>erythromycin lactobionate for inj 500 mg</i>	2	
<i>erythromycin soln 2%</i>	1	
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin tab 250 mg, 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
<i>gentamicin sulfate inj 10 mg/ml, 40 mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	2	
IMPAVIDO - miltefosine cap 50 mg	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	PA
<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>	2	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>	2	
<i>meropenem iv for soln 500 mg, 1 gm</i>	2	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg</i>	1	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	2	
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	2	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	1	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	2	
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	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<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>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	2	
SIVEXTRO - tedizolid phosphate tab 200 mg	2	PA
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	2	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	2	
<i>sulfadiazine tab 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	2	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	2	
<i>tigecycline for iv soln 50 mg</i>	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	2	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%	2	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	2	
<i>vancomycin hcl cap 125 mg</i>	2	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	2	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm</i>	2	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i>	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml	2	
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%	2	
VANDAZOLE - metronidazole vaginal gel 0.75%	1	
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	2	
BRIVIACT - brivaracetam oral soln 10 mg/ml	2	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	2	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	1	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	2	PA, QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
DIACOMIT - stiripentol cap 250 mg, 500 mg*	2	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	2	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	2	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg, 20 mg</i>	2	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>	1	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	2	PA
EPRONTIA - topiramate oral soln 25 mg/ml	2	
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg, 600 mg</i>	2	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	2	PA, QL (360 mls/30 days)
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	
FYCOMPA - perampanel susp 0.5 mg/ml	2	
<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>	1	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	1	QL (135 tablets/30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<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 oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	
<i>methsuximide cap 300 mg</i>	2	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml#</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	1	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	1	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	1	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	2	
<i>primidone tab 50 mg, 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg, 400 mg</i>	2	
<i>SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
<i>SYMPAZAN - clobazam oral film 5 mg</i>	2	PA, QL (240 films/30 days)
<i>SYMPAZAN - clobazam oral film 10 mg, 20 mg</i>	2	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	1	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml</i>	2	QL (5 twin pack(s)/30 days)
<i>VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)</i>	2	QL (5 twin pack(s)/30 days)
<i>VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)</i>	2	QL (5 twin pack(s)/30 days)
<i>VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml</i>	2	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	2	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	2	QL (180 tablets/30 days)
<i>XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>XCOPRI - cenobamate tab titration pack 14 x 12.5 mg &amp; 14 x 25 mg, 14 x 50 mg &amp; 14 x 100 mg, 14 x 150 mg &amp; 14 x 200 mg</i>	2	
<i>XCOPRI - cenobamate tab pack 100 mg &amp; 150 mg tabs (250 mg daily dose)</i>	2	
<i>XCOPRI - cenobamate tab pack 150 mg &amp; 200 mg tabs (350 mg daily dose)</i>	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	2	
zonisamide cap 25 mg, 50 mg, 100 mg	1	
ZTALMY - ganaxolone susp 50 mg/ml*	2	
<b>Antidementia Agents</b>		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	2	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	2	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	2	
memantine hcl oral solution 2 mg/ml	2	PA (<=29 yr)
memantine hcl tab 5 mg, 10 mg	1	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA (<=29 yr)
rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	2	
<b>Antidepressants</b>		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	1	
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	2	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 100 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg	1	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	1	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	1	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	1	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	1	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg, 20 mg	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg#	2	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	2	
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	2	
doxepin hcl conc 10 mg/ml#	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	1	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	1	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	2	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg, 10 mg</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg, 40 mg, 80 mg, 120 mg	2	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	2	QL (28 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<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>	1	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	1	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	1	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	1	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
MARPLAN - isocarboxazid tab 10 mg	2	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	2	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	2	QL (900 mls/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>	1	
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	2	
<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)
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	2	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg	2	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	2	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	1	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg</i>	1	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	1	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	QL (90 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	2	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	2	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	2	QL (14 capsules/365 days)
<b>Antiemetics</b>		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	2	BD
<i>chlorpromazine hcl conc 100 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr)
<i>dimenhydrinate tab 50 mg#</i>	3	MC
<i>diphenhydramine hcl cap 25 mg, 50 mg#</i>	3	MC
<i>diphenhydramine hcl chew tab 12.5 mg, 25 mg</i>	3	MC
<i>diphenhydramine hcl liquid 12.5 mg/5ml#</i>	3	MC
<i>diphenhydramine hcl tab 25 mg</i>	3	MC
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	2	BD
<i>fructose-dextrose-phosphoric acid oral soln</i>	3	MC
<i>meclizine hcl chew tab 25 mg#</i>	3	MC
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	1	
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	3	MC
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	1	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	2	PA (>=65 yr)
<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml#</i>	2	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	1	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	2	PA (>=65 yr)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Antifungals</b>		
AMBISOME - amphotericin b liposome iv for susp 50 mg	2	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	2	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	2	BD
<i>caspofungin acetate for iv soln 50 mg, 70 mg</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	1	
<i>ciclopirox olamine susp 0.77%</i>	1	
<i>ciclopirox solution 8%</i>	1	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>clotrimazole vaginal cream 1%, 2%</i>	3	MC
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>flucytosine cap 250 mg, 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
LAMISIL AT - terbinafine hcl cream 1%	3	MC
LAMISIL AT JOCK ITCH - terbinafine hcl cream 1%	3	MC
<i>micafungin sodium for iv soln 50 mg, 100 mg</i>	2	
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	3	MC
<i>miconazole nitrate vaginal cream 2%</i>	3	MC
<i>miconazole nitrate vaginal suppos 100 mg</i>	3	MC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	3	MC
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>	3	MC
NOXAFIL - posaconazole for delayed release susp packet 300 mg	2	PA
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>posaconazole susp 40 mg/ml</i>	2	PA
<i>posaconazole tab delayed release 100 mg</i>	2	PA
<i>terbinafine hcl cream 1%</i>	3	MC
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>tioconazole vaginal oint 6.5%</i>	3	MC
<i>voriconazole for inj 200 mg</i>	2	PA
<i>voriconazole for susp 40 mg/ml</i>	2	PA
<i>voriconazole tab 50 mg, 200 mg</i>	2	PA
<b>Antigout Agents</b>		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid tab 500 mg</i>	1	
<b>Antimigraine Agents</b>		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	1	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	1	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	1	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	1	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	1	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>	1	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	1	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	2	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	1	QL (18 tablets/30 days)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide tab 60 mg</i>	1	
<b>Antimycobacterials</b>		
<i>dapsone tab 25 mg, 100 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>ethambutol hcl tab 100 mg, 400 mg</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN - rifapentine tab 150 mg	2	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg, 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	2	
TRECTOR - ethionamide tab 250 mg	2	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg</i>	2	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	2	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	2	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	2	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	2	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	2	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
AUGTYRO - repotrectinib cap 40 mg	2	PA, QL (240 capsules/30 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	2	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	2	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	2	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg</i>	2	PA
<i>bexarotene gel 1%</i>	2	PA
<i>bicalutamide tab 50 mg</i>	1	
BOSULIF - bosutinib cap 50 mg	2	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	2	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg	2	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	2	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	2	PA, QL (180 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
BRUKINSA - zanubrutinib cap 80 mg	2	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg*	2	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	2	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*	2	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	2	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	2	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	2	PA, QL (84 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	2	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	2	PA, QL (112 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	2	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg*	2	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	1	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	1	BD
DAURISMO - glasdegib maleate tab 25 mg	2	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	2	PA, QL (30 tablets/30 days)
EMCYT - estramustine phosphate sodium cap 140 mg	2	
ERIVEDGE - vismodegib cap 150 mg*	2	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	2	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	2	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	2	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg</i>	2	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	2	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	2	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	2	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg</i>	2	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	2	PA, QL (60 tablets/30 days)
<i>exemestane tab 25 mg</i>	2	
EXKIVITY - mobocertinib succinate cap 40 mg*	2	PA, QL (120 capsules/30 days)
FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*	2	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	2	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	2	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg	2	PA, QL (120 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>gefitinib tab 250 mg</i>	2	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*	2	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	2	
<i>hydroxyurea cap 500 mg</i>	1	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	2	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	2	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*	2	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	2	PA, QL (30 tablets/30 days)
<i>imatinib mesylate tab 100 mg</i>	2	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	2	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	2	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	2	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	2	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	2	PA, QL (120 capsules/30 days)
INLYTA - axitinib tab 1 mg*	2	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	2	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	PA, QL (120 capsules/30 days)
IWILFIN - eflornithine hcl tab 192 mg	2	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*	2	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	2	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	2	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	2	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	PA, QL (120 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
KRAZATI - adagrasib tab 200 mg*	2	PA, QL (180 tablets/30 days)
<i>lapatinib ditosylate tab 250 mg</i>	2	PA, QL (180 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	2	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	2	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	2	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	2	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	2	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	2	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	2	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	2	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	2	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	2	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	2	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	1	
<i>leucovorin calcium tab 5 mg, 10 mg, 15 mg</i>	1	
<i>leucovorin calcium tab 25 mg</i>	2	
LEUKERAN - chlorambucil tab 2 mg	2	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	2	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	2	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	2	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	2	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*	2	PA, QL (120 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	2	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	2	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	2	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	2	PA
MATULANE - procarbazine hcl cap 50 mg*	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml	2	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	2	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	2	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	2	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	1	
MESNEX - mesna tab 400 mg	2	
<i>nelarabine iv soln 5 mg/ml</i>	2	PA
NERLYNX - neratinib maleate tab 40 mg*	2	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	2	
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	2	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	2	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	2	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg	2	PA, QL (180 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	2	PA, QL (14 tablets/28 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	2	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	2	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	2	PA
<i>pazopanib hcl tab 200 mg</i>	2	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	2	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	2	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	2	
QINLOCK - ripretinib tab 50 mg	2	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	2	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	2	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	2	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	2	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	2	PA, QL (21 capsules/28 days)
REZLIDHIA - olutasidenib cap 150 mg*	2	PA, QL (60 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ROZLYTREK - entrectinib pellet pack 50 mg	2	PA, QL (336 packets/28 days)
ROZLYTREK - entrectinib cap 100 mg	2	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*	2	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	2	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	2	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	2	PA, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	2	
<i>sorafenib tosylate tab 200 mg</i>	2	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	2	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	2	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	2	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg</i>	2	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg</i>	2	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	2	PA
TABLOID - thioguanine tab 40 mg	2	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	2	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg	2	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg, 80 mg*	2	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg, 0.35 mg	2	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*	2	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg</i>	1	
TASIGNA - nilotinib hcl cap 50 mg, 150 mg, 200 mg	2	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*	2	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	2	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	2	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	2	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg</i>	2	
<i>tretinoin cap 10 mg</i>	2	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	2	PA, QL (64 tablets/28 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
TUKYSA - tucatinib tab 50 mg	2	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg	2	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016%*	2	
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	2	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	1	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	2	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	2	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	2	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	2	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	2	PA, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg*	2	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*	2	PA, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*	2	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*	2	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	2	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg*	2	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*	2	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*	2	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*	2	PA, QL (180 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	2	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)*	2	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	2	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	2	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	2	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	2	PA, QL (120 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
XTANDI - enzalutamide tab 80 mg*	2	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate cap 100 mg*	2	PA, QL (90 capsules/30 days)
ZEJULA - niraparib tosylate tab 100 mg, 200 mg, 300 mg*	2	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	2	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	2	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	2	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	2	PA, QL (90 tablets/30 days)
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	2	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2	
<i>chloroquine phosphate tab 250 mg, 500 mg</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>ivermectin tab 3 mg</i>	1	PA
<i>mefloquine hcl tab 250 mg</i>	1	
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	BD
<i>praziquantel tab 600 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	2	PA
<i>quinine sulfate cap 324 mg</i>	2	PA
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	2	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	2	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	1	PA (>=65 yr)
<i>bromocriptine mesylate tab 2.5 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>entacapone tab 200 mg</i>	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
INBRIJA - levodopa inhal powder cap 42 mg	2	PA, QL (300 capsules/30 days)
<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, 1 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<b>Antipsychotics</b>		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	2	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	2	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	2	QL (1 syringe/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA ( $\geq 65$ yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	2	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	1	PA ( $\geq 65$ yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA ( $\geq 65$ yr), QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	2	PA ( $\geq 65$ yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	2	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2	PA ( $\geq 65$ yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	2	PA ( $\geq 65$ yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	2	PA ( $\geq 65$ yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	2	PA ( $\geq 65$ yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	1	PA ( $\geq 65$ yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	PA ( $\geq 65$ yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	PA ( $\geq 65$ yr), QL (120 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	2	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	2	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	2	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	2	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	PA (>=65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	2	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	2	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	2	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	1	PA (>=65 yr)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphane l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	2	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	2	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	2	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	2	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	2	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg, 2 mg	2	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	2	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	2	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	2	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	2	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	1	PA (>=65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	1	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	2	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	2	QL (1 syringe/56 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
VERSACLOZ - clozapine susp 50 mg/ml	2	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	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</i>	2	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg, 300 mg	2	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	2	PA (>=65 yr), QL (1 vial/28 days)
<b>Antispasticity Agents</b>		
<i>baclofen tab 10 mg, 20 mg</i>	1	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	2	
<i>tizanidine hcl tab 2 mg, 4 mg</i>	1	
<b>Antivirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	2	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	2	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tablets/30 days)
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	BD
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	2	
APTIVUS - tipranavir cap 250 mg	2	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg, 300 mg</i>	2	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	2	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	2	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
COMPLERA - emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	2	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	2	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2	QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	2	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	2	QL (30 tablets/30 days)
<i>efavirenz cap 200 mg</i>	2	QL (120 capsules/30 days)
<i>efavirenz cap 50 mg</i>	2	QL (90 capsules/30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	2	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	2	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	2	
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	2	PA
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	2	PA
<i>etravirine tab 100 mg, 200 mg</i>	2	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	2	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir calcium tab 700 mg</i>	2	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	QL (60 vials/30 days)
GENVOYA - elvitegravir-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg	2	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	PA
INTELENCE - etravirine tab 25 mg	2	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg, 100 mg	1	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	2	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	2	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	2	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	2	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	2	QL (40 capsules/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>lamivudine tab 150 mg</i>	1	QL (60 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>lamivudine tab 300 mg</i>	2	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	2	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	2	QL (120 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	2	QL (360 packets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	2	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	1	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	1	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	2	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak<	1	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak<	1	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	2	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	2	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	2	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	2	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	2	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	2	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
<i>ritonavir tab 100 mg</i>	1	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	2	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	2	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdv tab 150-150-200-300 mg	2	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	2	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	2	QL (5 tablets/28 days)
SYM TUZA - darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg	2	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	2	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg, 50 mg	2	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	2	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	2	QL (60 tablets/30 days)
TYBOST - cobicistat tab 150 mg	1	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml</i>	2	
<i>valganciclovir hcl tab 450 mg</i>	1	
VIRACEPT - nelfinavir mesylate tab 250 mg	2	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	2	QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	2	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	2	QL (2 tablets/365 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tablets/30 days)
<b>Anxiolytics</b>		
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tablets/30 days)
<i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	PA, QL (180 tablets/30 days)
<i>diazepam oral soln 1 mg/ml</i>	2	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	1	PA, QL (120 tablets/30 days)
<i>hydroxyzine hcl tab 25 mg, 50 mg#</i>	1	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	1	PA, QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	1	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	1	PA, QL (150 tablets/30 days)
<b>Bipolar Agents</b>		
<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>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	1	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	1	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	1	QL (90 tablets/30 days)
ALCOHOL SWABS	1	
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	1	PA, QL (4 pens/28 days)
<i>diazoxide susp 50 mg/ml</i>	2	
FARXIGA - dapagliflozin propanediol tab 5 mg	1	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	1	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	1	
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	1	QL (4 kits/30 days)
<i>glucose gel 40%</i>	3	MC
<i>glyburide micronized tab 1.5 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	1	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	1	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	1	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	1	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2	QL (30 tablets/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	1	QL (20 cartridges/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	1	QL (60 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	1	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	1	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	1	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	1	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	1	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	1	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)	1	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	1	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	1	QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg	1	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	1	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	1	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	1	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	1	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	1	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	1	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	1	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	1	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	1	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	1	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	1	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	1	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	1	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg</i>	1	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tablets/30 days)
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)	1	PA, QL (1 pen/28 days)
<i>pioglitazone hcl tab 15 mg</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	1	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	1	PA, QL (30 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	1	QL (120 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	1	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	1	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	1	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	1	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	1	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	1	QL (30 tablets/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	1	PA, QL (4 pens/28 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	PA, QL (3 pens/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	1	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	1	QL (30 tablets/30 days)
<b>Blood Products and Modifiers</b>		
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA - ticagrelor tab 60 mg, 90 mg	2	
<i>cilostazol tab 50 mg, 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
<i>dabigatran etexilate mesylate cap 75 mg, 150 mg</i>	2	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg</i>	2	QL (120 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	1	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	1	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	1	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>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	QL (10 vials/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	2	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	1	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	2	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml</i>	1	
PRADAXA - dabigatran etexilate mesylate cap 110 mg	2	QL (120 capsules/30 days)
<i>prasugrel hcl tab 5 mg, 10 mg</i>	1	
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	2	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	2	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	PA
<i>tranexamic acid tab 650 mg</i>	1	
<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	1	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	1	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	1	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	1	QL (51 tablets/30 days)
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl cap 200 mg, 400 mg</i>	1	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg, 250 mg</i>	1	
<i>aliskiren fumarate tab 150 mg, 300 mg</i>	2	QL (30 tablets/30 days)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>amiodarone hcl tab 100 mg, 400 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	1	QL (30 tablets/30 days)
<i>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</i>	1	QL (30 tablets/30 days)
<i>atenolol &amp; chlorthalidone tab 50-25 mg, 100-25 mg</i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	2	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<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>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	1	
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	2	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	2	PA, QL (600 mls/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	2	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	1	QL (30 tablets/30 days)
<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>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	2	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	1	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	1	QL (60 tablets/30 days)
<i>ezetimibe tab 10 mg</i>	1	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	1	
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	1	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	1	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	1	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	1	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	1	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	2	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
KERENDIA - finerenone tab 10 mg, 20 mg	1	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	1	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>losartan potassium tab 25 mg, 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg, 50 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	1	
<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>metyrosine cap 250 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg, 250 mg</i>	2	
<i>midodrine hcl tab 2.5 mg, 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg, 10 mg</i>	1	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	1	
<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>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	2	
<b>NITRO-BID - nitroglycerin oint 2%</b>	2	
<i>nitroglycerin oint 0.4%</i>	2	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>pentoxifylline tab er 400 mg</i>	1	
<i>perindopril erbumine tab 2 mg, 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	2	
<i>pindolol tab 5 mg, 10 mg</i>	1	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<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>	1	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	2	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	2	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	1	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	1	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	1	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	1	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	1	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i>	1	QL (60 capsules/30 days)
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	1	
<i>torseamide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	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>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	1	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	1	QL (120 capsules/30 days)
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	1	
<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	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	1	QL (30 tablets/30 days)
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	1	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	2	QL (30 capsules/30 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	PA, QL (15 vials/syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	2	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	1	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	2	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	2	PA, QL (60 capsules/30 days)
<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#</i>	1	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	1	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	2	PA, QL (60 capsules/30 days)
<i>riluzole tab 50 mg</i>	2	
<i>tetrabenazine tab 12.5 mg</i>	2	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	2	PA, QL (120 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>Dermatological Agents</b>		
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	2	
ACNE MEDICATION 10 - benzoyl peroxide lotion 10%	3	MC
ACNE MEDICATION 5 - benzoyl peroxide lotion 5%	3	MC
<i>adapalene gel 0.1%</i>	3	MC
<i>azelaic acid gel 15%</i>	2	
<i>bacitracin oint 500 unit/gm</i>	3	MC
<i>bacitracin zinc oint 500 unit/gm</i>	3	MC
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i>	3	MC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
BETADINE - povidone-iodine soln 5%, 10%	3	MC
BETADINE SWABSTICKS - povidone-iodine swabs 10%	3	MC
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	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>	2	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	1	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	1	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mls/30 days)
<i>capsaicin cream 0.025%, 0.075%</i>	3	MC
<i>chlorhexidine gluconate liquid 4%</i>	3	MC
<i>chlorhexidine gluconate soln 4%</i>	3	MC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
DIFFERIN - adapalene gel 0.1%	3	MC
EFUDEX - fluorouracil cream 5%	2	
FINACEA - azelaic acid foam 15%	1	
FIRST AID ANTISEPTIC OINT - povidone-iodine oint 10%	3	MC
<i>fluocinonide cream 0.05%</i>	1	QL (120 grams/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120 grams/30 days)
FLUOROURACIL - fluorouracil soln 2%	1	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 5%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	2	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (200 grams/28 days)
<i>hydrocortisone cream 0.5%, 1%</i>	3	MC
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 1%</i>	3	MC
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone-aloe vera cream 1%</i>	3	MC
HYDROCORTISONE/ALOE - hydrocortisone-aloe vera cream 0.5%	3	MC
<i>imiquimod cream 5%</i>	1	PA
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>lidocaine anorectal cream 5%</i>	3	MC
<i>malathion lotion 0.5%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>miconazole nitrate cream 2%</i>	3	MC
<i>mometasone furoate cream 0.1%</i>	1	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	2	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	1	QL (30 grams/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>neomycin-bacitracin-polymyxin oint</i>	3	MC
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	2	PA
OTEZLA - apremilast tab 30 mg*	2	PA
<i>permethrin cream 5%</i>	1	
<i>permethrin creme rinse 1%</i>	3	MC
<i>permethrin lotion 1%</i>	3	MC
<i>pimecrolimus cream 1%</i>	2	PA
<i>podofilox soln 0.5%</i>	2	
<i>povidone-iodine soln 10%</i>	3	MC
<i>povidone-iodine swabs 10%</i>	3	MC
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	3	MC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	3	MC
SANTYL - collagenase oint 250 unit/gm	2	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	PA
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene gel 0.05%, 0.1%</i>	2	PA
TAZORAC - tazarotene cream 0.05%	2	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 grams/30 days)
<i>vitamins a &amp; d oint</i>	3	MC
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg</i>	3	MC
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	3	MC
<i>carglumic acid soluble tab 200 mg</i>	2	PA
CHEMET - succimer cap 100 mg	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	3	MC
<i>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg</i>	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>deferasirox tab 90 mg, 180 mg, 360 mg</i>	2	PA
<i>dextrose inj 5%, 10%</i>	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	MC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	3	MC
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	3	MC
FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	3	MC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	3	MC
<i>folic acid tab 1 mg</i>	3	MC
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	3	MC
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	2	BD
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	2	BD
<i>phytonadione inj 10 mg/ml</i>	3	MC
<i>phytonadione tab 5 mg</i>	3	MC
<i>potassium chloride cap er 8 meq, 10 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	3	MC
sevelamer carbonate packet 0.8 gm	2	QL (270 packets/30 days)
sevelamer carbonate packet 2.4 gm	2	QL (90 packets/30 days)
sevelamer carbonate tab 800 mg	2	
sodium chloride iv soln 0.45%, 0.9%	2	
sodium chloride preservative free inj 0.9%	2	
sodium polystyrene sulfonate powder	1	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
thiamine hcl inj 100 mg/ml	3	MC
TRAVASOL - amino acid infusion 10%	2	BD
trientine hcl cap 250 mg	2	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	2	BD
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm	1	
<b>Gastrointestinal Agents</b>		
alosetron hcl tab 0.5 mg, 1 mg	2	PA, QL (60 tablets/30 days)
alum & mag hydroxide-simethicone chew tab 200-200-25 mg	3	MC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml	3	MC
ALUMINUM HYDROXIDE - aluminum hydroxide gel susp 320 mg/5ml	3	MC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	3	MC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml, 508-475 mg/10ml	3	MC
benzocaine-docusate sodium rectal enema 20-283 mg	3	MC
bisacodyl suppos 10 mg	3	MC
bisacodyl tab delayed release 5 mg	3	MC
bismuth subsalicylate chew tab 262 mg	3	MC
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml	3	MC
bismuth subsalicylate tab 262 mg	3	MC
calcium carbonate (antacid) chew tab 500 mg, 750 mg	3	MC
calcium carbonate (antacid) susp 1250 mg/5ml	3	MC
calcium carbonate tab 1250 mg (500 mg elemental ca)	3	MC
calcium polycarbophil tab 625 mg	3	MC
CHENODAL - chenodiol tab 250 mg*	2	PA
CITRUCCEL - methylcellulose tab 500 mg	3	MC
COLACE - docusate sodium cap 100 mg	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
COLACE CLEAR - docusate sodium cap 50 mg	3	MC
<i>dicyclomine hcl cap 10 mg#</i>	1	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	1	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	1	PA (>=65 yr)
<i>docusate calcium cap 240 mg</i>	3	MC
<i>docusate sodium cap 50 mg, 100 mg, 250 mg</i>	3	MC
<i>docusate sodium enema 283 mg/5ml</i>	3	MC
<i>docusate sodium liquid 150 mg/15ml</i>	3	MC
<i>docusate sodium tab 100 mg</i>	3	MC
DOCUSOL KIDS - docusate sodium enema 100 mg/5ml	3	MC
EVAC - psyllium powder 100%	3	MC
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 10 mg</i>	3	MC
<i>famotidine tab 20 mg, 40 mg</i>	1	
FLEET ENEMA - sodium phosphates - enema	3	MC
FLEET PEDIATRIC - sodium phosphates - enema (pediatric)	3	MC
GATTEX - teduglutide (rdna) for inj kit 5 mg*	2	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
<i>glycerin suppos 1 gm, 2 gm</i>	3	MC
<i>glycopyrrolate tab 1 mg, 2 mg</i>	1	
KONSYL DAILY FIBER - psyllium powder packet 100%	3	MC
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	1	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	3	MC
<i>loperamide hcl soln 1 mg/7.5ml</i>	3	MC
<i>loperamide hcl tab 2 mg</i>	3	MC
<i>lubiprostone cap 8 mcg</i>	2	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	2	QL (60 capsules/30 days)
<i>magnesium hydroxide susp 400 mg/5ml</i>	3	MC
<i>magnesium oxide tab 400 mg, 420 mg</i>	3	MC
<i>methylcellulose powder laxative</i>	3	MC
<i>methylcellulose tab 500 mg</i>	3	MC
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	1	
MILK OF MAGNESIA CONCENTRATE - magnesium hydroxide susp concentrate 2400 mg/10ml	3	MC
<i>misoprostol tab 100 mcg, 200 mcg</i>	1	
MOVANTIK - naloxegol oxalate tab 12.5 mg, 25 mg	1	
NIZATIDINE - nizatidine cap 150 mg	2	
<i>nizatidine cap 300 mg</i>	1	
OCEAN NASAL SPRAY - saline nasal spray 0.65%	3	MC
<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</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	1	QL (60 tablets/30 days)
PEDIA-LAX - docusate sodium liquid 50 mg/15ml	3	MC
PEDIA-LAX - glycerin liquid suppos 2.8 gm (2.7 ml)	3	MC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	3	MC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	3	MC
<i>psyllium cap 0.52 gm</i>	3	MC
<i>psyllium powder 25%, 51.7%, 100%</i>	3	MC
<i>saline nasal spray 0.65%</i>	3	MC
SENNAPLUS - sennosides-docusate sodium cap 8.6-50 mg	3	MC
<i>sennosides cap 8.6 mg</i>	3	MC
<i>sennosides chew tab 15 mg</i>	3	MC
<i>sennosides syrup 8.8 mg/5ml</i>	3	MC
<i>sennosides tab 8.6 mg, 15 mg, 17.2 mg, 25 mg</i>	3	MC
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	3	MC
SENOKOT - sennosides tab 8.6 mg	3	MC
SENOKOT S - sennosides-docusate sodium tab 8.6-50 mg	3	MC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SODIUM BICARBONATE - sodium bicarbonate powder	3	MC
<i>sodium bicarbonate tab 325 mg, 650 mg</i>	3	MC
<i>sodium phosphates - enema</i>	3	MC
SORBITOL - sorbitol oral solution 70%	3	MC
SORBITOL - sorbitol rectal solution 70%	3	MC
STOOL SOFTENER + STIMULANT - sennosides-docusate sodium cap 8.6-50 mg	3	MC
<i>sucralfate tab 1 gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	2	
TUMS - calcium carbonate (antacid) chew tab 500 mg	3	MC
TUMS EXTRA STRENGTH 750 - calcium carbonate (antacid) chew tab 750 mg	3	MC
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	2	
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	2	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	2	PA, QL (90 tablets/30 days)
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
betaine powder for oral solution	2	
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	1	
cromolyn sodium oral conc 100 mg/5ml	2	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	2	PA
ENDARI - glutamine (sickle cell) powd pack 5 gm*	2	PA
levocarnitine oral soln 1 gm/10ml (10%)	2	
levocarnitine tab 330 mg	2	
miglustat cap 100 mg*	2	PA, QL (90 capsules/30 days)
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	2	
ORFADIN - nitisinone susp 4 mg/ml*	2	
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	2	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	2	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	2	
sapropterin dihydrochloride powder packet 100 mg, 500 mg	2	PA
sapropterin dihydrochloride tab 100 mg	2	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	2	PA
sodium phenylbutyrate tab 500 mg	2	PA
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	PA, QL (120 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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	1	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	2	PA, QL (120 capsules/30 days)
<b>Genitourinary Agents</b>		
alfuzosin hcl tab er 24hr 10 mg	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	1	
dutasteride cap 0.5 mg	1	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	1	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	1	QL (30 tablets/30 days)
ORACIT - sodium citrate & citric acid soln 490-640 mg/5ml	3	MC
oxybutynin chloride solution 5 mg/5ml	1	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	1	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	1	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	1	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	1	QL (120 tablets/30 days)
penicillamine tab 250 mg	2	
sodium citrate & citric acid soln 500-334 mg/5ml	3	MC
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)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
HEMADY - dexamethasone tab 20 mg	2	
hydrocortisone tab 5 mg, 10 mg, 20 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	2	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	1	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	2	
OMNITROPE - somatropin for inj 5.8 mg	1	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	1	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	2	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	2	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	2	PA
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#	2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg#</i>	2	
<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>	2	
<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>	2	
<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>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>ethynodiol diacetate &amp; 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>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	3	MC
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-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>	1	
<i>MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; 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>	1	
<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 &amp; 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 &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm</i>	1	
<i>progesterone cap 100 mg, 200 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>raloxifene hcl tab 60 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	1	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	PA, QL (2 pump bottles/30 days)
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	1	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	1	
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	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
KORLYM - mifepristone tab 300 mg*	2	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	2	
<i>mifepristone tab 300 mg</i>	2	PA, QL (120 tablets/30 days)
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	1	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	2	PA
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	PA
FIRMAGON - degarelix acetate for inj 80 mg, 120 mg/vial (240 mg dose)	2	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	2	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	2	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	2	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	2	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	2	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	2	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	2	PA
<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), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	2	PA
ORGOVYX - relugolix tab 120 mg*	2	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*	2	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	2	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg	2	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
<b>Immunological Agents</b>		
ABRYSCO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	2	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*	2	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	
<i>azathioprine tab 50 mg</i>	1	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	PA
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	2	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	1	
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	2	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	2	PA
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	2	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	2	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	2	PA
<i>cyclosporine cap 25 mg, 100 mg</i>	2	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	2	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	BD
CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	2	PA
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.8ml	2	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	2	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	2	PA
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	1	
DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	2	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml	2	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	BD
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	2	BD, PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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	2	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	1	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	1	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	2	PA, QL (27 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	2	PA, QL (18 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	2	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	2	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	2	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	2	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	2	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	2	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	1	
IXCHIQ - chikungunya virus vaccine live for im solution	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
<i>leflunomide tab 10 mg, 20 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	BD
<i>mycophenolate mofetil tab 500 mg</i>	1	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	2	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	1	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	2	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1	BD
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	2	PA
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTARIX - rotavirus vaccine, live for oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	2	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
<i>sirolimus oral soln 1 mg/ml</i>	2	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	2	BD
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	PA
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	2	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	2	PA
STAMARIL - yellow fever vaccine for inj suspension	1	
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	2	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	PA
STELARA - ustekinumab inj 45 mg/0.5ml	2	PA
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	2	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	1	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	1	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	2	BD
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	2	PA
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	2	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	2	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	2	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	2	PA
XOLAIR - omalizumab for inj 150 mg*	2	PA
YF-VAX - yellow fever vaccine subcutaneous inj	1	
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	2	PA, QL (30 tablets/30 days)
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	2	QL (120 capsules/30 days)
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	QL (120 tablets/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<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) nasal soln 200 unit/act</i>	1	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>cinacalcet hcl tab 30 mg, 60 mg, 90 mg</i>	2	PA
<i>ibandronate sodium tab 150 mg</i>	1	QL (1 tablet/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	2	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	2	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	PA
XGEVA - denosumab inj 120 mg/1.7ml	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	
<b>Ophthalmic Agents</b>		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	1	
<i>atropine sulfate ophth soln 1%</i>	1	
<i>azelastine hcl ophth soln 0.05%</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate ophth soln 0.1%, 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	2	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	2	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	1	
LACRISERT - artificial tear ophth insert	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN - bimatoprost ophth soln 0.01%	1	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	1	
MURO 128 - sodium chloride hypertonic ophth soln 2%, 5%	3	MC
MURO 128 - sodium chloride hypertonic ophth oint 5%	3	MC
NATACYN - natamycin ophth susp 5%	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>polyvinyl alcohol ophth soln 1.4%</i>	3	MC
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>prednisolone sodium phosphate ophth soln 1%</i>	1	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	1	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	1	QL (2 bottles/30 days)
<i>sodium chloride hypertonic ophth oint 5%</i>	3	MC
<i>sodium chloride hypertonic ophth soln 5%</i>	3	MC
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	1	
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	1	
<i>carbamide peroxide 6.5% otic soln</i>	3	MC
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%, 20%</i>	1	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	2	PA, QL (90 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	1	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	1	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, 1.25 mg/3ml</i>	1	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	2	
<i>ambrisentan tab 5 mg, 10 mg*</i>	2	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	1	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	1	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	1	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	1	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/ act, 160-4.5 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>cetirizine hcl cap 10 mg</i>	3	MC
<i>cetirizine hcl chew tab 5 mg, 10 mg</i>	3	MC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	3	MC
<i>cetirizine hcl tab 5 mg, 10 mg</i>	3	MC
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	2	PA (>=65 yr)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	1	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	1	PA (>=65 yr)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	3	MC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	3	MC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg</i>	3	MC
<i>diphenhydramine hcl cap 25 mg, 50 mg#</i>	3	MC
<i>diphenhydramine hcl chew tab 12.5 mg, 25 mg</i>	3	MC
<i>diphenhydramine hcl liquid 12.5 mg/5ml#</i>	3	MC
<i>diphenhydramine hcl tab 25 mg</i>	3	MC
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	1	QL (1 inhaler/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	1	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	1	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	1	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	1	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	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	1	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (1 inhaler/30 days)
<i>guaifenesin liquid 100 mg/5ml</i>	3	MC
<i>guaifenesin syrup 100 mg/5ml</i>	3	MC
<i>guaifenesin tab er 12hr 600 mg, 1200 mg</i>	3	MC
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act	1	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	BD

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	BD
KALYDECO - ivacaftor tab 150 mg*	2	PA, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	2	PA, QL (60 packets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine cap 10 mg</i>	3	MC
<i>loratadine chew tab 5 mg</i>	3	MC
<i>loratadine oral soln 5 mg/5ml</i>	3	MC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	3	MC
<i>loratadine tab 10 mg</i>	3	MC
<i>montelukast sodium chew tab 4 mg, 5 mg</i>	1	
<i>montelukast sodium oral granules packet 4 mg</i>	2	
<i>montelukast sodium tab 10 mg</i>	1	
MUCINEX - guaifenesin tab er 12hr 600 mg	3	MC
MUCINEX DM - dextromethorphan-guaifenesin tab er 12hr 30-600 mg	3	MC
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	3	MC
OCEAN NASAL SPRAY - saline nasal spray 0.65%	3	MC
OFEV - nintedanib esylate cap 100 mg, 150 mg*	2	PA, QL (60 capsules/30 days)
OPSUMIT - macitentan tab 10 mg*	2	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	2	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	2	PA, QL (60 packets/30 days)
<i>pirfenidone cap 267 mg</i>	2	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	2	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	2	PA, QL (90 tablets/30 days)
PROMETHAZINE VC/CODEINE - promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml#	3	MC
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml#</i>	3	MC
<i>pseudoephedrine hcl tab 30 mg</i>	3	MC
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	BD
<i>roflumilast tab 250 mcg, 500 mcg</i>	2	PA, QL (30 tablets/30 days)
<i>saline nasal spray 0.65%</i>	3	MC
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	1	QL (1 inhaler/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	1	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	1	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	1	QL (1 canister/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	2	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	2	BD, PA
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	1	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	PA, QL (90 tablets/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	1	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	2	
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	1	
<i>methocarbamol tab 500 mg, 750 mg#</i>	1	
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	1	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	1	QL (30 tablets/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	1	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	2	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	2	PA, QL (540 mls/30 days)
<i>tasimelteon capsule 20 mg</i>	2	PA, QL (30 capsules/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 5 mg#</i>	1	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	1	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	1	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

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<i>betamethasone dipropionate augmented lotion</i>		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> .....	3
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0.05%.....	41	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> .....	3
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carglumic acid soluble tab 200 mg.....	43	ceftriaxone sodium in dextrose inj 20 mg/ml.....	5
carteolol hcl ophth soln 1%.....	60	ceftriaxone sodium in dextrose inj 40 mg/ml.....	5
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	36	cefuroxime axetil tab 250 mg, 500 mg.....	5
casprofungin acetate for iv soln 50 mg, 70 mg.....	14	cefuroxime sodium for inj 750 mg.....	5
cefaclor cap 250 mg.....	4	cefuroxime sodium for iv soln 1.5 gm.....	5
cefaclor cap 500 mg.....	4	celecoxib cap 400 mg.....	1
cefadroxil cap 500 mg.....	4	celecoxib cap 50 mg, 100 mg, 200 mg.....	1
cefadroxil for susp 250 mg/5ml, 500 mg/5ml.....	4	cephalexin cap 250 mg, 500 mg.....	5
CEFAZOLIN.....	4	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	5
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	5	cetirizine hcl cap 10 mg.....	62
cefazolin sodium for inj 2 gm.....	4	cetirizine hcl chew tab 5 mg, 10 mg.....	62
cefazolin sodium for inj 500 mg, 1 gm.....	4	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	62
cefazolin sodium for iv soln 1 gm.....	4	cetirizine hcl tab 5 mg, 10 mg.....	62
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	5	CHEMET.....	43
cefazolin sodium for iv soln 2 gm and dextrose 3% (50 ml).....	5	CHENODAL.....	45
cefdinir cap 300 mg.....	5	chlorhexidine gluconate liquid 4%.....	41
cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	5	chlorhexidine gluconate soln 0.12%.....	41
cefepime hcl for inj 1 gm.....	5	chlorhexidine gluconate soln 4%.....	41
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	5	chloroquine phosphate tab 250 mg, 500 mg.....	23
cefepime hcl for iv soln 2 gm.....	5	chlorpromazine hcl conc 100 mg/ml.....	13
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	5	chlorpromazine hcl conc 30 mg/ml.....	13
		chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	13
		chlorthalidone tab 25 mg, 50 mg.....	36
		cholestyramine light powder 4 gm/dose.....	36
		cholestyramine light powder packets 4 gm.....	36



cholestyramine powder 4 gm/dose.....	36	COARTEM.....	23
cholestyramine powder packets 4 gm.....	36	COLACE.....	45
ciclopirox olamine cream 0.77%.....	14	COLACE CLEAR.....	46
ciclopirox olamine susp 0.77%.....	14	colchicine tab 0.6 mg.....	15
ciclopirox solution 8%.....	14	colchicine w/ probenecid tab 0.5-500 mg.....	15
cilostazol tab 50 mg, 100 mg.....	34	colestipol hcl granule packets 5 gm.....	36
CIMDUO.....	27	colestipol hcl granules 5 gm.....	36
cinacalcet hcl tab 30 mg, 60 mg, 90 mg.....	59	colestipol hcl tab 1 gm.....	36
ciprofloxacin 200 mg/100ml in d5w.....	5	colistimethate sod for inj 150 mg (colistin base activity).....	6
ciprofloxacin 400 mg/200ml in d5w.....	6	COMBIPATCH.....	50
ciprofloxacin hcl ophth soln 0.3%.....	60	COMBIVENT RESPIMAT.....	63
ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg.....	5	COMETRIQ.....	17
citalopram hydrobromide oral soln 10 mg/5ml.....	11	COMPLERA.....	27
citalopram hydrobromide tab 10 mg, 20 mg.....	11	COPAXONE.....	40
citalopram hydrobromide tab 40 mg.....	11	COPIKTRA.....	17
CITRUCEL.....	45	CORLANOR.....	36
CLARITHROMYCIN.....	6	COSENTYX.....	54
clarithromycin tab 250 mg, 500 mg.....	6	COSENTYX SENSOREADY PEN.....	55
CLEMASTINE FUMARATE.....	62	COSENTYX UNOREADY.....	55
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	6	COTELLIC.....	17
clindamycin palmitate hcl for soln 75 mg/5ml.....	6	CREON.....	48
clindamycin phosphate inj 600 mg/4ml, 900 mg/6ml, 9 gm/60ml.....	6	cromolyn sodium ophth soln 4%.....	60
clindamycin phosphate swab 1%.....	6	cromolyn sodium oral conc 100 mg/5ml.....	48
clindamycin phosphate vaginal cream 2%.....	6	cromolyn sodium soln nebu 20 mg/2ml.....	63
clobazam suspension 2.5 mg/ml.....	8	cyanocobalamin inj 1000 mcg/ml.....	43
clobazam tab 10 mg, 20 mg.....	8	cyclobenzaprine hcl tab 5 mg, 10 mg.....	65
clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	11	CYCLOPHOSPHAMIDE.....	17
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	30	cyclophosphamide cap 25 mg, 50 mg.....	17
clonazepam orally disintegrating tab 2 mg.....	31	cyclosporine cap 25 mg, 100 mg.....	55
clonazepam tab 0.5 mg, 1 mg.....	31	cyclosporine modified cap 25 mg, 50 mg, 100 mg.....	55
clonazepam tab 2 mg.....	31	cyclosporine modified oral soln 100 mg/ml.....	55
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	36	CYLTEZO.....	55
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....	36	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS.....	55
clopidogrel bisulfate tab 75 mg.....	34	CYLTEZO STARTER PACKAGE FOR PSORIASIS.....	55
clorazepate dipotassium tab 15 mg.....	31	cyproheptadine hcl syrup 2 mg/5ml.....	63
clorazepate dipotassium tab 3.75 mg.....	31	cyproheptadine hcl tab 4 mg.....	63
clorazepate dipotassium tab 7.5 mg.....	31	CYSTADROPS.....	60
clotrimazole cream 1%.....	14	CYSTAGON.....	48
clotrimazole troche 10 mg.....	14	CYSTARAN.....	60
clotrimazole vaginal cream 1%, 2%.....	14	<b>D</b>	
clotrimazole w/ betamethasone cream 1-0.05%.....	41	dabigatran etexilate mesylate cap 110 mg.....	34
CLOZAPINE ODT.....	24	dabigatran etexilate mesylate cap 75 mg, 150 mg.....	34
clozapine orally disintegrating tab 150 mg.....	24	dalfampridine tab er 12hr 10 mg.....	40
clozapine orally disintegrating tab 200 mg.....	24	danazol cap 50 mg, 100 mg, 200 mg.....	50
clozapine orally disintegrating tab 25 mg, 100 mg.....	24	dantrolene sodium cap 25 mg, 50 mg, 100 mg.....	27
clozapine tab 100 mg.....	24	dapsone tab 25 mg, 100 mg.....	15
clozapine tab 200 mg.....	24		
clozapine tab 25 mg, 50 mg.....	24		

DAPTACEL.....	55	diazepam tab 2 mg, 5 mg, 10 mg.....	31
daptomycin for iv soln 500 mg.....	6	diazoxide susp 50 mg/ml.....	31
darunavir tab 600 mg.....	27	diclofenac potassium tab 50 mg.....	1
darunavir tab 800 mg.....	27	diclofenac sodium gel 1% (1.16% diethylamine equiv).....	1
DAURISMO.....	17	diclofenac sodium ophth soln 0.1%.....	60
deferasirox tab 90 mg, 180 mg, 360 mg.....	44	diclofenac sodium tab delayed release 25 mg.....	1
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	43	diclofenac sodium tab delayed release 50 mg.....	1
DELSTRIGO.....	27	diclofenac sodium tab delayed release 75 mg.....	1
DENGVAZIA.....	55	diclofenac sodium tab er 24hr 100 mg.....	1
DEPO-SUBQ PROVERA 104.....	50	dicloxacillin sodium cap 250 mg, 500 mg.....	6
DESCOVY.....	27	dicyclomine hcl cap 10 mg.....	46
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	11	dicyclomine hcl oral soln 10 mg/5ml.....	46
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	50	dicyclomine hcl tab 20 mg.....	46
desmopressin acetate tab 0.1 mg, 0.2 mg.....	50	DIFFERIN.....	41
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	50	DIFICID.....	6
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	50	difluprednate ophth emulsion 0.05%.....	60
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg.....	11	digoxin oral soln 0.05 mg/ml.....	36
dexamethasone elixir 0.5 mg/5ml.....	49	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	36
dexamethasone sodium phosphate ophth soln 0.1%.....	60	dihydroergotamine mesylate nasal spray 4 mg/ ml.....	15
dexamethasone soln 0.5 mg/5ml.....	49	DILANTIN.....	9
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	49	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	36
dexamethasone tab therapy pack 1.5 mg (21).....	49	diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	36
dexamethasone tab therapy pack 1.5 mg (35).....	49	diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	36
dexamethasone tab therapy pack 1.5 mg (51).....	49	diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	36
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	40	diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....	36
dextroamphetamine sulfate tab 10 mg.....	40	diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	36
dextroamphetamine sulfate tab 5 mg.....	40	dimenhydrinate tab 50 mg.....	13
dextromethorphan-guaifenesin liquid 10-100 mg/5ml.....	63	dimethyl fumarate capsule delayed release 120 mg, 240 mg.....	40
dextromethorphan-guaifenesin syrup 10-100 mg/5ml.....	63	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	40
dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg.....	63	diphenhydramine hcl cap 25 mg, 50 mg.....	13
dextrose 2.5% w/ sodium chloride 0.45%.....	44	diphenhydramine hcl cap 25 mg, 50 mg.....	63
dextrose 5% w/ sodium chloride 0.2%, 0.45%, 0.9%.....	44	diphenhydramine hcl chew tab 12.5 mg, 25 mg.....	13
dextrose 5% w/ sodium chloride 0.33%.....	44	diphenhydramine hcl chew tab 12.5 mg, 25 mg.....	63
dextrose inj 5%, 10%.....	44	diphenhydramine hcl liquid 12.5 mg/5ml.....	13
DIACOMIT.....	9	diphenhydramine hcl liquid 12.5 mg/5ml.....	63
diazepam oral soln 1 mg/ml.....	31	diphenhydramine hcl tab 25 mg.....	13
DIAZEPAM RECTAL GEL.....	9	diphenhydramine hcl tab 25 mg.....	63
diazepam rectal gel delivery system 10 mg, 20 mg.....	9	diphenoxylate w/ atropine tab 2.5-0.025 mg.....	46
		DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	55
		disulfiram tab 250 mg.....	3

<i>disulfiram tab 500 mg</i> .....	3	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i> .....	28
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	9	<i>efavirenz tab 600 mg</i> .....	28
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i> .....	9	EFUDEX.....	41
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i> .....	9	ELIGARD.....	53
<i>docusate calcium cap 240 mg</i> .....	46	ELIQUIS.....	34
<i>docusate sodium cap 50 mg, 100 mg, 250 mg</i> .....	46	ELIQUIS STARTER PACK.....	34
<i>docusate sodium enema 283 mg/5ml</i> .....	46	EMCYT.....	17
<i>docusate sodium liquid 150 mg/15ml</i> .....	46	EMGALITY.....	15
<i>docusate sodium tab 100 mg</i> .....	46	EMSAM.....	12
DOCUSOL KIDS.....	46	<i>emtricitabine caps 200 mg</i> .....	28
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i> .....	36	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> .....	28
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i> .....	11	EMTRIVA.....	28
<i>donepezil hydrochloride tab 5 mg, 10 mg</i> .....	11	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i> .....	37
<i>dorzolamide hcl ophth soln 2%</i> .....	60	<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i> .....	37
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	60	ENBREL.....	55
DOVATO.....	28	ENBREL MINI.....	55
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i> .....	37	ENBREL SURECLICK.....	55
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i> .....	65	ENDARI.....	48
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i> .....	11	ENGERIX-B.....	55
<i>doxepin hcl conc 10 mg/ml</i> .....	11	<i>enoxaparin sodium inj 300 mg/3ml</i> .....	34
<i>doxycycline hyclate cap 50 mg, 100 mg</i> .....	6	<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> .....	34
<i>doxycycline hyclate for inj 100 mg</i> .....	6	<i>entacapone tab 200 mg</i> .....	23
<i>doxycycline hyclate tab 20 mg, 100 mg</i> .....	6	<i>entecavir tab 0.5 mg, 1 mg</i> .....	28
<i>doxycycline monohydrate cap 50 mg, 100 mg</i> .....	6	ENTRESTO.....	37
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i> .....	6	EPCLUSA.....	28
DRISDOL.....	44	EPIDIOLEX.....	9
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i> .....	13	<i>epinastine hcl ophth soln 0.05%</i> .....	60
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	50	EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL).....	63
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	50	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	63
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i> .....	37	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i> .....	63
DUAVEE.....	50	EPRONTIA.....	9
DULERA.....	63	<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .....	44
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i> .....	12	<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i> .....	44
<i>duloxetine hcl enteric coated pellets cap 30 mg</i> .....	12	<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	15
DUPIXENT.....	55	ERIVEDGE.....	17
<i>dutasteride cap 0.5 mg</i> .....	49	ERLEADA.....	17
<b>E</b>		<i>erlotinib hcl tab 100 mg, 150 mg</i> .....	17
EDURANT.....	28	<i>erlotinib hcl tab 25 mg</i> .....	17
<i>efavirenz cap 200 mg</i> .....	28	<i>ertapenem sodium for inj 1 gm</i> .....	6
<i>efavirenz cap 50 mg</i> .....	28	ERYTHROCIN LACTOBIONATE.....	6
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	28	<i>erythromycin lactobionate for inj 500 mg</i> .....	6
		<i>erythromycin ophth oint 5 mg/gm</i> .....	60

erythromycin soln 2%.....	6	FANAPT.....	25
erythromycin tab 250 mg, 500 mg.....	6	FANAPT TITRATION PACK.....	25
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	6	FARXIGA.....	31
erythromycin w/ delayed release particles cap 250 mg.....	6	felbamate susp 600 mg/5ml.....	9
escitalopram oxalate soln 5 mg/5ml.....	12	felbamate tab 400 mg, 600 mg.....	9
escitalopram oxalate tab 20 mg.....	12	felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	37
escitalopram oxalate tab 5 mg, 10 mg.....	12	fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	37
estradiol & norethindrone acetate tab 1-0.5 mg.....	50	fenofibrate tab 145 mg, 160 mg.....	37
estradiol tab 0.5 mg, 1 mg, 2 mg.....	50	fenofibrate tab 48 mg, 54 mg.....	37
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%).....	50	fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	1
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.....	50	fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/ hr, 75 mcg/hr, 100 mcg/hr.....	1
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.....	50	FERROUS SULFATE.....	44
estradiol vaginal cream 0.1 mg/gm.....	50	ferrous sulfate tab 325 mg (65 mg elemental fe)....	44
estradiol vaginal tab 10 mcg.....	50	FETZIMA.....	12
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml.....	50	FETZIMA TITRATION PACK.....	12
ethambutol hcl tab 100 mg, 400 mg.....	16	FEVERALL INFANTS.....	1
ethosuximide cap 250 mg.....	9	FEVERALL JUNIOR STRENGTH.....	1
ethosuximide soln 250 mg/5ml.....	9	FINACEA.....	41
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	51	finasteride tab 5 mg.....	49
etodolac cap 200 mg.....	1	FINTEPLA.....	9
etodolac cap 300 mg.....	1	FIRMAGON.....	53
etodolac tab 400 mg, 500 mg.....	1	FIRST AID ANTISEPTIC OINT.....	41
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	51	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	37
etravirine tab 100 mg, 200 mg.....	28	FLEET ENEMA.....	46
EULEXIN.....	17	FLEET PEDIATRIC.....	46
EVAC.....	46	fluconazole for susp 10 mg/ml, 40 mg/ml.....	14
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	55	fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	14
everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	17	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	14
everolimus tab 5 mg.....	17	flucytosine cap 250 mg, 500 mg.....	14
everolimus tab for oral susp 2 mg, 5 mg.....	17	fludrocortisone acetate tab 0.1 mg.....	49
everolimus tab for oral susp 3 mg.....	17	flunisolide nasal soln 25 mcg/act (0.025%).....	63
EVOTAZ.....	28	fluocinolone acetate (otic) oil 0.01%.....	61
exemestane tab 25 mg.....	17	fluocinonide cream 0.05%.....	41
EXKIVITY.....	17	fluocinonide emulsified base cream 0.05%.....	42
ezetimibe tab 10 mg.....	37	fluocinonide gel 0.05%.....	42
<b>F</b>		fluorometholone ophth susp 0.1%.....	60
famciclovir tab 125 mg, 250 mg, 500 mg.....	28	FLUOROURACIL.....	42
famotidine for susp 40 mg/5ml.....	46	fluorouracil cream 5%.....	42
famotidine tab 10 mg.....	46	fluorouracil soln 5%.....	42
famotidine tab 20 mg, 40 mg.....	46	fluoxetine hcl cap 10 mg.....	12
		fluoxetine hcl cap 20 mg.....	12
		fluoxetine hcl cap 40 mg.....	12
		fluoxetine hcl solution 20 mg/5ml.....	12
		fluoxetine hcl tab 10 mg.....	12
		fluoxetine hcl tab 20 mg.....	12
		fluphenazine decanoate inj 25 mg/ml.....	25
		FLUPHENAZINE HCL.....	25

<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i> .....	25	<i>gentamicin sulfate inj 10 mg/ml, 40 mg/ml</i> .....	6
FLUPHENAZINE HYDROCHLORIDE.....	25	<i>gentamicin sulfate oint 0.1%</i> .....	42
<i>flurbiprofen sodium ophth soln 0.03%</i> .....	60	<i>gentamicin sulfate ophth soln 0.3%</i> .....	60
<i>flurbiprofen tab 100 mg</i> .....	1	GENVOYA.....	28
FLUTICASONE PROPIONATE/SALMETEROL.....	63	GILOTRIF.....	18
<i>fluticasone propionate cream 0.05%</i> .....	42	GLEOSTINE.....	18
FLUTICASONE PROPIONATE HFA.....	63	<i>glimepiride tab 1 mg</i> .....	31
<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	63	<i>glimepiride tab 2 mg</i> .....	31
<i>fluticasone propionate oint 0.005%</i> .....	42	<i>glimepiride tab 4 mg</i> .....	31
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> .....	63	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	31
<i>fluvoxamine maleate tab 100 mg</i> .....	12	<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i> .....	32
<i>fluvoxamine maleate tab 25 mg, 50 mg</i> .....	12	<i>glipizide tab 10 mg</i> .....	31
<i>folic acid tab 1 mg</i> .....	44	<i>glipizide tab 5 mg</i> .....	31
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i> .....	34	<i>glipizide tab er 24hr 10 mg</i> .....	31
<i>fosamprenavir calcium tab 700 mg</i> .....	28	<i>glipizide tab er 24hr 2.5 mg</i> .....	31
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i> .....	37	<i>glipizide tab er 24hr 5 mg</i> .....	31
FOTIVDA.....	17	GLUCAGEN HYPOKIT.....	32
<i>fructose-dextrose-phosphoric acid oral soln</i> .....	13	<i>glucose gel 40%</i> .....	32
FRUZAQLA.....	17	<i>glyburide micronized tab 1.5 mg</i> .....	32
<i>furosemide inj 10 mg/ml</i> .....	37	<i>glyburide micronized tab 3 mg</i> .....	32
<i>furosemide oral soln 10 mg/ml</i> .....	37	<i>glyburide micronized tab 6 mg</i> .....	32
<i>furosemide oral soln 8 mg/ml</i> .....	37	<i>glyburide tab 1.25 mg</i> .....	32
<i>furosemide tab 20 mg, 40 mg, 80 mg</i> .....	37	<i>glyburide tab 2.5 mg</i> .....	32
FUZEON.....	28	<i>glyburide tab 5 mg</i> .....	32
FYCOMPA.....	9	<i>glycerin suppos 1 gm, 2 gm</i> .....	46
<b>G</b>		<i>glycopyrrolate tab 1 mg, 2 mg</i> .....	46
<i>gabapentin cap 100 mg</i> .....	9	GLYXAMBI.....	32
<i>gabapentin cap 300 mg</i> .....	9	GRANIX.....	34
<i>gabapentin cap 400 mg</i> .....	9	<i>griseofulvin microsize susp 125 mg/5ml</i> .....	14
<i>gabapentin oral soln 250 mg/5ml</i> .....	9	<i>griseofulvin microsize tab 500 mg</i> .....	14
<i>gabapentin tab 600 mg</i> .....	9	<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> .....	14
<i>gabapentin tab 800 mg</i> .....	9	<i>guaifenesin liquid 100 mg/5ml</i> .....	63
GALANTAMINE HYDROBROMIDE.....	11	<i>guaifenesin syrup 100 mg/5ml</i> .....	63
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i> .....	11	<i>guaifenesin tab er 12hr 600 mg, 1200 mg</i> .....	63
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i> .....	11	<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg</i> .....	40
GALZIN.....	44	<b>H</b>	
GAMMAPLEX.....	55	HAEGARDA.....	56
GAMUNEX-C.....	56	<i>halobetasol propionate cream 0.05%</i> .....	42
GARDASIL 9.....	56	<i>halobetasol propionate oint 0.05%</i> .....	42
GATTEX.....	46	<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i> .....	25
GAUZE PADS 2" X 2".....	31	<i>haloperidol lactate inj 5 mg/ml</i> .....	25
GAVILYTE-C.....	46	<i>haloperidol lactate oral conc 2 mg/ml</i> .....	25
GAVRETO.....	17	<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i> .....	25
<i>gefitinib tab 250 mg</i> .....	18	HARVONI.....	28
<i>gemfibrozil tab 600 mg</i> .....	37	HAVRIX.....	56
<i>gentamicin sulfate cream 0.1%</i> .....	42	HEMADY.....	49

<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i> .....	35	<i>hydrocortisone perianal cream 2.5%</i> .....	59
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i> .....	34	<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i> .....	49
<i>heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml</i> .....	35	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	61
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i> .....	35	<i>hydromorphone hcl inj 2 mg/ml</i> .....	1
HEPLISAV-B.....	56	<i>hydromorphone hcl liqd 1 mg/ml</i> .....	1
HIBERIX.....	56	<i>hydromorphone hcl preservative free inj 10 mg/ml</i> .....	2
HUMALOG.....	32	<i>hydromorphone hcl preservative free inj 2 mg/ml</i> .....	2
HUMALOG JUNIOR KWIKPEN.....	32	<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i> .....	2
HUMALOG KWIKPEN.....	32	<i>hydroxychloroquine sulfate tab 200 mg</i> .....	23
HUMALOG MIX 50/50.....	32	<i>hydroxyurea cap 500 mg</i> .....	18
HUMALOG MIX 50/50 KWIKPEN.....	32	<i>hydroxyzine hcl tab 25 mg, 50 mg</i> .....	31
HUMALOG MIX 75/25.....	32	<b>I</b>	
HUMALOG MIX 75/25 KWIKPEN.....	32	<i>ibandronate sodium tab 150 mg</i> .....	59
HUMALOG TEMPO PEN.....	32	IBRANCE.....	18
HUMIRA.....	56	<i>ibuprofen susp 100 mg/5ml</i> .....	2
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	56	<i>ibuprofen susp 100 mg/5ml</i> .....	2
HUMIRA PEN.....	56	<i>ibuprofen tab 200 mg</i> .....	2
HUMIRA PEN-CD/UC/HS STARTER.....	56	<i>ibuprofen tab 400 mg</i> .....	2
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	56	<i>ibuprofen tab 600 mg</i> .....	2
HUMIRA PEN-PS/UV STARTER.....	56	<i>ibuprofen tab 800 mg</i> .....	2
HUMULIN 70/30.....	32	<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> .....	56
HUMULIN 70/30 KWIKPEN.....	32	ICLUSIG.....	18
HUMULIN N.....	32	<i>icosapent ethyl cap 0.5 gm</i> .....	37
HUMULIN N KWIKPEN.....	32	<i>icosapent ethyl cap 1 gm</i> .....	37
HUMULIN R.....	32	IDHIFA.....	18
HUMULIN R U-500 (CONCENTRATE).....	32	<i>imatinib mesylate tab 100 mg</i> .....	18
HUMULIN R U-500 KWIKPEN.....	32	<i>imatinib mesylate tab 400 mg</i> .....	18
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> .....	37	IMBRUVICA.....	18
<i>hydrochlorothiazide cap 12.5 mg</i> .....	37	IMIPENEM/CILASTATIN.....	6
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i> .....	37	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	6
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	1	<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> .....	12
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i> .....	1	<i>imiquimod cream 5%</i> .....	42
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	1	IMOVAX RABIES (H.D.C.V.).....	56
HYDROCORTISONE/ALOE.....	42	IMPAVIDO.....	6
<i>hydrocortisone-aloe vera cream 1%</i> .....	42	INBRIJA.....	24
<i>hydrocortisone cream 0.5%, 1%</i> .....	42	INCRELEX.....	50
<i>hydrocortisone cream 1%</i> .....	42	INCRUSE ELLIPTA.....	63
<i>hydrocortisone cream 2.5%</i> .....	42	<i>indapamide tab 1.25 mg, 2.5 mg</i> .....	37
<i>hydrocortisone enema 100 mg/60ml</i> .....	59	INFANRIX.....	56
<i>hydrocortisone lotion 2.5%</i> .....	42	INLYTA.....	18
<i>hydrocortisone oint 1%</i> .....	42	INQOVI.....	18
<i>hydrocortisone oint 1%</i> .....	42	INREBIC.....	18
<i>hydrocortisone oint 2.5%</i> .....	42	INSULIN SYRINGE/NEEDLE.....	32
<i>hydrocortisone perianal cream 1%</i> .....	59	INTELENCE.....	28
		INTRALIPID.....	44
		INVEGA HAFYERA.....	25
		INVEGA SUSTENNA.....	25
		INVEGA TRINZA.....	25
		IPOL INACTIVATED IPV.....	56

<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i> .....	64	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45%</i> <i>inj</i> .....	44
<i>ipratropium bromide inhal soln 0.02%</i> .....	63	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45%</i> <i>inj</i> .....	44
<i>ipratropium bromide nasal soln 0.03% (21 mcg/</i> <i>spray)</i> .....	64	KERENDIA.....	37
<i>ipratropium bromide nasal soln 0.06% (42 mcg/</i> <i>spray)</i> .....	64	<i>ketoconazole cream 2%</i> .....	14
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg,</i> <i>300-12.5 mg</i> .....	37	<i>ketoconazole shampoo 2%</i> .....	14
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i> .....	37	<i>ketoconazole tab 200 mg</i> .....	14
ISENTRESS.....	28	<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i> .....	60
ISENTRESS HD.....	28	KINRIX.....	56
<i>isoniazid tab 100 mg</i> .....	16	KISQALI.....	18
<i>isoniazid tab 300 mg</i> .....	16	KISQALI FEMARA 200 DOSE.....	18
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30</i> <i>mg</i> .....	37	KISQALI FEMARA 400 DOSE.....	18
<i>isosorbide mononitrate tab 10 mg</i> .....	37	KISQALI FEMARA 600 DOSE.....	18
<i>isosorbide mononitrate tab 20 mg</i> .....	37	KLOXXADO.....	3
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg,</i> <i>120 mg</i> .....	37	KONSYL DAILY FIBER.....	46
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg,</i> <i>40 mg</i> .....	42	KORLYM.....	53
<i>itraconazole cap 100 mg</i> .....	14	KOSELUGO.....	18
<i>ivermectin tab 3 mg</i> .....	23	KRAZATI.....	19
IWILFIN.....	18	<b>L</b>	
IXCHIQ.....	56	<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i> .....	37
IXIARO.....	56	<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i> .....	9
<b>J</b>		<i>lacosamide oral solution 10 mg/ml</i> .....	9
JAKAFI.....	18	<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i> .....	9
JANUMET.....	32	LACRISERT.....	60
JANUMET XR.....	33	<i>lactic acid (ammonium lactate) cream 12%</i> .....	42
JANUVIA.....	33	<i>lactic acid (ammonium lactate) lotion 12%</i> .....	42
JARDIANCE.....	33	<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	46
JAYPIRCA.....	18	<i>lactulose solution 10 gm/15ml</i> .....	46
JENTADUETO.....	33	LAGEVRIO.....	28
JENTADUETO XR.....	33	LAMISIL AT.....	14
JULUCA.....	28	LAMISIL AT JOCK ITCH.....	14
JYNNEOS.....	56	<i>lamivudine oral soln 10 mg/ml</i> .....	28
<b>K</b>		<i>lamivudine tab 100 mg (hbv)</i> .....	28
KALYDECO.....	64	<i>lamivudine tab 150 mg</i> .....	28
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45%</i> <i>inj</i> .....	44	<i>lamivudine tab 300 mg</i> .....	29
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> .....	44	<i>lamivudine-zidovudine tab 150-300 mg</i> .....	29
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2%</i> <i>inj</i> .....	44	<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i> .....	9
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225%</i> <i>inj</i> .....	44	<i>lamotrigine tab chewable dispersible 5 mg, 25</i> <i>mg</i> .....	9
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45%</i> <i>inj</i> .....	44	LANTUS.....	33
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	44	LANTUS SOLOSTAR.....	33
		<i>lapatinib ditosylate tab 250 mg</i> .....	19
		<i>latanoprost ophth soln 0.005%</i> .....	60
		<i>leflunomide tab 10 mg, 20 mg</i> .....	56
		<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i> .....	19
		<i>lenalidomide cap 5 mg, 10 mg</i> .....	19
		<i>lenalidomide caps 2.5 mg</i> .....	19
		LENVIMA 10 MG DAILY DOSE.....	19
		LENVIMA 12MG DAILY DOSE.....	19

LENVIMA 14 MG DAILY DOSE.....	19	levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52
LENVIMA 18 MG DAILY DOSE.....	19	levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52
LENVIMA 20 MG DAILY DOSE.....	19	levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52
LENVIMA 24 MG DAILY DOSE.....	19	LEXIVA.....	29
LENVIMA 4 MG DAILY DOSE.....	19	lidocaine anorectal cream 5%.....	42
LENVIMA 8 MG DAILY DOSE.....	19	lidocaine hcl laryngotracheal soln 4%.....	3
letrozole tab 2.5 mg.....	19	lidocaine hcl soln 4%.....	3
leucovorin calcium tab 25 mg.....	19	lidocaine hcl viscous soln 2%.....	3
leucovorin calcium tab 5 mg, 10 mg, 15 mg.....	19	lidocaine patch 5%.....	3
LEUKERAN.....	19	lidocaine-prilocaine cream 2.5-2.5%.....	3
LEUPROLIDE ACETATE.....	53	linezolid for susp 100 mg/5ml.....	6
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	53	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....	7
levetiracetam oral soln 100 mg/ml.....	9	linezolid iv soln 600 mg/300ml (2 mg/ml).....	7
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	9	linezolid tab 600 mg.....	7
levobunolol hcl ophth soln 0.5%.....	60	LINZESS.....	46
levocarnitine oral soln 1 gm/10ml (10%).....	48	liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg.....	52
levocarnitine tab 330 mg.....	48	lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg.....	37
levocetirizine dihydrochloride tab 5 mg.....	64	lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg.....	37
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml.....	6	lithium carbonate cap 150 mg, 300 mg.....	31
levofloxacin iv soln 25 mg/ml.....	6	lithium carbonate cap 600 mg.....	31
levofloxacin oral soln 25 mg/ml.....	6	lithium carbonate tab 300 mg.....	31
levofloxacin tab 250 mg, 500 mg, 750 mg.....	6	lithium carbonate tab er 300 mg, 450 mg.....	31
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	51	lithium oral solution 8 meq/5ml.....	31
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	51	LONSURF.....	19
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	51	loperamide hcl cap 2 mg.....	46
levonorgestrel tab 1.5 mg.....	51	loperamide hcl cap 2 mg.....	46
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	51	loperamide hcl soln 1 mg/7.5ml.....	46
levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	loperamide hcl tab 2 mg.....	46
levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	29
levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	lopinavir-ritonavir tab 100-25 mg.....	29
levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	lopinavir-ritonavir tab 200-50 mg.....	29
levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	loratadine cap 10 mg.....	64
levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	loratadine chew tab 5 mg.....	64
levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	loratadine oral soln 5 mg/5ml.....	64
levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid).....	52	loratadine rapidly-disintegrating tab 10 mg.....	64
levothyroxine sodium tab 300 mcg (levo-t, unithroid).....	52	loratadine tab 10 mg.....	64
		lorazepam conc 2 mg/ml.....	31
		lorazepam tab 0.5 mg, 1 mg.....	31
		lorazepam tab 2 mg.....	31
		LORBRENA.....	19
		losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg.....	37
		losartan potassium tab 100 mg.....	38
		losartan potassium tab 25 mg, 50 mg.....	38
		lovastatin tab 10 mg, 20 mg, 40 mg.....	38



<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> .....	25	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	11
<i>lubiprostone cap 24 mcg</i> .....	46	<i>memantine hcl tab 5 mg, 10 mg</i> .....	11
<i>lubiprostone cap 8 mcg</i> .....	46	MENACTRA.....	57
LUMAKRAS.....	19	MENEST.....	51
LUMIGAN.....	60	MENQUADFI.....	57
LUPRON DEPOT (1-MONTH).....	53	MENVEO.....	57
LUPRON DEPOT (3-MONTH).....	53	<i>mercaptopurine tab 50 mg</i> .....	20
LUPRON DEPOT (4-MONTH).....	53	<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i> .....	7
LUPRON DEPOT (6-MONTH).....	53	<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i> .....	7
LUPRON DEPOT-PED (1-MONTH).....	53	<i>meropenem iv for soln 500 mg, 1 gm</i> .....	7
LUPRON DEPOT-PED (3-MONTH).....	53	<i>mesalamine cap er 24hr 0.375 gm</i> .....	59
LUPRON DEPOT-PED (6-MONTH).....	53	<i>mesalamine enema 4 gm</i> .....	59
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i> .....	25	<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	59
<i>lurasidone hcl tab 80 mg</i> .....	25	<i>mesalamine suppos 1000 mg</i> .....	59
LYBALVI.....	25	<i>mesalamine tab delayed release 1.2 gm</i> .....	59
LYNPARZA.....	19	MESNEX.....	20
LYSODREN.....	53	<i>metformin hcl tab 1000 mg</i> .....	33
LYTGOBI.....	19	<i>metformin hcl tab 500 mg</i> .....	33
LYUMJEV.....	33	<i>metformin hcl tab 850 mg</i> .....	33
LYUMJEV KWIKPEN.....	33	<i>metformin hcl tab er 24hr 500 mg</i> .....	33
LYUMJEV TEMPO PEN.....	33	<i>metformin hcl tab er 24hr 750 mg</i> .....	33
<b>M</b>		<i>methadone hcl tab 10 mg</i> .....	2
<i>magnesium hydroxide susp 400 mg/5ml</i> .....	46	<i>methadone hcl tab 5 mg</i> .....	2
<i>magnesium oxide tab 400 mg, 420 mg</i> .....	46	<i>methazolamide tab 25 mg, 50 mg</i> .....	38
<i>magnesium sulfate inj 50%</i> .....	44	<i>methenamine hippurate tab 1 gm</i> .....	7
<i>malathion lotion 0.5%</i> .....	42	<i>methimazole tab 5 mg, 10 mg</i> .....	54
<i>maraviroc tab 150 mg</i> .....	29	<i>methocarbamol tab 500 mg, 750 mg</i> .....	65
<i>maraviroc tab 300 mg</i> .....	29	<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	57
MARGENZA.....	19	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	57
MARPLAN.....	12	<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i> .....	57
MATULANE.....	19	<i>methotrexate sodium tab 2.5 mg</i> .....	57
<i>meclizine hcl chew tab 25 mg</i> .....	13	<i>methsuximide cap 300 mg</i> .....	9
<i>meclizine hcl tab 12.5 mg, 25 mg</i> .....	13	<i>methylcellulose powder laxative</i> .....	46
<i>meclizine hcl tab 12.5 mg, 25 mg</i> .....	13	<i>methylcellulose tab 500 mg</i> .....	46
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....	51	<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i> .....	40
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> .....	51	<i>methylphenidate hcl tab er 20 mg</i> .....	40
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> .....	51	<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i> .....	49
<i>mefloquine hcl tab 250 mg</i> .....	23	<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	49
<i>megestrol acetate susp 40 mg/ml</i> .....	51	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> .....	46
<i>megestrol acetate tab 20 mg, 40 mg</i> .....	51	<i>metoclopramide hcl tab 5 mg, 10 mg</i> .....	47
MEKINIST.....	20	<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i> .....	38
MEKTOVI.....	20		
<i>meloxicam tab 15 mg</i> .....	2		
<i>meloxicam tab 7.5 mg</i> .....	2		
<i>memantine hcl oral solution 2 mg/ml</i> .....	11		

<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i> .....	38	<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i> .....	60
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i> .....	38	<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i> .....	60
<i>metronidazole cream 0.75%</i> .....	42	<i>moxifloxacin hcl tab 400 mg</i> .....	7
<i>metronidazole gel 0.75%</i> .....	42	MUCINEX.....	64
<i>metronidazole gel 1%</i> .....	42	MUCINEX DM.....	64
<i>metronidazole iv soln 500 mg/100ml</i> .....	7	MUCINEX MAXIMUM STRENGTH.....	64
<i>metronidazole lotion 0.75%</i> .....	42	<i>mupirocin calcium cream 2%</i> .....	42
<i>metronidazole tab 250 mg, 500 mg</i> .....	7	<i>mupirocin oint 2%</i> .....	42
<i>metronidazole vaginal gel 0.75%</i> .....	7	MURO 128.....	60
<i>metyrosine cap 250 mg</i> .....	38	<i>mycophenolate mofetil cap 250 mg</i> .....	57
<i>mexiletine hcl cap 150 mg</i> .....	38	<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	57
<i>mexiletine hcl cap 200 mg, 250 mg</i> .....	38	<i>mycophenolate mofetil tab 500 mg</i> .....	57
<i>micafungin sodium for iv soln 50 mg, 100 mg</i> .....	14	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i> .....	57
<i>miconazole nitrate cream 2%</i> .....	42	MYRBETRIQ.....	49
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i> .....	14	<b>N</b>	
<i>miconazole nitrate vaginal cream 2%</i> .....	14	<i>nabumetone tab 500 mg</i> .....	2
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i> .....	14	<i>nabumetone tab 750 mg</i> .....	2
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> .....	14	<i>nafcillin sodium for inj 1 gm, 2 gm</i> .....	7
<i>miconazole nitrate vaginal suppos 100 mg</i> .....	14	<i>nafcillin sodium for iv soln 10 gm</i> .....	7
<i>midodrine hcl tab 10 mg</i> .....	38	<i>nafcillin sodium in dextrose inj 1 gm/50ml</i> .....	7
<i>midodrine hcl tab 2.5 mg, 5 mg</i> .....	38	<i>nafcillin sodium in dextrose inj 2 gm/100ml</i> .....	7
<i>mifepristone tab 300 mg</i> .....	53	<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i> .....	3
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<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i> .....	7	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	3
<i>minoxidil tab 2.5 mg, 10 mg</i> .....	38	<i>naltrexone hcl tab 50 mg</i> .....	3
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i> .....	12	<i>naproxen sodium tab 220 mg</i> .....	2
<i>mirtazapine tab 15 mg</i> .....	12	<i>naproxen sodium tab 275 mg</i> .....	2
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i> .....	12	<i>naproxen sodium tab 550 mg</i> .....	2
<i>misoprostol tab 100 mcg, 200 mcg</i> .....	47	<i>naproxen susp 125 mg/5ml</i> .....	2
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<i>modafinil tab 100 mg, 200 mg</i> .....	65	<i>naproxen tab 375 mg</i> .....	2
<i>moexipril hcl tab 7.5 mg, 15 mg</i> .....	38	<i>naproxen tab 500 mg</i> .....	2
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<i>mometasone furoate cream 0.1%</i> .....	42	<i>naproxen tab ec 500 mg</i> .....	2
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<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000</i> <i>unit/ml-1%</i> .....	61	<i>norethindrone acetate tab 5 mg</i> .....	51
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<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i> .....	7	<i>pregabalin cap 225 mg, 300 mg</i> .....	10
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SIVEXTRO.....	7	<i>sumatriptan succinate inj 6 mg/0.5ml.....</i>	15
SKYRIZI.....	58	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....</i>	15
SKYRIZI PEN.....	58	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml.....</i>	15
SODIUM BICARBONATE.....	47	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml.....</i>	15
<i>sodium bicarbonate tab 325 mg, 650 mg.....</i>	47	<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg.....</i>	15
<i>sodium chloride hypertonic ophth oint 5%.....</i>	61	<i>sunitinib malate cap 12.5 mg.....</i>	21
<i>sodium chloride hypertonic ophth soln 5%.....</i>	61	<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg.....</i>	21
<i>sodium chloride iv soln 0.45%, 0.9%.....</i>	45	SUNLENCA.....	30
<i>sodium chloride preservative free inj 0.9%.....</i>	45	SUPREP BOWEL PREP KIT.....	48
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</i>	49	SUTAB.....	48
SODIUM OXYBATE.....	65	SYMPAZAN.....	10
<i>sodium phenylbutyrate oral powder 3 gm/ teaspoonful.....</i>	48	SYMTUZA.....	30
<i>sodium phenylbutyrate tab 500 mg.....</i>	48	SYNAREL.....	54
<i>sodium phosphates - enema.....</i>	47	SYNJARDY.....	33
<i>sodium polystyrene sulfonate powder.....</i>	45	SYNJARDY XR.....	34
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.....</i>	47	SYNRIBO.....	21
SOLTAMOX.....	21	SYNTHROID.....	52
SOMAVERT.....	54	<b>T</b>	
<i>sorafenib tosylate tab 200 mg.....</i>	21	TABLOID.....	21
SORBITOL.....	47	TABRECTA.....	21
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....</i>	39	<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg.....</i>	58
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg.....</i>	39	<i>tacrolimus oint 0.03%, 0.1%.....</i>	43
SPIRIVA HANDIHALER.....	65	TAFINLAR.....	21
SPIRIVA RESPIMAT.....	65	TAGRISSO.....	21
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg.....</i>	39	TALZENNA.....	21
<i>spironolactone tab 25 mg, 50 mg, 100 mg.....</i>	39	<i>tamoxifen citrate tab 10 mg, 20 mg.....</i>	21
SPRITAM.....	10		
SPRYCEL.....	21		
SPS.....	45		

<i>tamsulosin hcl cap 0.4 mg</i> .....	49	<i>tizanidine hcl tab 2 mg, 4 mg</i> .....	27
TASIGNA.....	21	<i>tobramycin-dexamethasone ophth susp</i>	
<i>tasimelteon capsule 20 mg</i> .....	65	0.3-0.1%.....	61
<i>tazarotene cream 0.1%</i> .....	43	<i>tobramycin nebu soln 300 mg/5ml</i> .....	65
<i>tazarotene gel 0.05%, 0.1%</i> .....	43	<i>tobramycin ophth soln 0.3%</i> .....	61
TAZICEF.....	7	TOBRAMYCIN SULFATE.....	8
TAZORAC.....	43	<i>tobramycin sulfate for inj 1.2 gm</i> .....	8
TAZVERIK.....	21	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i> .....	8
TDVAX.....	58	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2</i>	
TEFLARO.....	8	<i>gm/30ml (40 mg/ml)</i> .....	8
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i> .....	39	<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i> .....	49
<i>temazepam cap 15 mg, 30 mg</i> .....	65	<i>topiramate sprinkle cap 15 mg, 25 mg</i> .....	10
TENIVAC.....	58	<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	10
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	30	<i>toremifene citrate tab 60 mg</i> .....	21
TEPMETKO.....	21	<i>torse mide tab 5 mg, 10 mg, 20 mg, 100 mg</i> .....	39
<i>terazosin hcl cap 1 mg</i> .....	39	TOUJEO MAX SOLOSTAR.....	34
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i> .....	39	TOUJEO SOLOSTAR.....	34
<i>terbinafine hcl cream 1%</i> .....	15	TRADJENTA.....	34
<i>terbinafine hcl tab 250 mg</i> .....	15	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	2
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i> .....	65	<i>tramadol hcl tab 50 mg</i> .....	2
<i>terconazole vaginal cream 0.4%, 0.8%</i> .....	15	<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300</i>	
<i>terconazole vaginal suppos 80 mg</i> .....	15	<i>mg</i> .....	2
<i>testosterone cypionate im inj in oil 100 mg/ml, 200</i>		<i>trandolapril tab 1 mg, 2 mg, 4 mg</i> .....	39
<i>mg/ml</i> .....	52	<i>tranexamic acid tab 650 mg</i> .....	35
TESTOSTERONE ENANTHATE.....	52	<i>tranylcypro mine sulfate tab 10 mg</i> .....	12
<i>testosterone td gel 12.5 mg/act (1%)</i> .....	52	TRAVASOL.....	45
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> .....	52	<i>travoprost ophth soln 0.004% (benzalkonium free)</i>	
<i>testosterone td gel 20.25 mg/act (1.62%)</i> .....	52	<i>(bak free)</i> .....	61
<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	52	<i>trazodone hcl tab 300 mg</i> .....	13
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i> .....	52	<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i> .....	12
<i>testosterone td gel 50 mg/5gm (1%)</i> .....	52	TRECATOR.....	16
<i>tetrabenazine tab 12.5 mg</i> .....	40	TRELEGY ELLIPTA.....	65
<i>tetrabenazine tab 25 mg</i> .....	40	TRELSTAR MIXJECT.....	54
<i>tetracycline hcl cap 250 mg, 500 mg</i> .....	8	<i>tretinoin cap 10 mg</i> .....	21
THALOMID.....	21	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i> .....	43
<i>theophylline tab er 12hr 300 mg, 450 mg</i> .....	65	<i>tretinoin gel 0.01%, 0.025%</i> .....	43
<i>theophylline tab er 24hr 400 mg, 600 mg</i> .....	65	<i>triamcinolone acetonide cream 0.025%, 0.1%,</i>	
<i>thiamine hcl inj 100 mg/ml</i> .....	45	0.5%.....	43
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100</i>		<i>triamcinolone acetonide dental paste 0.1%</i> .....	41
<i>mg</i> .....	26	<i>triamcinolone acetonide lotion 0.025%, 0.1%</i> .....	43
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i> .....	26	<i>triamcinolone acetonide oint 0.025%, 0.1%</i> .....	43
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i> .....	10	<i>triamcinolone acetonide oint 0.5%</i> .....	43
TIBSOVO.....	21	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25</i>	
TICOVAC.....	58	<i>mg</i> .....	39
<i>tigecycline for iv soln 50 mg</i> .....	8	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg,</i>	
<i>timolol maleate ophth gel forming soln 0.25%,</i>		75-50 mg.....	39
0.5%.....	61	<i>trientine hcl cap 250 mg</i> .....	45
<i>timolol maleate ophth soln 0.25%, 0.5%</i> .....	61	<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i> ....	26
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i> .....	39	TRIFLURIDINE.....	61
<i>tioconazole vaginal oint 6.5%</i> .....	15	TRIKAFTA.....	65
TIVICAY.....	30	<i>trimethoprim tab 100 mg</i> .....	8
TIVICAY PD.....	30		



<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i> .....	13	<i>varenicline tartrate tab 0.5 mg, 1 mg</i> .....	4
TRINTELLIX.....	13	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	4
TRIUMEQ.....	30	VARIVAX.....	59
TRIUMEQ PD.....	30	VASCEPA.....	40
TRIZIVIR.....	30	VELIVET.....	52
TROPHAMINE.....	45	VELTASSA.....	45
TRULICITY.....	34	VENCLEXTA.....	22
TRUMENBA.....	58	VENCLEXTA STARTING PACK.....	22
TRUQAP.....	21	VENLAFAXINE BESYLATE ER.....	13
TUKYSA.....	22	<i>venlafaxine hcl cap er 24hr 150 mg</i> .....	13
TUMS.....	48	<i>venlafaxine hcl cap er 24hr 37.5 mg</i> .....	13
TUMS EXTRA STRENGTH 750.....	48	<i>venlafaxine hcl cap er 24hr 75 mg</i> .....	13
TURALIO.....	22	<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i> .....	13
TWINRIX.....	58	VENTOLIN HFA.....	65
TYBOST.....	30	<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> .....	40
TYMLOS.....	59	<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i> .....	40
TYPHIM VI.....	58	<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i> .....	40
<b>U</b>		VERQUVO.....	40
<i>ursodiol cap 300 mg</i> .....	48	VERSACLOZ.....	27
<i>ursodiol tab 250 mg</i> .....	48	VERZENIO.....	22
<i>ursodiol tab 500 mg</i> .....	48	VICTOZA.....	34
UZEDY.....	26	<i>vigabatrin powd pack 500 mg</i> .....	10
<b>V</b>		<i>vigabatrin tab 500 mg</i> .....	10
<i>valacyclovir hcl tab 500 mg, 1 gm</i> .....	30	<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i> .....	13
VALCHLOR.....	22	VIRACEPT.....	30
<i>valganciclovir hcl for soln 50 mg/ml</i> .....	30	VIREAD.....	30
<i>valganciclovir hcl tab 450 mg</i> .....	30	<i>vitamins a &amp; d oint</i> .....	43
<i>valproate sodium oral soln 250 mg/5ml</i> .....	10	VITRAKVI.....	22
<i>valproic acid cap 250 mg</i> .....	10	VIZIMPRO.....	22
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i> .....	40	VONJO.....	22
<i>valsartan tab 320 mg</i> .....	40	<i>voriconazole for inj 200 mg</i> .....	15
<i>valsartan tab 40 mg, 80 mg, 160 mg</i> .....	40	<i>voriconazole for susp 40 mg/ml</i> .....	15
VALTOCO 10 MG DOSE.....	10	<i>voriconazole tab 50 mg, 200 mg</i> .....	15
VALTOCO 15 MG DOSE.....	10	VOSEVI.....	30
VALTOCO 20 MG DOSE.....	10	VOTRIENT.....	22
VALTOCO 5 MG DOSE.....	10	VRAYLAR.....	27
VANCOMYCIN.....	8	VYNDAQEL.....	48
VANCOMYCIN HCL.....	8	<b>W</b>	
<i>vancomycin hcl cap 125 mg</i> .....	8	<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> .....	35
<i>vancomycin hcl cap 250 mg</i> .....	8	WELIREG.....	22
<i>vancomycin hcl for iv soln 100 gm</i> .....	8	<b>X</b>	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i> .....	8	XALKORI.....	22
VANCOMYCIN HYDROCHLORIDE.....	8	XARELTO.....	35
VANCOMYCIN HYDROCHLORIDE/DEXTROSE.....	8	XARELTO STARTER PACK.....	35
VANDAZOLE.....	8	XATMEP.....	59
VANFLYTA.....	22	XCOPRI.....	10
VAQTA.....	58	XELJANZ.....	59

XELJANZ XR.....	59
XERMELO.....	48
XGEVA.....	59
XIFAXAN.....	48
XIGDUO XR.....	34
XOFLUZA.....	30
XOLAIR.....	59
XOSPATA.....	22
XPOVIO.....	22
XPOVIO 60 MG TWICE WEEKLY.....	22
XPOVIO 80 MG TWICE WEEKLY.....	22
XTANDI.....	22

**Y**

YF-VAX.....	59
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**Z**

<i>zafirlukast tab 10 mg, 20 mg.....</i>	65
<i>zaleplon cap 10 mg.....</i>	65
<i>zaleplon cap 5 mg.....</i>	65
ZEJULA.....	23
ZELBORAF.....	23
ZENPEP.....	49
<i>zidovudine cap 100 mg.....</i>	30
<i>zidovudine syrup 10 mg/ml.....</i>	30
<i>zidovudine tab 300 mg.....</i>	30
<i>ziprasidone hcl cap 20 mg, 40 mg.....</i>	27
<i>ziprasidone hcl cap 60 mg, 80 mg.....</i>	27
<i>ziprasidone mesylate for inj 20 mg.....</i>	27
ZOKINVY.....	49
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml....</i>	60
ZOLINZA.....	23
<i>zolpidem tartrate tab 5 mg, 10 mg.....</i>	65
ZONISADE.....	11
<i>zonisamide cap 25 mg, 50 mg, 100 mg.....</i>	11
ZTALMY.....	11
ZURZUVAE.....	13
ZYDELIG.....	23
ZYKADIA.....	23
ZYPREXA RELPREVV.....	27



## Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup>

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

For more recent information or other questions, contact us at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Or visit <https://www.bcbsil.com/mmai>.

For questions about enrolling call: Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free. Website: [enrollhfs.illinois.gov](https://enrollhfs.illinois.gov)

This formulary was updated on 04/15/2024.

Blue Cross Community MMAI (Medicare-Medicaid Plan) is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.