



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

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

# 2023 List of Covered Drugs (FORMULARY)

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

HPMS Approved Formulary File ID: 00023195

Effective January 2023

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 11/13/2023

# Blue Cross Community MMAI<sup>SM</sup> | 2023 *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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**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 2023 LIST OF COVERED DRUGS**

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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.

**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 2023 LIST OF COVERED DRUGS

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:

- 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 <http://www.hhs.gov/ocr/office/file/index.html>.

**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>.**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. 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.

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: 7-1-1). Atención disponible los siete (7) días de la semana. El horario de atención por teléfono es de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del centro. Servicio de correo de voz disponible los fines de semana y los días feriados federales. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada a más tardar el siguiente día hábil. La llamada es gratuita.

UWAGA: Osoby posługujące się językiem angielskim mogą bezpłatnie skorzystać z pomocy językowej. Prosimy zadzwonić do Działu Obsług Członków pod numer 1-877-723-7702 (TTY: 711). Jesteśmy dostępni siedem (7) dni w tygodniu. Nasza informacja telefoniczna jest czynna od poniedziałku do piątku, w godzinach od 8:00 a.m. do 8:00 p.m. czasu centralnego. W weekendy oraz święta federalne dostępna jest poczta głosowa. W przypadku pozostawienia takiej wiadomości przedstawiciel Działu Obsługi Członków skontaktuje się z Państwem najpóźniej następnego dnia roboczego. Połączenie jest bezpłatne.

注意：如果您說英語，則可以免費使用語言幫助服務。請致電會員服務部，電話：1-877-723-7702（聽障專線(TTY)：711）。我們的上班時間每週七(7)天。我們的服務中心開放時間為週一至週五，上午8點至晚上8點(中部時間)。在週末和聯邦假日，可以使用語音訊息。如果您使用語音留言，會員服務部代表將在不遲於下一個工作日回電給您。這是免付費專線。

주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702(TTY: 711)번으로 회원 서비스 부서에 전화하십시오. 전화 서비스는 주 칠(7)일 이용이 가능합니다. 당사의 콜센터는 월요일 ~ 금요일 오전 8시 ~ 오후 8시(중부 표준시)까지 영업합니다. 주말 및 연방 공휴일에는 음성 메시지를 남기실 수 있습니다. 음성 메시지를 남기시면 회원 서비스 안내 직원이 다음 영업일 내로 답신 전화를 드릴 것입니다. 이 통화는 무료입니다.

PAUNAWA: Kung nagsasalita kayo ng wikang Ingles, mayroon kayong makukuhang mga libreng serbisyo para sa tulong sa wika. Tumawag sa Member Services sa 1-877-723-7702 (TTY: 711). Matatawagan kami pitong (7) araw bawat linggo. Bukas ang aming call center ng Lunes-Biyernes 8:00 a.m. – 8:00 p.m. Central time. Kapag weekend at Pederal na pista-opisyal, may voice messaging. Kapag nag-iwan ka ng voice message, tatawagan ka ng kinatawan ng Member Services nang hindi lalagpas sa susunod na araw ng negosyo. Libre ang tawag.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-723-7702 (رقم هاتف الصم والبكم: 711).

**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 2023 LIST OF COVERED DRUGS

**ВНИМАНИЕ:** Если вы говорите на русском языке, мы можем предоставить вам бесплатные услуги переводчика. Позвоните в отдел обслуживания участников по телефону: 1-877-723-7702 (TTY: 711). Мы работаем 7 (семь) дней в неделю. Наш колл-центр работает с понедельника по пятницу с 8:00 до 20:00 по центральному часовому поясу. По выходным и федеральным праздникам доступна запись голосовых сообщений. Если вы оставите голосовое сообщение, представитель отдела обслуживания участников перезвонит вам не позднее следующего рабочего дня. Звонок бесплатный.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با  
1-877-723-7702 (TTY: 711) تماس بگیرید.

**LƯU Ý:** Nếu quý vị không nói Tiếng Anh, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Hãy gọi cho Dịch vụ Hội viên theo số 1-877-723-7702 (TTY: 711). Chúng tôi làm việc bảy (7) ngày một tuần. Trung tâm chăm sóc của chúng tôi mở cửa từ Thứ Hai đến Thứ Sáu, 8 giờ sáng - 8 giờ tối theo giờ miền Trung. Vào các ngày cuối tuần và ngày lễ của Liên bang, sẽ có tính năng nhắn tin thoại. Nếu quý vị để lại tin nhắn thoại, nhân viên của bộ phận Dịch vụ Thành viên sẽ gọi lại cho quý vị không muộn hơn ngày làm việc tiếp theo. Cuộc gọi được miễn phí.

**ATTENZIONE:** se parla inglese, sono disponibili per Lei servizi gratuiti di assistenza linguistica. Chiami il Servizio per i membri al numero 1-877-723-7702 (TTY: 711). Siamo disponibili sette (7) giorni su sette. Il nostro centralino è aperto dal lunedì al venerdì dalle 8 alle 20 (fuso orario centrale degli Stati Uniti). Nei fine settimana e durante le festività federali, è disponibile un servizio di segreteria telefonica. Se lascia un messaggio vocale, un addetto del Servizio per i membri La ricontatterà entro il successivo giorno lavorativo. La chiamata è gratuita.

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आप के लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को 1-877-723-7702 (TTY: 711) पर कॉल करें। हम सप्ताह में सातों (7) दिनों उपलब्ध हैं। हमारा कॉल सेंटर सोमवार-शुक्रवार सेंट्रल टाइम के अनुसार सुबह 8:00 बजे से शाम 8:00 बजे तक खुला रहता है। सप्ताहांतों और संघीय अवकाशों पर, वॉइस संदेश सेवा उपलब्ध है। यदि आप वॉइस संदेश छोड़ते हैं, तो सदस्य सेवाओं का एक प्रतिनिधि अगले व्यापार दिवस से पहले आपको वापस कॉल करेगा। यह कॉल निःशुल्क है।

**ATTENTION :** si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au 1-877-723-7702 (service TTY : 711). Nous sommes disponibles sept (7) jours sur sept. Notre centre d'appels est ouvert du lundi au vendredi de 8 h 00 à 20 h 00, heure du Centre. Un service de messagerie vocale est disponible les week-ends et jours fériés. Si vous laissez un message vocal, un représentant du Service adhérents vous rappellera au plus tard le jour ouvrable suivant. L'appel est gratuit.

**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>.**

ACHTUNG: Wenn Sie Englisch sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst an unter 1-877-723-7702 (TTY: 711). Wir sind rund um die Uhr sieben (7) Tage in der Woche für Sie da. Unser Call Center ist montags bis freitags von 8:00 – 20:00 Uhr Central Time geöffnet. An Wochenenden und gesetzlichen Feiertagen können Sprachnachrichten hinterlassen werden. Wenn Sie eine Sprachnachricht hinterlassen, werden Sie spätestens am nächsten Werktag von einem Mitarbeiter des Mitgliederdienstes zurückgerufen. Der Anruf ist kostenlos.

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm nan 1-877-723-7702 (TTY: 711). Nou disponib sèt (7) jou sou sèt. Sant dapèl nou an louvri Lendi-Vandredi 8:00 a.m. – 8:00 p.m. Lè zòn santral. Nan wikenn ak jou ferye Federal, gen mesaj vwa disponib. Si w kite yon mesaj vwa, yon reprezantan Sèvis Manm ap retounen w apèl la oplita nan pwochen jou ouvrab la. Apèl la gratis.

お知らせ：日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。メンバーサービスまで1-877-723-7702 (TTY: 711) にお電話ください。週7日ご利用いただけます。コールセンターの営業時間は月～金曜日の午前8:00～午後8:00 (米国中部時間) です。週末と連邦祝日には、音声メッセージサービスをご利用いただけます。音声メッセージを残していただければ、メンバーサービスの担当者が遅くても翌営業日に折り返しご連絡いたします。通話料は無料です。

ATENÇÃO: Se fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Ligue para o Serviço de Apoio a Associados através do número 1-877-723-7702 (TTY: 711). Estamos disponíveis sete (7) dias por semana. A nossa central de atendimento está aberta de segunda a sexta-feira, das 8 h às 20 h, horário central dos E.U.A. Aos fins de semana e feriados federais, estão disponíveis mensagens de voz. Se deixar uma mensagem de voz, um representante do Serviço de Apoio a Associados irá devolver a sua chamada o mais tardar no dia útil seguinte. A chamada é gratuita.

**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>.**



## 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).
- 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 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>.**

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.
- **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.

**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>.**

**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.

---

**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.
- **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 1-66. 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.

---

**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 xi has a column labeled "Necessary actions, restrictions, or limits on use."

**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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## **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.

---

## **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.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index that begins on Page 67.

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.

---

## **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.

**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 2023 LIST OF COVERED DRUGS

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

- you are taking a drug that is not on our Drug List, **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**
- 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.

**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>.**

- 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.

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### **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.

**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>.**

## **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.

**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>.**

## 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 67. 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

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.

**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 2023 LIST OF COVERED DRUGS

2023 DOSAGE FORM ABBREVIATION KEY			
<b>act</b>	actuation	<b>ad</b>	adsorbed
<b>adjuv</b>	adjuvant	<b>aepb</b>	aerosol powder blister
<b>aer, aers, aero</b>	aerosol	<b>afib/afI</b>	atrial fibrillation/atrial flutter
<b>app</b>	applicator	<b>ba, br act, 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
<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

**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>.**

2023 DOSAGE FORM ABBREVIATION KEY			
<b>pak</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, prefill</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>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.

**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**). 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.

**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>.**

## 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

**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>.**

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>ADVIL - ibuprofen tab 200 mg</i>	3	MC
<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%</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)
<i>FEVERALL INFANTS - acetaminophen suppos 80 mg</i>	3	MC
<i>FEVERALL JUNIOR STRENGTH - acetaminophen suppos 325 mg</i>	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

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 liqd 1 mg/ml</i>	2	QL (1440 mls/30 days)
<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)

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>tramadol hcl tab 100 mg</i>	1	QL (120 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tablets/30 days)
<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	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	1	
<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 SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	MC
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2	
<i>varenicline tartrate tab 0.5 mg, 1 mg</i>	2	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</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
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam for inj 1 gm</i>	2	
<i>BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml</i>	2	
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	1	
<i>CEFAZOLIN - cefazolin sodium for iv soln 2 gm</i>	2	
<i>cefazolin sodium for inj 2 gm</i>	2	
<i>cefazolin sodium for inj 500 mg, 1 gm</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (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	

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>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	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	2	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2	
<i>clarithromycin tab 250 mg, 500 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>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 300 mg/2ml, 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, 150 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 40 mg/ml</i>	2	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml	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
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</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>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>	1	
<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>paromomycin sulfate cap 250 mg</i>	2	
<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	
SUPRAX - cefixime chew tab 100 mg, 200 mg	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
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	2	
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%	2	
VANDAOLE - 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	
CELONTIN - methsuximide cap 300 mg	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA, QL (480 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.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>clobazam tab 10 mg, 20 mg</i>	2	PA, QL (60 tablets/30 days)
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>	2	
<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>	2	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	
SYMPAZAN - clobazam oral film 5 mg	2	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	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	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	2	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml	2	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml	2	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	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)
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	2	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	2	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	2	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	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
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	2	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>	2	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)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	2	QL (1 kit/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	2	QL (30 tablets/30 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 tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	2	PA (>=65 yr)
<i>dimenhydrinate tab 50 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 syrup 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)
<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>casprofungin acetate for iv soln 50 mg, 70 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>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 cream 1%</i>	3	MC
<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>	2	
<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%, 4% (200 mg/5gm)</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 susp 40 mg/ml	2	PA
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	
<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

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>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>	1	
<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>	2	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>	1	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	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	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 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
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	
TRECATOR - 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	
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 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)
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)

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
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	2	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)
GAVRETO - pralsetinib cap 100 mg	2	PA, QL (120 capsules/30 days)
<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)

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
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)
IRESSA - gefitinib tab 250 mg*	2	PA, QL (30 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)
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)

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
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</i>	1	
<i>leucovorin calcium tab 10 mg, 15 mg, 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
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)

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
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)
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)
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)

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
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
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)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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)
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)
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>	1	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM - artemether-lumefantrine tab 20-120 mg	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>ivermectin tab 3 mg</i>	1	PA

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<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	
<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 (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	2	PA (>=65 yr), 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
<i>aripiprazole tab 2 mg, 5 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	2	PA (>=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 (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 150 mg</i>	2	PA (>=65 yr), QL (180 tablets/30 days)
<i>clozapine orally disintegrating tab 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	1	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
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)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	2	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	2	QL (60 tablets/30 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	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	2	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)
<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 - pimozone tab 1 mg, 2 mg	2	
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)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	2	PA (>=65 yr), QL (60 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<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)
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>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	2	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
<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 - bictegrovir-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)
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)

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>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 - elvitegrav-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	
<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)
<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 oral soln 80 mg/ml	2	QL (480 mls/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)

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
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2	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)
PREZISTA - darunavir tab 600 mg	2	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	2	QL (30 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	
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	2	
<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-tenofovd tab 150-150-200-300 mg	2	QL (30 tablets/30 days)
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-tenofov 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)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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>bupirone 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)
<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)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Bipolar Agents</b>		
LITHIUM - lithium oral solution 8 meq/5ml	2	
<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	
<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	QL (4 pens/28 days), ST
<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)
<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)

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
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	2	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	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)
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)

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
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)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	1	QL (75 tablets/30 days)
nateglinide tab 60 mg	1	QL (180 tablets/30 days)
nateglinide tab 120 mg	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	QL (1 pen/28 days), ST
pioglitazone hcl tab 15 mg	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg, 45 mg	1	QL (30 tablets/30 days)
repaglinide tab 0.5 mg	2	QL (960 tablets/30 days)
repaglinide tab 1 mg	2	QL (480 tablets/30 days)
repaglinide tab 2 mg	2	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	1	QL (30 tablets/30 days), ST
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	1	QL (120 tablets/30 days)
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	QL (4 pens/28 days), ST

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	QL (3 pens/30 days), ST
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</i>	1	
<i>anagrelide hcl cap 1 mg</i>	2	
<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)
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, 480 mcg/1.6ml (300 mcg/ml)	2	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	1	
<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 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

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<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>	2	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	
<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 16 mg</i>	2	QL (60 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 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>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	
<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	

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>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>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, 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)
<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, 50 mg, 100 mg, 200 mg</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, 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</i>	2	QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>niacin tab er 750 mg, 1000 mg</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	
NITRO-BID - nitroglycerin oint 2%	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>	1	
<i>pentoxifylline tab er 400 mg</i>	1	
<i>perindopril erbumine tab 2 mg, 4 mg, 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)
<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 20-12.5 mg, 20-25 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<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)

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>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>toremide 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	
<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	
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 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)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	QL (120 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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>	2	PA, QL (90 tablets/30 days)
<i>NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg</i>	1	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)
<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
ALOE VESTA PROTECTIVE - skin protectants misc - ointment	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>bacitracin-polymyxin b oint</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 SURGICAL SCRUB - povidone-iodine soln 7.5%	3	MC

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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>	2	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>	2	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	
<i>dibucaine perianal ointment 1%</i>	3	MC
DIFFERIN - adapalene gel 0.1%	3	MC
FINACEA - azelaic acid foam 15%	1	
<i>fluocinonide cream 0.05%</i>	1	QL (120 grams/30 days)
<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%, 5%	1	
<i>fluorouracil cream 5%</i>	2	
<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 0.5%, 1%</i>	3	MC
<i>hydrocortisone oint 1%</i>	1	

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<b>Name of Drug</b>	<b>Drug Tier Level</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone-aloë vera cream 0.5%</i>	3	MC
<i>hydrocortisone-aloë vera cream 1%</i>	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>ivermectin cream 1%</i>	1	PA
<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)
<i>neomycin-bacitracin-polymyxin oint</i>	3	MC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	3	MC
<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 oint 10%</i>	3	MC
<i>povidone-iodine soln 7.5%, 10%</i>	3	MC
<i>povidone-iodine swabs 10%</i>	3	MC
<i>pramoxine hcl perianal foam 1%</i>	3	MC
PROCTOFOAM - pramoxine hcl perianal foam 1%	3	MC
<i>pyrantel pamoate susp 144 mg/ml</i>	3	MC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	3	MC
SANTYL - collagenase oint 250 unit/gm	1	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</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>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
<i>zinc oxide oint 20%</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 cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate tab 667 mg</i>	1	
<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	3	MC
<i>calcium carbonate-vitamin d 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
<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%, 0.33%, 0.45%, 0.9%</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
FERAHEME - ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)	3	MC
FERRLECIT - sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	3	MC
FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	3	MC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	3	MC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	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
<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)</i>	3	MC
<i>folic acid inj 5 mg/ml</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
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml	3	MC
INFED - iron dextran inj 50 mg/ml (elemental iron)	3	MC
INFUVITE PEDIATRIC - pediatric multiple vitamins iv soln	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	
M.V.I. PEDIATRIC - pediatric multiple vitamins for iv soln	3	MC
MAGNEBIND 300 - calcium carbonate-magnesium carbonate tab 250-300 mg	3	MC
<i>magnesium sulfate inj 50%</i>	2	
MEPHYTON - phytonadione tab 5 mg	3	MC
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	
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	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
<i>sevelamer carbonate packet 0.8 gm</i>	2	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	2	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	3	MC
<i>sodium chloride iv soln 0.45%, 0.9%</i>	2	
<i>sodium chloride preservative free inj 0.9%</i>	2	
<i>sodium polystyrene sulfonate powder</i>	1	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
<i>thiamine hcl inj 100 mg/ml</i>	3	MC
TRAVASOL - amino acid infusion 10%	2	BD
<i>trientine hcl cap 250 mg</i>	2	PA, QL (240 capsules/30 days)
TRIFERIC - ferric pyrophosphate citrate pack 272 mg (fe equiv)	3	MC
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>		
<i>alosetron hcl tab 0.5 mg, 1 mg</i>	2	PA, QL (60 tablets/30 days)
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i>	3	MC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	3	MC
ALUMINUM HYDROXIDE - aluminum hydroxide gel susp 320 mg/5ml	3	MC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	3	MC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml, 508-475 mg/10ml</i>	3	MC
<i>benzocaine-docusate sodium rectal enema 20-283 mg</i>	3	MC
<i>bisacodyl suppos 10 mg</i>	3	MC
<i>bisacodyl tab delayed release 5 mg</i>	3	MC
<i>bismuth subsalicylate chew tab 262 mg</i>	3	MC
<i>bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml</i>	3	MC
<i>bismuth subsalicylate tab 262 mg</i>	3	MC
<i>calcium carbonate (antacid) chew tab 500 mg, 750 mg</i>	3	MC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	3	MC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	3	MC
<i>calcium polycarbophil tab 625 mg</i>	3	MC
CHENODAL - chenodiol tab 250 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
COLACE - docusate sodium cap 100 mg	3	MC
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 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 syrup 60 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 LIQUID GLYCERIN SUPPOSITORIES - glycerin enema adult 5.4 gm/average delivered dose	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	
GAVISCON - aluminum hydroxide-magnesium trisilicate chew tab 80-14.2 mg	3	MC
GLYCERIN ADULT - glycerin suppos 2 gm	3	MC
<i>glycerin suppos 1 gm, 1.2 gm, 2 gm</i>	3	MC
<i>glycopyrrolate tab 1 mg, 2 mg</i>	1	
KONSYL DAILY FIBER - psyllium powder 60.3%, 100%	3	MC
KONSYL DAILY FIBER - psyllium powder packet 28.3%, 60.3%	3	MC
KONSYL ORIGINAL DAILY FIBER - psyllium powder packet 100%	3	MC
KONSYL-D - psyllium powder 52.3%	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)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
LITTLE REMEDIES SALINE SPRAY/DROPS - saline nasal soln	3	MC
<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 concentrate 2400 mg/10ml</i>	3	MC
<i>magnesium hydroxide susp 400 mg/5ml</i>	3	MC
<i>magnesium oxide tab 400 mg, 420 mg</i>	3	MC
METAMUCIL - psyllium powder 48.57%	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	
<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	
<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 suppos 1 gm	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	
PEPTO-BISMOL - bismuth subsalicylate chew tab 262 mg	3	MC
<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 28.3%, 43%, 48.57%, 58.6%, 100%</i>	3	MC
<i>ranitidine hcl tab 75 mg</i>	3	MC
<i>saline nasal spray 0.65%</i>	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
SENNA LEAVES - senna leaves	3	MC
SENNA PLUS - 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
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	
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
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg, 500 mg</i>	2	
XIFAXAN - rifaximin tab 550 mg	2	PA, QL (90 tablets/30 days)
ZANTAC 75 - ranitidine hcl tab 75 mg	3	MC
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine powder for oral solution</i>	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	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
CYTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	2	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	2	
<i>miglustat cap 100 mg*</i>	2	PA, QL (90 capsules/30 days)
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	2	
ORFADIN - nitisinone cap 20 mg*	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
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
REVCIVI - elapegademase-lvr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2	
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	2	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	PA
<i>sodium phenylbutyrate tab 500 mg</i>	2	PA
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit	1	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	2	PA, QL (120 capsules/30 days)
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	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
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	1	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	2	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	3	MC
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	2	QL (30 capsules/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>dexamethasone elixir 0.5 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>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
HEMADY - dexamethasone tab 20 mg	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
<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 solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	PA
OMNITROPE - somatropin for inj 5.8 mg	2	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ANDRODERM - testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr	1	PA, QL (30 patches/30 days)
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
<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 estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 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
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#	2	
estradiol & norethindrone acetate tab 1-0.5 mg#	2	
estradiol tab 0.5 mg, 1 mg, 2 mg#	1	
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%)#	2	
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#	2	
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#	1	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	2	
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	2	
levonorgestrel tab 1.5 mg	3	MC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	2	
medroxyprogesterone acetate im susp 150 mg/ml	2	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	1	
megestrol acetate susp 40 mg/ml#	2	
megestrol acetate tab 20 mg, 40 mg#	1	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#	2	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg	2	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-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
<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	
<i>raloxifene hcl tab 60 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml</i>	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)
<i>VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	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	

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>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 - <i>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
KORLYM - <i>mifepristone tab 300 mg*</i>	2	PA, QL (120 tablets/30 days)
LYSODREN - <i>mitotane tab 500 mg</i>	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	1	
ELIGARD - <i>leuprolide acetate for subcutaneous inj kit 7.5 mg</i>	2	PA
ELIGARD - <i>leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg</i>	2	PA
ELIGARD - <i>leuprolide acetate (4 month) for subcutaneous inj kit 30 mg</i>	2	PA
ELIGARD - <i>leuprolide acetate (6 month) for subcutaneous inj kit 45 mg</i>	2	PA
FIRMAGON - <i>degarelix acetate for inj 80 mg, 120 mg/vial (240 mg dose)</i>	2	
LEUPROLIDE ACETATE - <i>leuprolide acetate (3 month) for inj 22.5 mg</i>	2	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	PA
LUPRON DEPOT (1-MONTH) - <i>leuprolide acetate for inj kit 3.75 mg, 7.5 mg</i>	2	PA
LUPRON DEPOT (3-MONTH) - <i>leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg</i>	2	PA
LUPRON DEPOT (4-MONTH) - <i>leuprolide acetate (4 month) for inj kit 30 mg</i>	2	PA
LUPRON DEPOT (6-MONTH) - <i>leuprolide acetate (6 month) for inj kit 45 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
LUPRON DEPOT-PED - leuprolide acet (6 month) for im inj pediatric 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
<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 diaspartate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	2	PA
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>		
ABRYSVO - 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 - riloncept 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

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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
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

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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
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 (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	2	PA, QL (16 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

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	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	
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, 360 mg</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
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	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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
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	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
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	
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 prefilled syringe 75 mg/0.5ml, 150 mg/ml*	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)

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
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg*	2	PA, QL (2 cartridges/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
<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%, 0.15%	1	
<i>artificial tear ophth ointment</i>	3	MC
<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 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<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>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	3	MC
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<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	

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>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	
<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>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	3	MC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	3	MC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>polyvinyl alcohol ophth soln 1.4%</i>	3	MC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	3	MC
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>prednisolone sodium phosphate ophth soln 1%</i>	1	
REFRESH - polyvinyl alcohol-povidone (pf) ophth soln 1.4-0.6%	3	MC
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	
SYSTANE PRESERVATIVE FREE - polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	3	MC
<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	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>travoprost ophth soln 0.004%</i>	2	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	1	
<i>white petrolatum-mineral oil ophth ointment</i>	3	MC
<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>isopropyl alcohol otic liquid 95%</i>	3	MC
<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	
SWIM EAR - isopropyl alcohol otic liquid 95%	3	MC
<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)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	1	QL (1 canister/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)
ARNUIITY 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 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	1	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	1	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act, 220 mcg/act	1	QL (1 canister/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
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act	1	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2	QL (2 canisters/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>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)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 canisters/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, 10-200 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</i>	3	MC
<i>diphenhydramine hcl liquid 12.5 mg/5ml#</i>	3	MC
<i>diphenhydramine hcl tab 25 mg</i>	3	MC
DIPHENHYDRAMINE HYDROCHLORIDE - diphenhydramine hcl liquid 6.25 mg/ml	3	MC
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	1	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (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	

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
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	1	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/act	1	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	1	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	1	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	1	QL (2 canisters/30 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles/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>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
<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 DM MAXIMUM STRENGTH - dextromethorphan-guaifenesin tab er 12hr 60-1200 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
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	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)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml#</i>	3	MC
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 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)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	1	QL (1 inhaler/30 days)
<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 1.25 mcg/act, 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)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	PA, QL (60 tablets/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)

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
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)
zafirlukast tab 10 mg, 20 mg	2	
<b>Skeletal Muscle Relaxants</b>		
cyclobenzaprine hcl tab 5 mg, 10 mg#	1	
methocarbamol tab 500 mg, 750 mg#	1	
<b>Sleep Disorder Agents</b>		
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	1	PA, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg, 6 mg	1	QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg	1	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	2	QL (30 tablets/30 days)
tasimelteon capsule 20 mg	2	PA, QL (30 capsules/30 days)
temazepam cap 15 mg, 30 mg	1	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg, 17.8 mg	2	PA, QL (60 tablets/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	2	PA, QL (540 mls/30 days)
zaleplon cap 5 mg#	1	QL (30 capsules/30 days)
zaleplon cap 10 mg#	1	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg, 10 mg#	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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BCG VACCINE.....	54	BOSULIF.....	16
<i>b-complex w/ c &amp; folic acid cap 1 mg</i> .....	43	BRAFTOVI.....	16
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg,</i>		BREO ELLIPTA.....	63
<i>10-12.5 mg, 20-12.5 mg, 20-25 mg</i> .....	35	BRILINTA.....	34
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	35	<i>brimonidine tartrate ophth soln 0.15%</i> .....	60
BENLYSTA.....	54	<i>brimonidine tartrate ophth soln 0.2%</i> .....	60
BENZNIDAZOLE.....	22	<i>brimonidine tartrate-timolol maleate ophth soln</i>	
<i>benzocaine-docusate sodium rectal enema 20-283</i>		<i>0.2-0.5%</i> .....	60
<i>mg</i> .....	45	BRIVIACT.....	8
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	40	<i>bromocriptine mesylate tab 2.5 mg</i> .....	23
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i> .....	40	BRUKINSA.....	16
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i> .....	23	<i>budesonide delayed release particles cap 3 mg</i> .....	59
BESREMI.....	55	<i>budesonide inhalation susp 0.25 mg/2ml, 0.5</i>	
BETADINE.....	40	<i>mg/2ml, 1 mg/2ml</i> .....	63
BETADINE SURGICAL SCRUB.....	40	<i>budesonide tab er 24hr 9 mg</i> .....	59
BETADINE SWABSTICKS.....	41	<i>bumetanide inj 0.25 mg/ml</i> .....	35
<i>betaine powder for oral solution</i> .....	48	<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i> .....	35
BETAMETHASONE DIPROPIONATE		<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> .....	3
AUGMENTED.....	41	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> .....	3
<i>betamethasone dipropionate augmented cream</i>		<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> .....	3
<i>0.05%</i> .....	41	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> .....	3
<i>betamethasone dipropionate augmented lotion</i>		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> .....	3
<i>0.05%</i> .....	41	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> .....	3
<i>betamethasone dipropionate augmented oint</i>		<i>buprenorphine hcl sl tab 2 mg</i> .....	3
<i>0.05%</i> .....	41	<i>buprenorphine hcl sl tab 8 mg</i> .....	3
<i>betamethasone dipropionate cream 0.05%</i> .....	41	<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i>	
<i>betamethasone dipropionate lotion 0.05%</i> .....	41	<i>mg</i> .....	3
<i>betamethasone dipropionate oint 0.05%</i> .....	41	<i>bupropion hcl tab 100 mg</i> .....	11
<i>betamethasone valerate cream 0.1%</i> .....	41	<i>bupropion hcl tab 75 mg</i> .....	11
<i>betamethasone valerate lotion 0.1%</i> .....	41	<i>bupropion hcl tab er 12hr 100 mg</i> .....	11
<i>betamethasone valerate oint 0.1%</i> .....	41	<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i> .....	11
BETASERON.....	39	<i>bupropion hcl tab er 24hr 150 mg</i> .....	11
<i>betaxolol hcl ophth soln 0.5%</i> .....	60	<i>bupropion hcl tab er 24hr 300 mg</i> .....	11
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50</i>		<i>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30</i>	
<i>mg</i> .....	49	<i>mg</i> .....	30
<i>bexarotene cap 75 mg</i> .....	16	BYDUREON BCISE.....	31
<i>bexarotene gel 1%</i> .....	16		
BEXSERO.....	55	<b>C</b>	
<i>bicalutamide tab 50 mg</i> .....	16	<i>cabergoline tab 0.5 mg</i> .....	53
BICILLIN L-A.....	4	CABOMETYX.....	16
BIKTARVY.....	27	<i>calcipotriene cream 0.005%</i> .....	41
<i>bisacodyl suppos 10 mg</i> .....	45	<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	41
<i>bisacodyl tab delayed release 5 mg</i> .....	45	<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	59
<i>bismuth subsalicylate chew tab 262 mg</i> .....	45	<i>calcitriol cap 0.25 mcg, 0.5 mcg</i> .....	59
<i>bismuth subsalicylate susp 262 mg/15ml, 525</i>		<i>calcitriol oral soln 1 mcg/ml</i> .....	59
<i>mg/15ml</i> .....	45	<i>calcium acetate cap 667 mg (169 mg ca)</i> .....	43
<i>bismuth subsalicylate tab 262 mg</i> .....	45	<i>calcium acetate tab 667 mg</i> .....	43



calcium carbonate (antacid) chew tab 500 mg, 750 mg.....	45	cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	4
calcium carbonate (antacid) susp 1250 mg/5ml.....	45	cefepime hcl for inj 1 gm.....	5
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit).....	43	cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml).....	5
calcium carbonate tab 1250 mg (500 mg elemental ca).....	45	cefepime hcl for iv soln 2 gm.....	5
calcium carbonate-vitamin d tab 500 mg-5 mcg (200 unit).....	43	cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	5
calcium polycarbophil tab 625 mg.....	45	cefepime hcl iv soln 1 gm/50ml.....	5
CALQUENCE.....	16	cefepime hcl iv soln 2 gm/100ml.....	5
candesartan cilexetil tab 16 mg.....	35	cefixime cap 400 mg.....	5
CAPLYTA.....	24	cefoxitin sodium for iv soln 1 gm, 2 gm.....	5
CAPRELSA.....	16	cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	5
capsaicin cream 0.025%, 0.075%.....	41	cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	5
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	35	cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	5
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	8	cefpodoxime proxetil tab 100 mg, 200 mg.....	5
carbamazepine chew tab 100 mg.....	8	cefprozil tab 250 mg, 500 mg.....	5
carbamazepine susp 100 mg/5ml.....	8	ceftazidime for inj 1 gm, 6 gm.....	5
carbamazepine tab 200 mg.....	8	ceftazidime for iv soln 1 gm and dextrose 5% (50ml).....	5
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	8	ceftazidime for iv soln 2 gm.....	5
carbamide peroxide 6.5% otic soln.....	62	ceftazidime for iv soln 2 gm and dextrose 5% (50ml).....	5
carbidopa & levodopa orally disintegrating tab 10-100 mg.....	23	ceftriaxone sodium (bulk) for inj 100 gm.....	5
carbidopa & levodopa orally disintegrating tab 25-100 mg.....	23	ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	5
carbidopa & levodopa orally disintegrating tab 25-250 mg.....	23	ceftriaxone sodium for iv soln 1 gm, 2 gm.....	5
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....	23	ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	5
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	23	ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	5
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.....	35	cefuroxime axetil tab 250 mg, 500 mg.....	5
casprofungin acetate for iv soln 50 mg, 70 mg.....	13	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	CELONTIN.....	8
CEFAZOLIN.....	4	cephalexin cap 250 mg, 500 mg.....	5
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%.....	4	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	5
cefazolin sodium for inj 2 gm.....	4	cetirizine hcl cap 10 mg.....	63
cefazolin sodium for inj 500 mg, 1 gm.....	4	cetirizine hcl chew tab 5 mg, 10 mg.....	63
cefazolin sodium for iv soln 1 gm.....	4	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	63
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml).....	4	cetirizine hcl tab 5 mg, 10 mg.....	63
cefdinir cap 300 mg.....	4	CHEMET.....	43
		CHENODAL.....	45
		chlorhexidine gluconate liquid 4%.....	41
		chlorhexidine gluconate soln 0.12%.....	40
		chlorhexidine gluconate soln 4%.....	41

chloroquine phosphate tab 250 mg.....	22	clotrimazole vaginal cream 1%, 2%.....	14
chloroquine phosphate tab 500 mg.....	22	clotrimazole w/ betamethasone cream 1-0.05%.....	41
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	13	CLOZAPINE ODT.....	24
CHLORPROMAZINE HYDROCHLORIDE.....	13	clozapine orally disintegrating tab 150 mg.....	24
chlorthalidone tab 25 mg, 50 mg.....	36	clozapine orally disintegrating tab 200 mg.....	24
cholestyramine light powder 4 gm/dose.....	36	clozapine orally disintegrating tab 25 mg, 100 mg.....	24
cholestyramine light powder packets 4 gm.....	36	clozapine tab 100 mg.....	24
cholestyramine powder 4 gm/dose.....	36	clozapine tab 200 mg.....	24
cholestyramine powder packets 4 gm.....	36	clozapine tab 25 mg, 50 mg.....	24
ciclopirox olamine cream 0.77%.....	14	COARTEM.....	22
ciclopirox olamine susp 0.77%.....	14	COLACE.....	46
ciclopirox solution 8%.....	14	COLACE CLEAR.....	46
cilostazol tab 50 mg, 100 mg.....	34	colchicine tab 0.6 mg.....	15
CIMDUO.....	27	colchicine w/ probenecid tab 0.5-500 mg.....	15
cinacalcet hcl tab 30 mg, 60 mg, 90 mg.....	59	colestipol hcl granule packets 5 gm.....	36
ciprofloxacin 200 mg/100ml in d5w.....	5	colestipol hcl granules 5 gm.....	36
ciprofloxacin 400 mg/200ml in d5w.....	5	colestipol hcl tab 1 gm.....	36
CIPROFLOXACIN HCL.....	5	colistimethate sod for inj 150 mg (colistin base activity).....	6
ciprofloxacin hcl ophth soln 0.3%.....	60	COMBIPATCH.....	50
ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg.....	5	COMBIVENT RESPIMAT.....	63
citalopram hydrobromide oral soln 10 mg/5ml.....	11	COMETRIQ.....	16
citalopram hydrobromide tab 10 mg, 20 mg.....	11	COMPLERA.....	27
citalopram hydrobromide tab 40 mg.....	11	COPAXONE.....	40
CLARITHROMYCIN.....	5	COPIKTRA.....	17
clarithromycin tab 250 mg, 500 mg.....	5	CORLANOR.....	36
CLEMASTINE FUMARATE.....	63	COSENTYX.....	55
clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	6	COSENTYX SENSOREADY PEN.....	55
clindamycin palmitate hcl for soln 75 mg/5ml.....	6	COSENTYX UNOREADY.....	55
clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml.....	6	COTELLIC.....	17
clindamycin phosphate swab 1%.....	6	CREON.....	48
clindamycin phosphate vaginal cream 2%.....	6	cromolyn sodium ophth soln 4%.....	60
clobazam suspension 2.5 mg/ml.....	8	cromolyn sodium oral conc 100 mg/5ml.....	48
clobazam tab 10 mg, 20 mg.....	9	cromolyn sodium soln nebu 20 mg/2ml.....	63
clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	11	cyanocobalamin inj 1000 mcg/ml.....	43
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	30	cyclobenzaprine hcl tab 5 mg, 10 mg.....	66
clonazepam orally disintegrating tab 2 mg.....	30	CYCLOPHOSPHAMIDE.....	17
clonazepam tab 0.5 mg, 1 mg.....	30	cyclophosphamide cap 25 mg, 50 mg.....	17
clonazepam tab 2 mg.....	30	cyclosporine cap 25 mg, 100 mg.....	55
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	36	cyclosporine modified cap 25 mg, 50 mg, 100 mg.....	55
clonidine hcl tab er 12hr 0.1 mg.....	39	cyclosporine modified oral soln 100 mg/ml.....	55
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....	36	CYLTEZO.....	55
clopidogrel bisulfate tab 75 mg.....	34	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS.....	55
clorazepate dipotassium tab 15 mg.....	30	CYLTEZO STARTER PACKAGE FOR PSORIASIS.....	55
clorazepate dipotassium tab 3.75 mg.....	30	cyproheptadine hcl syrup 2 mg/5ml.....	63
clorazepate dipotassium tab 7.5 mg.....	30	cyproheptadine hcl tab 4 mg.....	63
clotrimazole cream 1%.....	14	CYSTADROPS.....	60
clotrimazole cream 1%.....	14	CYSTAGON.....	48
clotrimazole troche 10 mg.....	14		

CYSTARAN..... 60

**D**

*dabigatran etexilate mesylate cap 75 mg, 150 mg*..... 34  
*dalfampridine tab er 12hr 10 mg*..... 40  
*danazol cap 50 mg, 100 mg, 200 mg*..... 50  
*dantrolene sodium cap 25 mg, 50 mg, 100 mg*..... 26  
*dapsone tab 25 mg, 100 mg*..... 15  
DAPTACEL..... 55  
*daptomycin for iv soln 500 mg*..... 6  
*darunavir tab 600 mg*..... 27  
*darunavir tab 800 mg*..... 27  
DAURISMO..... 17  
*deferasirox tab 90 mg, 180 mg, 360 mg*..... 43  
*deferasirox tab for oral susp 125 mg, 250 mg, 500 mg*..... 43  
DELSTRIGO..... 27  
DENGVAZIA..... 55  
DESCOVY..... 27  
*desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg*..... 11  
*desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%*..... 50  
*desmopressin acetate tab 0.1 mg, 0.2 mg*..... 50  
*desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*..... 50  
*desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*..... 50  
*desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg*..... 11  
*dexamethasone elixir 0.5 mg/5ml*..... 49  
*dexamethasone sodium phosphate ophth soln 0.1%*..... 60  
*dexamethasone soln 0.5 mg/5ml*..... 50  
*dexamethasone tab 0.5 mg*..... 50  
*dexamethasone tab 0.75 mg*..... 50  
*dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg*..... 50  
*dexamethasone tab 1 mg*..... 50  
*dexamethasone tab therapy pack 1.5 mg (21)*..... 50  
*dexamethasone tab therapy pack 1.5 mg (35)*..... 50  
*dexamethasone tab therapy pack 1.5 mg (51)*..... 50  
*dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg*..... 40  
*dextran 70-hypromellose ophth soln 0.1-0.3%*..... 60  
*dextroamphetamine sulfate tab 10 mg*..... 40  
*dextroamphetamine sulfate tab 5 mg*..... 40  
*dextromethorphan-guaifenesin liquid 10-100 mg/5ml, 10-200 mg/5ml*..... 63  
*dextromethorphan-guaifenesin syrup 10-100 mg/5ml*..... 63

*dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg*..... 63  
*dextrose 2.5% w/ sodium chloride 0.45%*..... 43  
*dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%*..... 43  
*dextrose inj 5%, 10%*..... 43  
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*diazepam oral soln 1 mg/ml*..... 30  
DIAZEPAM RECTAL GEL..... 9  
*diazepam rectal gel delivery system 10 mg, 20 mg*..... 9  
*diazepam tab 2 mg, 5 mg, 10 mg*..... 30  
*diazoxide susp 50 mg/ml*..... 31  
*dibucaine perianal ointment 1%*..... 41  
*diclofenac potassium tab 50 mg*..... 1  
*diclofenac sodium gel 1%*..... 1  
*diclofenac sodium ophth soln 0.1%*..... 60  
*diclofenac sodium tab delayed release 25 mg*..... 1  
*diclofenac sodium tab delayed release 50 mg*..... 1  
*diclofenac sodium tab delayed release 75 mg*..... 1  
*diclofenac sodium tab er 24hr 100 mg*..... 1  
*dicloxacillin sodium cap 250 mg, 500 mg*..... 6  
*dicyclomine hcl cap 10 mg*..... 46  
*dicyclomine hcl oral soln 10 mg/5ml*..... 46  
*dicyclomine hcl tab 20 mg*..... 46  
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DIFICID..... 6  
*difluprednate ophth emulsion 0.05%*..... 60  
*digoxin oral soln 0.05 mg/ml*..... 36  
*digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)*..... 36  
*dihydroergotamine mesylate nasal spray 4 mg/ml*..... 15  
DILANTIN..... 9  
*diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg*..... 36  
*diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg*..... 36  
*diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg*..... 36  
*diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg*..... 36  
*diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg*..... 36  
*diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg*..... 36  
*dimenhydrinate tab 50 mg*..... 13  
*dimethyl fumarate capsule delayed release 120 mg, 240 mg*..... 40  
*dimethyl fumarate capsule dr starter pack 120 mg & 240 mg*..... 40  
*diphenhydramine hcl cap 25 mg, 50 mg*..... 63

diphenhydramine hcl chew tab 12.5 mg.....	63	duloxetine hcl enteric coated pellets cap 20 mg, 60 mg.....	12
diphenhydramine hcl liquid 12.5 mg/5ml.....	63	duloxetine hcl enteric coated pellets cap 30 mg.....	12
diphenhydramine hcl tab 25 mg.....	63	DUPIXENT.....	55
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diphenoxylate w/ atropine tab 2.5-0.025 mg.....	46	<b>E</b>	
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disulfiram tab 250 mg.....	3	efavirenz cap 200 mg.....	27
disulfiram tab 500 mg.....	3	efavirenz cap 50 mg.....	27
divalproex sodium cap delayed release sprinkle 125 mg.....	9	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	27
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	9	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg.....	27
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	9	efavirenz tab 600 mg.....	27
docusate calcium cap 240 mg.....	46	ELIGARD.....	53
docusate sodium cap 100 mg, 250 mg.....	46	ELIQUIS.....	34
docusate sodium enema 283 mg/5ml.....	46	ELIQUIS STARTER PACK.....	34
docusate sodium liquid 150 mg/15ml.....	46	EMCYT.....	17
docusate sodium syrup 60 mg/15ml.....	46	EMGALITY.....	15
docusate sodium tab 100 mg.....	46	EMSAM.....	12
DOCUSOL KIDS.....	46	emtricitabine caps 200 mg.....	27
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	36	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg.....	27
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	11	EMTRIVA.....	27
donepezil hydrochloride tab 5 mg, 10 mg.....	11	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg.....	36
dorzolamide hcl ophth soln 2%.....	60	enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	36
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....	60	ENBREL.....	55
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doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	36	ENBREL SURECLICK.....	56
doxepin hcl (sleep) tab 3 mg, 6 mg.....	66	ENGERIX-B.....	56
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	11	enoxaparin sodium inj 300 mg/3ml.....	34
doxepin hcl conc 10 mg/ml.....	11	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.....	34
doxycycline hyclate cap 50 mg, 100 mg.....	6	entacapone tab 200 mg.....	23
doxycycline hyclate for inj 100 mg.....	6	entecavir tab 0.5 mg, 1 mg.....	27
doxycycline hyclate tab 20 mg, 100 mg.....	6	ENTRESTO.....	36
doxycycline monohydrate cap 50 mg, 100 mg.....	6	EPCLUSA.....	27
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg.....	6	EPIDIOLEX.....	9
DRISDOL.....	43	epinastine hcl ophth soln 0.05%.....	60
dronabinol cap 2.5 mg, 5 mg, 10 mg.....	13	EPINEPHRINE.....	63
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	50	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	63
drospirenone-ethinyl estradiol tab 3-0.03 mg.....	50	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak).....	63
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	50	EPRONTIA.....	9
droxidopa cap 100 mg, 200 mg, 300 mg.....	36	ergocalciferol cap 1.25 mg (50000 unit).....	43
DUAVEE.....	51	ergocalciferol soln 200 mcg/ml (8000 unit/ml).....	43
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<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	15	<i>ezetimibe tab 10 mg</i> .....	36
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<i>erlotinib hcl tab 100 mg, 150 mg</i> .....	17	<i>famotidine for susp 40 mg/5ml</i> .....	46
<i>erlotinib hcl tab 25 mg</i> .....	17	<i>famotidine tab 10 mg</i> .....	46
<i>ertapenem sodium for inj 1 gm</i> .....	6	<i>famotidine tab 20 mg, 40 mg</i> .....	46
ERYTHROCIN LACTOBIONATE.....	6	FANAPT.....	24
<i>erythromycin lactobionate for inj 500 mg</i> .....	6	FANAPT TITRATION PACK.....	24
<i>erythromycin ophth oint 5 mg/gm</i> .....	60	FARXIGA.....	31
<i>erythromycin soln 2%</i> .....	6	<i>felbamate susp 600 mg/5ml</i> .....	9
<i>erythromycin tab 250 mg, 500 mg</i> .....	6	<i>felbamate tab 400 mg, 600 mg</i> .....	9
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i> .....	6	<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i> .....	36
<i>erythromycin w/ delayed release particles cap 250 mg</i> .....	6	<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i> .....	36
<i>escitalopram oxalate soln 5 mg/5ml</i> .....	12	<i>fenofibrate tab 145 mg, 160 mg</i> .....	36
<i>escitalopram oxalate tab 20 mg</i> .....	12	<i>fenofibrate tab 48 mg, 54 mg</i> .....	36
<i>escitalopram oxalate tab 5 mg, 10 mg</i> .....	12	<i>fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i> .....	1
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	51	<i>fantanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i> .....	1
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<i>estradiol vaginal cream 0.1 mg/gm</i> .....	51	<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> .....	43
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<i>fluoxetine hcl tab 10 mg</i> .....	12	<i>gentamicin sulfate cream 0.1%</i> .....	41
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<i>furosemide oral soln 10 mg/ml</i> .....	37	<i>glyburide micronized tab 6 mg</i> .....	31
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<i>levofloxacin iv soln 25 mg/ml</i> .....	6	<i>loperamide hcl cap 2 mg</i> .....	47
<i>levofloxacin oral soln 25 mg/ml</i> .....	6	<i>loperamide hcl soln 1 mg/7.5ml</i> .....	47
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i> .....	6	<i>loperamide hcl tab 2 mg</i> .....	47
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	51	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	28
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i> .....	51	<i>lopinavir-ritonavir tab 100-25 mg</i> .....	28
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<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	51		
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> .....	52		
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> .....	53		

<i>lopinavir-ritonavir tab 200-50 mg</i> .....	28	MATULANE.....	19
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<i>lorazepam conc 2 mg/ml</i> .....	30	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> .....	51
<i>lorazepam tab 0.5 mg, 1 mg</i> .....	30	<i>mefloquine hcl tab 250 mg</i> .....	23
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<i>losartan potassium tab 25 mg, 50 mg</i> .....	37	<i>meloxicam tab 15 mg</i> .....	2
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i> .....	37	<i>meloxicam tab 7.5 mg</i> .....	2
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> .....	25	<i>memantine hcl oral solution 2 mg/ml</i> .....	11
<i>lubiprostone cap 24 mcg</i> .....	47	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	11
<i>lubiprostone cap 8 mcg</i> .....	47	<i>memantine hcl tab 5 mg, 10 mg</i> .....	11
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<i>lurasidone hcl tab 80 mg</i> .....	25	<i>mesalamine enema 4 gm</i> .....	59
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<i>magnesium oxide tab 400 mg, 420 mg</i> .....	47	<i>methazolamide tab 25 mg, 50 mg</i> .....	37
<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
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<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	57	<i>misoprostol tab 100 mcg, 200 mcg</i> .....	47
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<i>methsuximide cap 300 mg</i> .....	9	<i>moexipril hcl tab 7.5 mg, 15 mg</i> .....	37
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<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i> .....	40	<i>mometasone furoate oint 0.1%</i> .....	42
<i>methylphenidate hcl tab er 20 mg</i> .....	40	<i>mometasone furoate solution 0.1% (lotion)</i> .....	42
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<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	50	<i>montelukast sodium oral granules packet 4 mg</i> .....	64
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> .....	47	<i>montelukast sodium tab 10 mg</i> .....	64
<i>metoclopramide hcl tab 5 mg, 10 mg</i> .....	47	<i>morphine sulfate tab 15 mg</i> .....	2
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i> .....	37	<i>morphine sulfate tab 30 mg</i> .....	2
<i>metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg</i> .....	37	<i>morphine sulfate tab er 100 mg, 200 mg</i> .....	2
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i> .....	37	<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i> .....	2
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<i>metronidazole iv soln 500 mg/100ml</i> .....	7	<i>moxifloxacin hcl tab 400 mg</i> .....	7
<i>metronidazole lotion 0.75%</i> .....	42	MUCINEX.....	64
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<i>metyrosine cap 250 mg</i> .....	37	MUCINEX MAXIMUM STRENGTH.....	65
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<i>mexiletine hcl cap 200 mg, 250 mg</i> .....	37	<i>mupirocin oint 2%</i> .....	42
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<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i> .....	14	<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	57
<i>miconazole nitrate vaginal cream 2%, 4% (200 mg/5gm)</i> .....	14	<i>mycophenolate mofetil tab 500 mg</i> .....	57
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i> .....	14	<i>mycophenolate sodium tab dr 180 mg, 360 mg</i> .....	57
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> .....	14	MYRBETRIQ.....	49
<i>miconazole nitrate vaginal suppos 100 mg</i> .....	14	<b>N</b>	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i> .....	37	<i>nabumetone tab 500 mg</i> .....	2
<i>miglustat cap 100 mg</i> .....	48	<i>nabumetone tab 750 mg</i> .....	2
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<i>minoxidil tab 2.5 mg, 10 mg</i> .....	37	<i>nafcillin sodium in dextrose inj 1 gm/50ml</i> .....	7
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i> .....	12	<i>nafcillin sodium in dextrose inj 2 gm/100ml</i> .....	7
<i>mirtazapine tab 15 mg</i> .....	12	<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i> .....	3
		<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	3
		<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	3
		<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	3
		<i>naltrexone hcl tab 50 mg</i> .....	3
		<i>naproxen sodium tab 220 mg</i> .....	2
		<i>naproxen sodium tab 275 mg</i> .....	2
		<i>naproxen sodium tab 550 mg</i> .....	2
		<i>naproxen susp 125 mg/5ml</i> .....	2
		<i>naproxen tab 250 mg</i> .....	2

<i>naproxen tab 375 mg</i> .....	2	<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	7
<i>naproxen tab 500 mg</i> .....	2	<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i> .....	38
<i>naproxen tab ec 375 mg</i> .....	2	<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> .....	38
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<i>nateglinide tab 120 mg</i> .....	33	<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	51
<i>nateglinide tab 60 mg</i> .....	33	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> .....	52
NATPARA.....	60	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> .....	52
NAYZILAM.....	9	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	52
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<i>nelarabine iv soln 5 mg/ml</i> .....	19	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	51
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<i>neomycin-bacitracin-polymyxin oint</i> .....	42	<i>norethindrone tab 0.35 mg</i> .....	52
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> .....	42	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	52
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	61	<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> .....	52
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	61	<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	52
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	61	<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg</i> .....	12
<i>neomycin-polymyxin-hc otic soln 1%</i> .....	62	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	12
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	62	NORVIR.....	28
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<i>nevirapine tab 200 mg</i> .....	28	NUPLAZID.....	25
<i>nevirapine tab er 24hr 400 mg</i> .....	28	NURTEC.....	15
<i>niacin tab er 500 mg</i> .....	37	NUTRILIPID.....	44
<i>niacin tab er 750 mg, 1000 mg</i> .....	38	<i>nystatin cream 100000 unit/gm</i> .....	14
<i>nicotine polacrilex gum 2 mg, 4 mg</i> .....	3	<i>nystatin oint 100000 unit/gm</i> .....	14
<i>nicotine polacrilex lozenge 2 mg, 4 mg</i> .....	3	<i>nystatin susp 100000 unit/ml</i> .....	14
<i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i> .....	3	<i>nystatin tab 500000 unit</i> .....	14
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NICOTROL NS.....	3	<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> .....	54
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<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i> .....	38		
<i>nilutamide tab 150 mg</i> .....	19		
<i>nimodipine cap 30 mg</i> .....	38		
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<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i> .....	48		
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OFEV.....	65	pantoprazole sodium ec tab 20 mg.....	47
ofloxacin ophth soln 0.3%.....	61	pantoprazole sodium ec tab 40 mg.....	47
ofloxacin otic soln 0.3%.....	62	paricalcitol cap 1 mcg, 2 mcg, 4 mcg.....	60
OJJAARA.....	20	paromomycin sulfate cap 250 mg.....	7
olanzapine for im inj 10 mg.....	25	paroxetine hcl oral susp 10 mg/5ml.....	12
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olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg.....	25	paroxetine hcl tab 30 mg.....	12
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omeprazole cap delayed release 20 mg, 40 mg.....	47	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....	47
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oseltamivir phosphate cap 30 mg.....	28	pentamidine isethionate for nebulization soln 300 mg.....	23
oseltamivir phosphate cap 45 mg, 75 mg.....	28	pentoxifylline tab er 400 mg.....	38
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oxybutynin chloride solution 5 mg/5ml.....	49	permethrin creme rinse 1%.....	42
oxybutynin chloride tab 5 mg.....	49	permethrin lotion 1%.....	42
oxybutynin chloride tab er 24hr 10 mg.....	49	perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	13
oxybutynin chloride tab er 24hr 15 mg.....	49	PERSERIS.....	25
oxybutynin chloride tab er 24hr 5 mg.....	49	phenelzine sulfate tab 15 mg.....	12
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg.....	2	phenobarbital elixir 20 mg/5ml.....	9
oxycodone hcl tab 5 mg.....	2	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	10
oxycodone w/ acetaminophen tab 10-325 mg.....	2	phenoxybenzamine hcl cap 10 mg.....	38
oxycodone w/ acetaminophen tab 2.5-325 mg.....	2	phenytoin chew tab 50 mg.....	10
oxycodone w/ acetaminophen tab 5-325 mg.....	2	phenytoin sodium extended cap 100 mg, 200 mg, 300 mg.....	10
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<i>phytonadione tab 5 mg</i> .....	44	<i>pramoxine hcl perianal foam 1%</i> .....	42
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<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i> .....	61	<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i> .....	38
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i> .....	40	<i>pravastatin sodium tab 80 mg</i> .....	38
<i>pimecrolimus cream 1%</i> .....	42	<i>praziquantel tab 600 mg</i> .....	23
PIMOZIDE.....	25	<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i> .....	38
<i>pindolol tab 5 mg, 10 mg</i> .....	38	<i>prednisolone acetate ophth susp 1%</i> .....	61
<i>pioglitazone hcl tab 15 mg</i> .....	33	<i>prednisolone sodium phosphate ophth soln 1%</i> .....	61
<i>pioglitazone hcl tab 30 mg, 45 mg</i> .....	33	<i>prednisolone sod phosphate oral soln 15 mg/5ml</i> .....	50
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> .....	7	<i>prednisolone soln 15 mg/5ml</i> .....	50
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i> .....	7	<i>prednisone oral soln 5 mg/5ml</i> .....	50
PIQRAY 200MG DAILY DOSE.....	20	<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i> .....	50
PIQRAY 250MG DAILY DOSE.....	20	<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i> .....	50
PIQRAY 300MG DAILY DOSE.....	20	<i>pregabalin cap 225 mg, 300 mg</i> .....	10
<i>pirfenidone cap 267 mg</i> .....	65	<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i> .....	10
<i>pirfenidone tab 267 mg</i> .....	65	<i>pregabalin soln 20 mg/ml</i> .....	10
<i>pirfenidone tab 801 mg</i> .....	65	PREHEVBRIO.....	57
<i>podofilox soln 0.5%</i> .....	42	PREMARIN.....	52
<i>polyethylene glycol 3350 oral packet 17 gm</i> .....	47	PREVMIS.....	29
<i>polyethylene glycol 3350 oral powder 17 gm/ scoop</i> .....	47	PREZCOBIX.....	29
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i> .....	61	PREZISTA.....	29
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i> .....	61	PRIFTIN.....	16
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	61	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> .....	23
<i>polyvinyl alcohol ophth soln 1.4%</i> .....	61	PRIMIDONE.....	10
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i> .....	61	<i>primidone tab 50 mg, 250 mg</i> .....	10
POMALYST.....	20	PRIORIX.....	57
<i>posaconazole susp 40 mg/ml</i> .....	14	<i>probenecid tab 500 mg</i> .....	15
<i>posaconazole tab delayed release 100 mg</i> .....	14	<i>prochlorperazine maleate tab 5 mg, 10 mg</i> .....	13
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> .....	44	<i>prochlorperazine suppos 25 mg</i> .....	13
<i>potassium chloride cap er 8 meq, 10 meq</i> .....	44	PROCTOFOAM.....	42
<i>potassium chloride inj 2 meq/ml</i> .....	44	<i>progesterone cap 100 mg, 200 mg</i> .....	52
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i> .....	44	PROGRAF.....	58
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i> .....	44	PROLASTIN-C.....	49
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i> .....	44	PROLIA.....	60
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i> .....	44	PROMACTA.....	34
<i>povidone-iodine oint 10%</i> .....	42	<i>promethazine hcl syrup 6.25 mg/5ml</i> .....	13
<i>povidone-iodine soln 7.5%, 10%</i> .....	42	<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i> .....	13
<i>povidone-iodine swabs 10%</i> .....	42	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> .....	65
		<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> .....	65
		<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i> .....	38
		<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i> .....	38
		<i>propranolol hcl oral soln 20 mg/5ml</i> .....	38

<i>propranolol hcl oral soln 40 mg/5ml</i> .....	38	RESTASIS MULTIDOSE.....	61
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> .....	38	RETACRIT.....	34
<i>propylthiouracil tab 50 mg</i> .....	54	RETEVMO.....	20
PROQUAD.....	58	REVCIVI.....	49
<i>protriptyline hcl tab 5 mg, 10 mg</i> .....	12	REVLIMID.....	20
<i>pseudoephedrine hcl tab 30 mg</i> .....	65	REXULTI.....	25
<i>psyllium cap 0.52 gm</i> .....	47	REYATAZ.....	29
<i>psyllium powder 28.3%, 43%, 48.57%, 58.6%, 100%</i> .....	47	REZLIDHIA.....	20
PULMOZYME.....	65	<i>ribavirin cap 200 mg</i> .....	29
PURIXAN.....	20	<i>ribavirin tab 200 mg</i> .....	29
<i>pyrantel pamoate susp 144 mg/ml</i> .....	42	<i>rifabutin cap 150 mg</i> .....	16
<i>pyrazinamide tab 500 mg</i> .....	16	<i>rifampin cap 150 mg, 300 mg</i> .....	16
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> .....	42	<i>rifampin for inj 600 mg</i> .....	16
<i>pyridostigmine bromide tab 60 mg</i> .....	15	<i>riluzole tab 50 mg</i> .....	40
PYRIDOXINE HCL.....	44	RIMANTADINE HYDROCHLORIDE.....	29
<i>pyrimethamine tab 25 mg</i> .....	23	RINVOQ.....	58
<b>Q</b>		RISPERDAL CONSTA.....	25
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QUADRACEL.....	58	<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	26
QUETIAPINE FUMARATE.....	25	<i>risperidone orally disintegrating tab 4 mg</i> .....	26
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	25	<i>risperidone soln 1 mg/ml</i> .....	26
<i>quetiapine fumarate tab 300 mg, 400 mg</i> .....	25	<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	26
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	38	<i>risperidone tab 4 mg</i> .....	26
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg</i> .....	38	<i>ritonavir tab 100 mg</i> .....	29
<i>quinidine sulfate tab 200 mg</i> .....	38	<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> .....	11
<i>quinidine sulfate tab 300 mg</i> .....	38	<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i> .....	11
<i>quinine sulfate cap 324 mg</i> .....	23	<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i> .....	15
<b>R</b>		<i>rizatriptan benzoate tab 5 mg, 10 mg</i> .....	15
RABAVERT.....	58	<i>roflumilast tab 250 mcg, 500 mcg</i> .....	65
<i>raloxifene hcl tab 60 mg</i> .....	52	<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> .....	23
<i>ramelteon tab 8 mg</i> .....	66	<i>rosuvastatin calcium tab 40 mg</i> .....	39
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i> .....	38	<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i> .....	38
<i>ranitidine hcl tab 75 mg</i> .....	47	ROTARIX.....	58
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i> .....	38	ROTATEQ.....	58
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i> .....	23	ROZLYTREK.....	20
RECOMBIVAX HB.....	58	RUBRACA.....	20
RECTIV.....	38	<i>rufinamide susp 40 mg/ml</i> .....	10
REFRESH.....	61	<i>rufinamide tab 200 mg, 400 mg</i> .....	10
RELENZA DISKHALER.....	29	RUKOBIA.....	29
<i>repaglinide tab 0.5 mg</i> .....	33	RYBELSUS.....	33
<i>repaglinide tab 1 mg</i> .....	33	RYDAPT.....	20
<i>repaglinide tab 2 mg</i> .....	33	<b>S</b>	
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REPATHA PUSHTRONEX SYSTEM.....	38	SANDIMMUNE.....	58
REPATHA SURECLICK.....	38	SANTYL.....	42
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<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i> .....	49	<i>sodium phenylbutyrate tab 500 mg</i> .....	49
<i>sapropterin dihydrochloride tab 100 mg</i> .....	49	<i>sodium phosphates - enema</i> .....	48
SCSEMBLIX.....	20	<i>sodium polystyrene sulfonate powder</i> .....	45
<i>scopolamine td patch 72hr 1 mg/3days</i> .....	13	SOLTAMOX.....	20
SECUADO.....	26	SOMAVERT.....	54
<i>selegiline hcl cap 5 mg</i> .....	23	<i>sorafenib tosylate tab 200 mg</i> .....	20
<i>selegiline hcl tab 5 mg</i> .....	23	SORBITOL.....	48
<i>selenium sulfide lotion 2.5%</i> .....	42	<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i> .....	39
SELZENTRY.....	29	<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i> .....	39
SENNA LEAVES.....	48	SPIRIVA HANDIHALER.....	65
SENNA PLUS.....	48	SPIRIVA RESPIMAT.....	65
<i>sennosides cap 8.6 mg</i> .....	48	<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	39
<i>sennosides chew tab 15 mg</i> .....	48	<i>spironolactone tab 25 mg, 50 mg, 100 mg</i> .....	39
<i>sennosides-docusate sodium tab 8.6-50 mg</i> .....	48	SPRITAM.....	10
<i>sennosides syrup 8.8 mg/5ml</i> .....	48	SPRYCEL.....	20
<i>sennosides tab 8.6 mg, 15 mg, 17.2 mg, 25 mg</i> .....	48	SPS.....	45
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<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	12	STIVARGA.....	21
<i>sertraline hcl tab 100 mg</i> .....	12	STOOL SOFTENER + STIMULANT.....	48
<i>sertraline hcl tab 25 mg, 50 mg</i> .....	12	STREPTOMYCIN SULFATE.....	7
<i>sevelamer carbonate packet 0.8 gm</i> .....	45	STRIBILD.....	29
<i>sevelamer carbonate packet 2.4 gm</i> .....	45	<i>sucralfate tab 1 gm</i> .....	48
<i>sevelamer carbonate tab 800 mg</i> .....	45	<i>sulfacetamide sodium lotion 10% (acne)</i> .....	43
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SIGNIFOR.....	54	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	61
<i>sildenafil citrate tab 20 mg</i> .....	65	<i>sulfadiazine tab 500 mg</i> .....	7
<i>silver sulfadiazine cream 1%</i> .....	42	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	7
<i>simvastatin tab 20 mg</i> .....	39	<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i> .....	7
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i> .....	39	<i>sulfasalazine tab 500 mg</i> .....	59
<i>simvastatin tab 80 mg</i> .....	39	<i>sulfasalazine tab delayed release 500 mg</i> .....	59
<i>sirolimus oral soln 1 mg/ml</i> .....	58	<i>sulindac tab 150 mg, 200 mg</i> .....	2
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i> .....	58	<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i> .....	15
SIRTURO.....	16	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .....	15
SIVEXTRO.....	7	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> .....	15
SKYRIZI.....	58	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> .....	15
SKYRIZI PEN.....	58	<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i> .....	15
<i>sod ferric gluc cmlpx in sucrose iv soln 12.5 mg/ml (fe eq)</i> .....	45	<i>sunitinib malate cap 12.5 mg</i> .....	21
SODIUM BICARBONATE.....	48	<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg</i> .....	21
<i>sodium bicarbonate tab 325 mg, 650 mg</i> .....	48	SUNLENCA.....	29
<i>sodium chloride hypertonic ophth oint 5%</i> .....	61	SUPRAX.....	7
<i>sodium chloride hypertonic ophth soln 5%</i> .....	61	SUPREP BOWEL PREP KIT.....	48
<i>sodium chloride iv soln 0.45%, 0.9%</i> .....	45	SUTAB.....	48
<i>sodium chloride preservative free inj 0.9%</i> .....	45	SWIM EAR.....	62
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i> .....	49		
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> .....	49		



SYMDEKO.....	65	tetracycline hcl cap 250 mg, 500 mg.....	8
SYMPAZAN.....	10	THALOMID.....	21
SYMTUZA.....	29	theophylline tab er 12hr 300 mg, 450 mg.....	65
SYNAREL.....	54	theophylline tab er 24hr 400 mg, 600 mg.....	65
SYNJARDY.....	33	thiamine hcl inj 100 mg/ml.....	45
SYNJARDY XR.....	33	thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100	
SYNRIBO.....	21	mg.....	26
SYNTHROID.....	53	thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	26
SYSTANE PRESERVATIVE FREE.....	61	tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg.....	10
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TABLOID.....	21	TICOVAC.....	58
TABRECTA.....	21	tigecycline for iv soln 50 mg.....	8
tacrolimus cap 0.5 mg, 1 mg, 5 mg.....	58	timolol maleate ophth gel forming soln 0.25%,	
tacrolimus oint 0.03%, 0.1%.....	43	0.5%.....	61
TAFINLAR.....	21	timolol maleate ophth soln 0.25%, 0.5%.....	61
TAGRISSE.....	21	timolol maleate tab 5 mg, 10 mg, 20 mg.....	39
TALZENNA.....	21	tioconazole vaginal oint 6.5%.....	15
tamoxifen citrate tab 10 mg, 20 mg.....	21	TIVICAY.....	29
tamsulosin hcl cap 0.4 mg.....	49	TIVICAY PD.....	29
TASIGNA.....	21	tizanidine hcl tab 2 mg, 4 mg.....	26
tasimelteon capsule 20 mg.....	66	tobramycin-dexamethasone ophth susp	
tazarotene cream 0.1%.....	43	0.3-0.1%.....	61
tazarotene gel 0.05%, 0.1%.....	43	tobramycin nebu soln 300 mg/5ml.....	65
TAZICEF.....	8	tobramycin ophth soln 0.3%.....	61
TAZORAC.....	43	TOBRAMYCIN SULFATE.....	8
TAZVERIK.....	21	tobramycin sulfate for inj 1.2 gm.....	8
TDVAX.....	58	tobramycin sulfate inj 2 gm/50ml (40 mg/ml).....	8
TEFLARO.....	8	tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2	
telmisartan tab 20 mg, 40 mg, 80 mg.....	39	gm/30ml (40 mg/ml).....	8
temazepam cap 15 mg, 30 mg.....	66	tolterodine tartrate cap er 24hr 2 mg, 4 mg.....	49
TENIVAC.....	58	topiramate sprinkle cap 15 mg, 25 mg.....	10
tenofovir disoproxil fumarate tab 300 mg.....	29	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg.....	10
TEPMETKO.....	21	toremifene citrate tab 60 mg.....	21
terazosin hcl cap 1 mg.....	39	torseamide tab 5 mg, 10 mg, 20 mg, 100 mg.....	39
terazosin hcl cap 2 mg, 5 mg, 10 mg.....	39	TOUJEO MAX SOLOSTAR.....	33
terbinafine hcl cream 1%.....	14	TOUJEO SOLOSTAR.....	33
terbinafine hcl tab 250 mg.....	15	TRADJENTA.....	33
terbutaline sulfate tab 2.5 mg, 5 mg.....	65	tramadol-acetaminophen tab 37.5-325 mg.....	3
terconazole vaginal cream 0.4%, 0.8%.....	15	tramadol hcl tab 100 mg.....	3
terconazole vaginal suppos 80 mg.....	15	tramadol hcl tab 50 mg.....	2
testosterone cypionate im inj in oil 100 mg/ml, 200		tramadol hcl tab er 24hr 100 mg, 200 mg, 300	
mg/ml.....	52	mg.....	2
TESTOSTERONE ENANTHATE.....	52	trandolapril tab 1 mg, 2 mg, 4 mg.....	39
testosterone td gel 12.5 mg/act (1%).....	52	tranexamic acid tab 650 mg.....	35
testosterone td gel 20.25 mg/1.25gm (1.62%).....	52	tranylcypromine sulfate tab 10 mg.....	12
testosterone td gel 20.25 mg/act (1.62%).....	52	TRAVASOL.....	45
testosterone td gel 25 mg/2.5gm (1%).....	52	travoprost ophth soln 0.004%.....	62
testosterone td gel 40.5 mg/2.5gm (1.62%).....	52	trazodone hcl tab 300 mg.....	13
testosterone td gel 50 mg/5gm (1%).....	52	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	12
tetrabenazine tab 12.5 mg.....	40	TRECATOR.....	16
tetrabenazine tab 25 mg.....	40	TRELEGY ELLIPTA.....	65
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<i>tretinoin cap 10 mg</i> .....	21	VALTOCO 10 MG DOSE.....	10
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i> .....	43	VALTOCO 15 MG DOSE.....	10
<i>tretinoin gel 0.01%, 0.025%</i> .....	43	VALTOCO 20 MG DOSE.....	10
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i> .....	43	VALTOCO 5 MG DOSE.....	10
<i>triamcinolone acetonide dental paste 0.1%</i> .....	40	VANCOMYCIN.....	8
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i> .....	43	VANCOMYCIN HCL.....	8
<i>triamcinolone acetonide oint 0.025%, 0.1%</i> .....	43	<i>vancomycin hcl cap 125 mg</i> .....	8
<i>triamcinolone acetonide oint 0.5%</i> .....	43	<i>vancomycin hcl cap 250 mg</i> .....	8
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	39	<i>vancomycin hcl for iv soln 100 gm</i> .....	8
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i> .....	39	<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i> .....	8
<i>trientine hcl cap 250 mg</i> .....	45	VANCOMYCIN HYDROCHLORIDE.....	8
TRIFERIC.....	45	VANCOMYCIN HYDROCHLORIDE/DEXTROSE.....	8
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i> .....	26	VANDAZOLE.....	8
TRIFLURIDINE.....	62	VANFLYTA.....	21
TRIKAFTA.....	65	VAQTA.....	59
<i>trimethoprim tab 100 mg</i> .....	8	<i>varenicline tartrate tab 0.5 mg, 1 mg</i> .....	3
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i> .....	13	<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	3
TRINTELLIX.....	13	VARIVAX.....	59
TRIUMEQ.....	29	VASCEPA.....	39
TRIUMEQ PD.....	29	VELIVET.....	52
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TROPHAMINE.....	45	VENCLEXTA.....	21
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TRUMENBA.....	58	VENLAFAXINE BESYLATE ER.....	13
TUKYSA.....	21	<i>venlafaxine hcl cap er 24hr 150 mg</i> .....	13
TUMS.....	48	<i>venlafaxine hcl cap er 24hr 37.5 mg</i> .....	13
TURALIO.....	21	<i>venlafaxine hcl cap er 24hr 75 mg</i> .....	13
TWINRIX.....	59	<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i> .....	13
TYBOST.....	30	VENTOLIN HFA.....	66
TYMLOS.....	60	<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> .....	39
TYPHIM VI.....	59	<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i> .....	39
<b>U</b>		<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i> .....	39
<i>ursodiol cap 300 mg</i> .....	48	VERSACLOZ.....	26
<i>ursodiol tab 250 mg, 500 mg</i> .....	48	VERZENIO.....	21
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<b>V</b>		<i>vigabatrin powd pack 500 mg</i> .....	10
<i>valacyclovir hcl tab 500 mg, 1 gm</i> .....	30	<i>vigabatrin tab 500 mg</i> .....	10
VALCHLOR.....	21	VIIBRYD STARTER PACK.....	13
<i>valganciclovir hcl for soln 50 mg/ml</i> .....	30	<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i> .....	13
<i>valganciclovir hcl tab 450 mg</i> .....	30	VIRACEPT.....	30
<i>valproate sodium oral soln 250 mg/5ml</i> .....	10	VIREAD.....	30
<i>valproic acid cap 250 mg</i> .....	10	<i>vitamins a &amp; d oint</i> .....	43
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i> .....	39	VITRAKVI.....	21
<i>valsartan tab 320 mg</i> .....	39	VIZIMPRO.....	22
<i>valsartan tab 40 mg, 80 mg, 160 mg</i> .....	39	VONJO.....	22
		<i>voriconazole for inj 200 mg</i> .....	15
		<i>voriconazole for susp 40 mg/ml</i> .....	15
		<i>voriconazole tab 50 mg, 200 mg</i> .....	15

VOSEVI.....	30	<i>zolpidem tartrate tab 5 mg, 10 mg</i> .....	66
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VRAYLAR.....	26	<i>zonisamide cap 25 mg, 50 mg, 100 mg</i> .....	11
VYNDAQEL.....	49	ZTALMY.....	11
<b>W</b>		ZYDELIG.....	22
WAKIX.....	66	ZYKADIA.....	22
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg,</i> <i>5 mg, 6 mg, 7.5 mg, 10 mg</i> .....	35	ZYPREXA RELPREVV.....	26
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XOFLUZA.....	30		
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XTANDI.....	22		
XYWAV.....	66		
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<i>zafirlukast tab 10 mg, 20 mg</i> .....	66		
<i>zaleplon cap 10 mg</i> .....	66		
<i>zaleplon cap 5 mg</i> .....	66		
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ZELBORAF.....	22		
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>zinc oxide oint 20%</i> .....	43		
<i>ziprasidone hcl cap 20 mg, 40 mg</i> .....	26		
<i>ziprasidone hcl cap 60 mg, 80 mg</i> .....	26		
<i>ziprasidone mesylate for inj 20 mg</i> .....	26		
ZOKINVY.....	49		
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	60		
ZOLINZA.....	22		



# 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 <http://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](http://enrollhfs.illinois.gov)

This formulary was updated on 11/13/2023.

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.