



**Anthem MediBlue Rx Standard (PDP)**

# List of covered drugs

*2024 Formulary*

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.** This formulary was updated on 8/25/2023. For more recent information or other questions, please contact Anthem MediBlue Rx Standard (PDP) Pharmacy Customer Service, at **1-833-348-5281** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **[www.anthem.com](http://www.anthem.com)**.

## **Note to existing members:**

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Anthem Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem MediBlue Rx Standard (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

## What is the Anthem MediBlue Rx Standard (PDP) formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the formulary (drug list) change?

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

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

**New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Anthem MediBlue Rx Standard (PDP)’s Formulary?”

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect

you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1/1/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

## How do I use the formulary?

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

### Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 51. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

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

**Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

**Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem MediBlue Rx Standard (PDP)'s formulary?" on page 5 for information about how to request an exception.

## What if my drug is not on the formulary?

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

If you learn that our plan does not cover your drug, you have two options:

**You can ask Pharmacy Member Services for a list of similar drugs that are covered by our plan.** When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

**You can ask our plan to make an exception and cover your drug.** See below for information about how to request an exception.

## How do I request an exception to the Anthem MediBlue Rx Standard (PDP)'s formulary?

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

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

**You can ask us to cover a formulary drug at a lower cost-sharing level.** If approved, this would lower the amount you must pay for your drug.

**You can ask us to waive coverage restrictions or limits on your drug.** For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

If you are a resident of a long-term-care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Pharmacy Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

## For more information

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

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

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

## Our plan's formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 51.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA HANDIHALER) and generic drugs are listed in lowercase italics (e.g., *atenolol*).

## Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$1.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$2.00

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

**QL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

**PA – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST – Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D PA – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Member Services at 1-833-348-5281, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit [www.anthem.com](http://www.anthem.com).

**NEDS – Non-Extended Day Supply:** This prescription cannot be filled for more than a 30-day supply.

**MO – Mail Orders:** Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$3.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$4.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) You pay \$35.00 per month supply of each covered insulin product on this tier.	19%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) You pay \$35.00 per month supply of each covered insulin product on this tier.	19%
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply) You pay \$35.00 per month supply of each covered insulin product on this tier.	39%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) You pay \$35.00 per month supply of each covered insulin product on this tier.	40%
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply)	25%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	25%

Please refer to our Evidence of Coverage for more information on cost-sharing.

The amount you pay will depend if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.

\* A long-term supply is not available for drugs in the Tier 5: Specialty Tier.

Mail-Order Pharmacy – Mail-order service allows you to order a 30-90-day supply of drugs. The drugs available through our plan’s mail-order service are marked as “mail-order” drugs in our drug list.

## Covered Medications by Therapeutic Category

### Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA RESPIMAT).

**QL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

**PA – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST – Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D PA – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**LA – Limited Access:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-348-5281, TTY/TDD users should call 711, 24 hours a day, 7 days a week, or visit [www.anthem.com](http://www.anthem.com).

**NEDS – Non-Extended Day Supply (NEDS):** This prescription cannot be filled for more than a 30-day supply.

**MO – Mail Orders:** Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/Limits</i>	<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/Limits</i>
<b>Analgesics And Anti-Inflammatory Agents</b>			<i>ec-naproxen oral tablet delayed release 375 mg</i>	2	MO
<i>acetaminophen-codeine oral solution</i>	3	QL (900 per 30 days); NEDS	<i>ec-naproxen oral tablet delayed release 500 mg</i>	4	MO
<i>acetaminophen-codeine oral tablet</i>	3	QL (180 per 30 days); NEDS	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	MO	<i>etodolac oral</i>	3	MO
<i>celecoxib oral capsule 100 mg, 50 mg</i>	3	MO	<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 per 30 days); NEDS
<i>celecoxib oral capsule 200 mg, 400 mg</i>	4	MO	<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 per 30 days); NEDS
<i>colchicine oral tablet</i>	4		<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (15 per 30 days); NEDS
<i>colchicine-probenecid</i>	3	MO	<i>fentanyl transdermal patch 72 hour 25 mcg/hr</i>	3	PA; QL (15 per 30 days); NEDS
<i>diclofenac potassium oral tablet 50 mg</i>	3	MO			
<i>diclofenac sodium er</i>	3	MO			
<i>diclofenac sodium external gel 1 %</i>	3	QL (1000 per 30 days)			
<i>diclofenac sodium oral</i>	4	MO			
<i>diflunisal oral</i>	3	MO			
<i>duramorph</i>	4	QL (180 per 30 days); NEDS			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flurbiprofen oral tablet 100 mg</i>	3	MO
GLYDO EXTERNAL PREFILLED SYRINGE	2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (50 per 10 days); NEDS
<i>hydromorphone hcl oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	QL (120 per 30 days); NEDS
IBU	2	MO
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine hcl external solution</i>	3	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal external gel</i>	3	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	3	QL (30 per 30 days)
<i>meloxicam oral tablet</i>	2	MO
METHADONE HCL INTENSOL	4	QL (180 per 30 days); NEDS
<i>methadone hcl oral concentrate</i>	4	QL (180 per 30 days); NEDS
<i>methadone hcl oral solution</i>	3	QL (900 per 30 days); NEDS
<i>methadone hcl oral tablet</i>	3	PA; QL (180 per 30 days); NEDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	3	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 8 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml</i>	3	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 8 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	4	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate intravenous solution 10 mg/ml, 8 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate intravenous solution 4 mg/ml</i>	3	QL (180 per 30 days); NEDS
<i>morphine sulfate oral solution</i>	3	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	2	MO
<i>naproxen oral tablet delayed release 500 mg</i>	4	MO
<i>oxycodone hcl oral solution</i>	4	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>probenecid oral</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELAFEN	2	MO
<i>sulindac oral</i>	2	MO
<i>tramadol hcl oral tablet 50 mg</i>	3	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	3	QL (40 per 5 days); NEDS
<b>Antineoplastics</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 per 30 days)
ALECENSA	5	PA; QL (240 per 30 days); LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); LA
<i>anastrozole oral</i>	2	QL (30 per 30 days); MO
AYVAKIT	5	PA; QL (30 per 30 days); LA
<i>azacitidine</i>	5	PA; LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); LA
BESREMI	5	PA; LA
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days)
<i>bicalutamide</i>	3	QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); LA
BRUKINSA	5	PA; QL (120 per 30 days); LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX	5	PA; QL (30 per 30 days); LA
CALQUENCE	5	PA; QL (60 per 30 days); LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); LA
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); LA
COPIKTRA	5	PA; QL (60 per 30 days); LA
COTELLIC	5	PA; QL (90 per 30 days); LA
<i>cyclophosphamide oral capsule</i>	3	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA
<i>doxorubicin hcl intravenous solution reconstituted 50 mg</i>	4	B/D PA
EMCYT	4	
ERIVEDGE	5	PA; QL (30 per 30 days); LA
ERLEADA	5	PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
<i>everolimus oral tablet soluble</i>	5	PA
<i>exemestane</i>	4	QL (60 per 30 days); MO
EXKIVITY	5	PA; QL (120 per 30 days); LA
<i>flutamide</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOTIVDA	5	PA; QL (21 per 28 days)
<i>fulvestrant intramuscular solution prefilled syringe</i>	5	PA
GAVRETO	5	PA; QL (120 per 30 days); LA
<i>gefitinib</i>	5	PA; QL (30 per 30 days)
GILOTRIF	5	PA; QL (30 per 30 days); LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
<i>hydroxyurea oral</i>	2	
IBRANCE	5	PA; QL (21 per 28 days); LA
ICLUSIG	5	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); LA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); LA
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days); LA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); LA
INQOVI	5	PA; QL (5 per 28 days); LA
INREBIC	5	PA; QL (120 per 30 days); LA
JAKAFI	5	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (21 per 21 days)
KISQALI (400 MG DOSE)	5	PA; QL (42 per 21 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 per 21 days)
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days)
KRAZATI	5	PA; QL (180 per 30 days)
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); LA
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); LA
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); LA
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
<i>letrozole oral</i>	4	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution reconstituted</i>	4	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 5 mg</i>	3	
LEUKERAN	4	
<i>leuprolide acetate (3 month)</i>	4	PA
<i>leuprolide acetate injection</i>	4	PA
LONSURF	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); LA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); LA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); LA
LYSODREN	5	
LYTGOBI (12 MG DAILY DOSE)	5	PA
LYTGOBI (16 MG DAILY DOSE)	5	PA
LYTGOBI (20 MG DAILY DOSE)	5	PA
MATULANE	5	LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	3	PA
<i>megestrol acetate oral tablet</i>	3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); LA
MEKTOVI	5	PA; QL (180 per 30 days); LA
<i>melphalan</i>	4	B/D PA
<i>mercaptopurine oral</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MESNEX ORAL	4	
NERLYNX	5	PA; QL (180 per 30 days); LA
<i>nilutamide</i>	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days)
NUBEQA	5	PA; QL (120 per 30 days); LA
ODOMZO	5	PA; QL (30 per 30 days); LA
ONUREG	4	PA; QL (14 per 28 days); LA
ORGOVYX	5	PA; QL (32 per 30 days); LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
PEMAZYRE	5	PA; QL (14 per 21 days); LA
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
POMALYST	5	PA; QL (21 per 28 days); LA
PURIXAN	5	PA
QINLOCK	5	PA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days); LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); LA
RUBRACA	5	PA; QL (120 per 30 days); LA
RYDAPT	5	PA; QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RYLAZE	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SOLTAMOX	4	MO
<i>sorafenib tosylate</i>	5	PA; QL (120 per 30 days)
SPRYCEL	5	PA; QL (30 per 30 days)
STIVARGA	5	PA; QL (84 per 28 days); LA
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days)
SYNRIBO	5	PA
TABLOID	4	
TABRECTA	5	PA; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)
TAGRISSO	5	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90 per 30 days); LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); LA
<i>tamoxifen citrate oral</i>	2	MO
TASIGNA	5	PA; QL (112 per 28 days)
TAZVERIK	5	PA; QL (240 per 30 days); LA
TECVAYLI	5	PA
TEPMETKO	5	PA; QL (60 per 30 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days)
TIBSOVO	5	PA; QL (60 per 30 days); LA
<i>toremifene citrate</i>	4	QL (30 per 30 days)
<i>tretinoin oral</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 per 28 days); LA
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 per 28 days); LA
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 per 28 days); LA
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 per 28 days); LA
TUKYSA	5	PA; QL (120 per 30 days); LA
TURALIO	5	PA; QL (120 per 30 days); LA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); LA
VENCLEXTA STARTING PACK	5	PA; LA
VERZENIO	5	PA; QL (60 per 30 days); LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); LA
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); LA
VIZIMPRO	5	PA; QL (30 per 30 days); LA
VONJO	5	PA; QL (120 per 30 days); LA
VOTRIENT	5	PA; QL (120 per 30 days); LA
WELIREG	5	PA; QL (90 per 30 days); LA
XALKORI	5	PA; QL (120 per 30 days); LA
XOSPATA	5	PA; QL (90 per 30 days); LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); LA

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); LA
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); LA
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
ZEJULA ORAL CAPSULE	5	PA; QL (90 per 30 days); LA
ZELBORAF	5	PA; QL (240 per 30 days); LA
ZOLINZA	5	PA; QL (120 per 30 days)
ZYDELIG	5	PA; QL (60 per 30 days); LA
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); LA
<b>Blood Products And Modifiers</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	3	MO
<i>anagrelide hcl oral capsule 1 mg</i>	4	MO
<i>aspirin-dipyridamole er</i>	4	ST; QL (60 per 30 days); MO
BRILINTA	4	QL (60 per 30 days); MO
<i>cilostazol</i>	2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	4	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	4	QL (60 per 30 days); MO
DROXIA	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIQUIS	3	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ENDARI	5	LA
<i>enoxaparin sodium injection solution</i>	4	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (33.6 per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days)
HAEGARDA	5	PA; LA
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	4	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B/D PA
<i>icatibant acetate</i>	5	PA
JANTOVEN	2	MO
MOZOBIL	5	PA
<i>pentoxifylline er</i>	2	MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); LA
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); LA
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tranexamic acid oral</i>	3	
<i>warfarin sodium oral</i>	2	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days); MO
XARELTO STARTER PACK	3	
ZARXIO	5	PA
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl oral</i>	4	MO
<i>acetazolamide oral</i>	3	MO
<i>aliskiren fumarate</i>	4	MO
<i>amiloride hcl oral</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	MO
<i>amiodarone hcl oral tablet 200 mg</i>	2	MO
<i>amlodipine besy-benazepril hcl</i>	2	MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	3	QL (30 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	3	MO
<i>bisoprolol fumarate oral</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	3	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	3	QL (30 per 30 days); MO
CARTIA XT	3	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	3	MO
<i>cholestyramine light oral packet</i>	4	MO
<i>cholestyramine light oral powder</i>	3	MO
<i>cholestyramine oral packet</i>	4	MO
<i>cholestyramine oral powder</i>	3	MO
<i>clonidine</i>	4	QL (4 per 28 days); MO
<i>clonidine hcl oral</i>	2	MO
<i>colestipol hcl oral granules</i>	3	MO
<i>colestipol hcl oral packet</i>	4	MO
<i>colestipol hcl oral tablet</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	4	PA; QL (60 per 30 days); MO
DIGOX ORAL TABLET 125 MCG	3	QL (30 per 30 days); MO
DIGOX ORAL TABLET 250 MCG	3	PA; QL (60 per 30 days); MO
<i>digoxin injection</i>	4	PA
<i>digoxin oral solution</i>	4	MO
<i>digoxin oral tablet 125 mcg</i>	3	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	3	PA; QL (60 per 30 days); MO
<i>dilt-xr</i>	3	MO
<i>diltiazem hcl er beads</i>	3	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	3	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	3	MO
<i>diltiazem hcl oral</i>	2	MO
<i>dofetilide</i>	4	
<i>doxazosin mesylate oral</i>	2	MO
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 per 30 days)
<i>droxidopa oral capsule 200 mg</i>	4	PA; QL (180 per 30 days)
<i>droxidopa oral capsule 300 mg</i>	5	PA; QL (180 per 30 days)
<i>enalapril maleate oral tablet</i>	2	MO
<i>enalapril-hydrochlorothiazide</i>	2	MO
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days); MO
<i>eplerenone</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>felodipine er</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	3	MO
<i>flecainide acetate</i>	3	MO
<i>fosinopril sodium</i>	2	MO
<i>fosinopril sodium-hctz</i>	3	MO
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	2	MO
<i>guanfacine hcl oral</i>	3	PA; MO
<i>hydralazine hcl injection</i>	4	
<i>hydralazine hcl oral</i>	2	MO
<i>hydrochlorothiazide oral</i>	1	MO
<i>indapamide oral</i>	2	MO
<i>irbesartan</i>	2	QL (30 per 30 days); MO
<i>irbesartan-hydrochlorothiazide</i>	2	QL (30 per 30 days); MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>labetalol hcl intravenous solution</i>	4	
<i>labetalol hcl oral</i>	3	MO
<i>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan potassium oral tablet 100 mg</i>	2	QL (30 per 30 days); MO
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	2	QL (60 per 30 days); MO
<i>losartan potassium-hctz</i>	2	QL (30 per 30 days); MO
<i>lovastatin oral</i>	1	QL (60 per 30 days); MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	3	MO
<i>metyrosine</i>	5	
<i>midodrine hcl oral tablet 10 mg, 5 mg</i>	4	
<i>midodrine hcl oral tablet 2.5 mg</i>	3	
<i>minoxidil oral</i>	2	MO
<i>moexipril hcl</i>	3	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg</i>	4	MO
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg</i>	3	MO
<i>nifedipine er</i>	3	MO
<i>nifedipine er osmotic release</i>	3	MO
<i>nimodipine oral</i>	4	
<b>NITRO-BID</b>	3	MO
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	3	MO
<i>nitroglycerin transdermal patch 24 hour</i>	3	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	3	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	2	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	3	QL (30 per 30 days); MO
<b>PACERONE ORAL TABLET 100 MG, 400 MG</b>	3	MO
<b>PACERONE ORAL TABLET 200 MG</b>	2	MO
<i>perindopril erbumine oral tablet 2 mg</i>	2	MO
<i>perindopril erbumine oral tablet 4 mg, 8 mg</i>	3	MO
<i>pindolol</i>	3	MO
<i>pravastatin sodium</i>	2	QL (30 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prazosin hcl oral</i>	3	MO
<b>PREVALITE ORAL PACKET</b>	4	MO
<b>PREVALITE ORAL POWDER</b>	3	MO
<i>propafenone hcl</i>	3	MO
<i>propranolol hcl er</i>	3	MO
<i>propranolol hcl intravenous</i>	4	
<i>propranolol hcl oral</i>	3	MO
<i>quinapril hcl</i>	2	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>quinidine sulfate oral</i>	2	MO
<i>ramipril</i>	2	MO
<i>ranolazine er</i>	4	PA; MO
<b>REPATHA</b>	3	PA; QL (3 per 28 days); MO
<b>REPATHA PUSHTRONEX SYSTEM</b>	3	PA; QL (3.5 per 28 days); MO
<b>REPATHA SURECLICK</b>	3	PA; QL (3 per 28 days); MO
<i>rosuvastatin calcium</i>	2	QL (30 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO
<b>SORINE</b>	2	MO
<i>sotalol hcl (af)</i>	2	MO
<i>sotalol hcl oral</i>	2	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolactone-hctz</i>	3	MO
<b>TAZTIA XT</b>	3	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	3	QL (30 per 30 days); MO
<i>telmisartan oral tablet 80 mg</i>	3	QL (60 per 30 days); MO
<i>terazosin hcl oral</i>	2	MO
<b>TIADYL ER</b>	3	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	3	MO
<i>timolol maleate oral tablet 20 mg</i>	4	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	MO
<i>triamterene-hctz oral tablet</i>	2	MO
<i>valsartan oral tablet 160 mg</i>	3	QL (60 per 30 days); MO
<i>valsartan oral tablet 320 mg</i>	3	QL (30 per 30 days); MO
<i>valsartan oral tablet 40 mg, 80 mg</i>	3	QL (90 per 30 days); MO
<i>valsartan-hydrochlorothiazide</i>	3	QL (30 per 30 days); MO
VASCEPA	4	MO
<i>verapamil hcl er oral tablet extended release</i>	2	MO
<i>verapamil hcl intravenous</i>	4	
<i>verapamil hcl oral</i>	2	MO
VERQUVO	4	PA; MO
<b>Central Nervous System Agents</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO
<i>acamprosate calcium</i>	4	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days); MO
<i>alprazolam oral tablet</i>	3	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amantadine hcl oral solution</i>	3	MO
<i>amantadine hcl oral tablet</i>	3	MO
<i>amitriptyline hcl oral</i>	3	MO
<i>amoxapine</i>	3	PA; MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	5	PA; QL (60 per 30 days)
APTIOM	4	ST; MO
<i>aripiprazole oral solution</i>	4	QL (900 per 30 days); MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	4	MO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	4	QL (30 per 30 days); MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	QL (90 per 30 days); MO
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 per 30 days); MO
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	4	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	4	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	4	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	3	QL (30 per 30 days); MO
<i>atomoxetine hcl oral capsule 18 mg, 40 mg</i>	3	QL (60 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUVELITY	4	PA; QL (60 per 30 days); MO
<i>baclofen oral tablet 10 mg</i>	3	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	3	QL (120 per 30 days)
BELSOMRA	4	QL (30 per 30 days)
<i>benztropine mesylate oral</i>	3	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO
<i>bromocriptine mesylate oral</i>	4	MO
<i>buprenorphine hcl injection</i>	4	QL (90 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	3	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	3	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (360 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	3	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	3	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	3	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	3	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	3	QL (30 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180 per 30 days); MO
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	
<i>bupirone hcl oral tablet 30 mg, 7.5 mg</i>	3	
CAPLYTA	4	QL (30 per 30 days); MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine oral suspension</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet chewable</i>	3	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	MO
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	4	MO
<i>chlordiazepoxide-amitriptyline</i>	4	PA; MO
<i>chlorpromazine hcl injection</i>	4	
<i>chlorpromazine hcl oral</i>	4	MO
<i>citalopram hydrobromide oral solution</i>	3	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	4	PA; QL (480 per 30 days); MO
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	4	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	3	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	3	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	3	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	3	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	3	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	4	
<i>clozapine oral tablet 100 mg</i>	3	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	4	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	3	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	3	QL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PA
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	3	PA; MO
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	4	PA; MO
<i>desvenlafaxine succinate er</i>	4	MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA
DIAZEPAM INTENSOL	3	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	3	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	3	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 per 30 days)
<i>diazepam rectal</i>	4	
<i>dihydroergotamine mesylate nasal</i>	4	QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>disulfiram oral tablet 250 mg</i>	3	MO
<i>disulfiram oral tablet 500 mg</i>	4	MO
<i>divalproex sodium er oral tablet extended release 24 hour</i>	4	MO
<i>divalproex sodium oral capsule delayed release sprinkle</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium oral tablet delayed release</i>	3	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	QL (30 per 30 days); MO
<i>donepezil hcl oral tablet dispersible</i>	4	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	3	PA; MO
<i>doxepin hcl oral concentrate</i>	4	PA; MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	3	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	3	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	3	QL (60 per 30 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO
<i>entacapone</i>	4	MO
EPIDIOLEX	4	PA; LA
EPITOL	4	MO
EPRONTIA	4	MO
<i>ergotamine-caffeine</i>	3	
<i>escitalopram oxalate oral solution</i>	4	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	2	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL (120 per 30 days); MO
<i>ethosuximide oral capsule</i>	3	MO
<i>ethosuximide oral solution</i>	4	MO
FANAPT ORAL TABLET 1 MG	4	QL (720 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT ORAL TABLET 10 MG, 12 MG	4	QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	QL (90 per 30 days)
FANAPT TITRATION PACK	4	
<i>felbamate</i>	4	MO
FETZIMA	4	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	4	PA
<i>fingolimod hcl</i>	5	PA; QL (30 per 30 days)
FINTEPLA	4	PA; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	2	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	2	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	2	QL (60 per 30 days); MO
<i>fluoxetine hcl oral solution</i>	3	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	4	MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	3	QL (90 per 30 days); MO
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	3	MO
FYCOMPA ORAL SUSPENSION	4	QL (720 per 30 days); MO
FYCOMPA ORAL TABLET	4	QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	3	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	3	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	3	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	4	QL (2160 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin oral tablet 600 mg</i>	3	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	3	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	4	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	4	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	3	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (30 per 30 days)
<i>guanfacine hcl er</i>	3	PA; QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	3	MO
<i>haloperidol oral</i>	3	MO
<i>imipramine hcl oral</i>	3	PA; MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days)
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	4	QL (60 per 30 days); MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet chewable</i>	3	MO
<i>levetiracetam intravenous</i>	4	
<i>levetiracetam oral</i>	3	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate oral</i>	2	MO
LORAZEPAM INTENSOL	4	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	4	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 per 30 days)
<i>loxapine succinate oral</i>	3	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 per 30 days); MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYBALVI	4	QL (30 per 30 days); MO
MARPLAN	4	MO
<i>memantine hcl er</i>	4	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	3	PA; QL (60 per 30 days); MO
<i>memantine hcl oral tablet 5 mg</i>	3	PA; QL (90 per 30 days); MO
<i>methsuximide</i>	4	MO
<i>methylphenidate hcl er oral tablet extended release</i>	4	PA; QL (90 per 30 days); MO
<i>methylphenidate hcl oral tablet</i>	3	PA; QL (90 per 30 days); MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	3	MO
<i>mirtazapine oral tablet 45 mg</i>	3	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	3	QL (30 per 30 days); MO
<i>molindone hcl</i>	4	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution 4 mg/10ml</i>	4	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naloxone hcl nasal</i>	3	
<i>naltrexone hcl oral</i>	4	
<i>naratriptan hcl</i>	3	QL (9 per 30 days)
NAYZILAM	4	
<i>nefazodone hcl</i>	4	MO
NEUPRO	4	QL (30 per 30 days); MO
NICOTROL NS	4	QL (120 per 30 days)
<i>nortriptyline hcl oral capsule</i>	2	MO
<i>nortriptyline hcl oral solution</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUEDEXTA	4	PA; QL (60 per 30 days); MO
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA
NURTEC	4	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	4	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg</i>	4	MO
<i>olanzapine oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	3	MO
<i>olanzapine oral tablet 20 mg</i>	4	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	4	MO
<i>olanzapine oral tablet dispersible 20 mg</i>	4	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 per 30 days); MO
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	3	MO
<i>oxcarbazepine oral tablet 600 mg</i>	4	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	4	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	2	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 per 30 days); MO
<i>perphenazine oral</i>	3	MO
<i>perphenazine-amitriptyline</i>	4	PA; MO
PERSERIS	4	QL (1 per 28 days); MO
<i>phenelzine sulfate oral</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	3	PA; QL (210 per 30 days); MO
PHENYTOIN INFATABS	3	MO
<i>phenytoin oral</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO
<i>pimozide</i>	4	MO
<i>pramipexole dihydrochloride</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	MO
<i>pregabalin oral capsule 200 mg</i>	4	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	4	QL (900 per 30 days); MO
<i>primidone oral</i>	2	MO
<i>protriptyline hcl</i>	4	PA; MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>quetiapine fumarate oral tablet 100 mg</i>	3	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	3	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	3	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	3	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	3	QL (80 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate oral tablet 400 mg</i>	3	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	3	QL (480 per 30 days); MO
<i>rasagiline mesylate oral</i>	4	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	QL (60 per 30 days); MO
REXULTI ORAL TABLET 3 MG, 4 MG	4	QL (30 per 30 days); MO
<i>riluzole</i>	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (2 per 28 days)
<i>risperidone oral solution</i>	4	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	2	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	2	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	2	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	2	QL (240 per 30 days); MO
<i>risperidone oral tablet 3 mg, 4 mg</i>	2	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	4	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	4	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 per 30 days); MO
<i>rivastigmine tartrate</i>	4	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	3	QL (12 per 30 days)
<i>ropinirole hcl</i>	2	MO
ROWEEPRA ORAL TABLET 500 MG	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rufinamide oral suspension</i>	4	PA; QL (2400 per 30 days); MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days); MO
SECUADO	4	QL (30 per 30 days); MO
<i>selegiline hcl oral</i>	3	MO
<i>sertraline hcl oral concentrate</i>	3	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	2	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	2	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	2	QL (120 per 30 days); MO
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	QL (120 per 30 days); MO
SUBVENITE	2	MO
<i>sumatriptan nasal</i>	4	
<i>sumatriptan succinate oral</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO
<i>tasimelteon</i>	5	PA; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TECFIDERA ORAL	5	PA; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	PA; QL (14 per 7 days); LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	PA; QL (60 per 30 days); LA
<i>temazepam oral capsule 15 mg, 30 mg</i>	3	QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 per 30 days)
<i>thioridazine hcl oral</i>	3	MO
<i>thiothixene oral</i>	3	MO
<i>tiagabine hcl</i>	4	MO
<i>tizanidine hcl oral tablet</i>	2	
<i>topiramate oral capsule sprinkle 15 mg</i>	3	MO
<i>topiramate oral capsule sprinkle 25 mg</i>	4	MO
<i>topiramate oral tablet 100 mg, 200 mg</i>	3	MO
<i>topiramate oral tablet 25 mg, 50 mg</i>	2	MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
<i>trifluoperazine hcl oral</i>	3	MO
<i>trihexyphenidyl hcl oral solution</i>	4	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	3	MO
<i>trimipramine maleate oral</i>	4	MO
TRINTELLIX	4	QL (30 per 30 days); MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 60 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 30 days)
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	4	
<i>valproic acid oral capsule</i>	3	MO
<i>valproic acid oral solution</i>	3	MO
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
<i>varenicline tartrate oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg</i>	4	PA; QL (56 per 28 days)
<i>varenicline tartrate oral tablet therapy pack</i>	4	PA
<i>venlafaxine besylate er</i>	4	QL (60 per 30 days); MO
<i>venlafaxine hcl</i>	3	QL (90 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	QL (180 per 30 days); MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 per 30 days); MO
VERSACLOZ	4	QL (600 per 30 days)
<i>vigabatrin</i>	5	PA; QL (180 per 30 days); LA
VIGADRONE ORAL PACKET	5	PA; QL (180 per 30 days); LA
VIIIBRYD STARTER PACK	4	ST
<i>vilazodone hcl</i>	4	ST; QL (30 per 30 days); MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
WAKIX	5	PA; QL (60 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	4	QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK	4	QL (56 per 365 days)
<i>zaleplon oral capsule 10 mg</i>	3	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	4	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	4	QL (6 per 3 days)
<i>zolpidem tartrate oral tablet</i>	3	QL (30 per 30 days)
ZONISADE	4	MO
<i>zonisamide oral capsule 100 mg</i>	4	MO
<i>zonisamide oral capsule 25 mg, 50 mg</i>	3	MO
ZTALMY	5	QL (1100 per 30 days)
ZYPREXA RELPREVV	4	QL (2 per 28 days)
<b>Dermatological Agents</b>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>ala-cort external cream</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate external</i>	3	
AMNESTEEM	4	
<i>betamethasone dipropionate aug</i>	3	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	3	
<i>betamethasone dipropionate external ointment</i>	4	
<i>betamethasone valerate external cream</i>	3	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	3	
<i>bexarotene external</i>	5	PA; QL (60 per 30 days)
<i>calcipotriene external cream</i>	4	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	3	QL (120 per 30 days)
<i>calcipotriene external solution</i>	4	QL (60 per 30 days)
CALCITRENE	4	QL (120 per 30 days)
CAVAREST	3	
<i>chlorhexidine gluconate mouth/throat</i>	2	
CICLODAN EXTERNAL SOLUTION	3	
<i>ciclopirox external solution</i>	3	
<i>ciclopirox olamine external cream</i>	3	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	3	
CLARAVIS	4	
<i>clindamycin phosphate external gel</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate external lotion</i>	3	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	3	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	3	
CLINPRO 5000	3	MO
<i>clobetasol prop emollient base</i>	4	QL (120 per 30 days)
<i>clobetasol propionate e</i>	4	QL (120 per 30 days)
<i>clotrimazole external cream</i>	3	
<i>clotrimazole external solution</i>	3	
<i>clotrimazole mouth/throat troche</i>	3	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	3	QL (120 per 30 days)
DENTA 5000 PLUS	3	MO
DENTAGEL	3	MO
<i>desonide external ointment</i>	4	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days)
<i>econazole nitrate external</i>	4	QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ery</i>	3	
<i>erythromycin external gel</i>	4	
<i>erythromycin external solution</i>	3	
<i>fluocinolone acetonide external cream</i>	3	QL (120 per 30 days)
<i>fluocinolone acetonide external ointment</i>	3	QL (120 per 30 days)
<i>fluocinolone acetonide external solution</i>	4	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	4	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	3	QL (240 per 30 days)
<i>fluocinonide external gel</i>	4	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	4	QL (240 per 30 days)
<i>fluocinonide external solution</i>	3	QL (240 per 30 days)
FLUORIDEX	3	MO
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	MO
FLUORIMAX 5000	3	MO
<i>fluorouracil external cream 5 %</i>	4	
<i>fluorouracil external solution</i>	3	
<i>fluticasone propionate external cream</i>	3	
<i>fluticasone propionate external ointment</i>	3	
<i>gentamicin sulfate external</i>	3	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	4	
<i>halobetasol propionate external ointment</i>	4	
<i>hydrocortisone (perianal)</i>	3	
<i>hydrocortisone butyrate external ointment</i>	4	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>imiquimod external cream 5 %</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
JUST RIGHT 5000	3	MO
<i>ketoconazole external cream</i>	3	QL (120 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	QL (120 per 30 days)
<i>malathion external</i>	4	
<i>metronidazole external cream</i>	3	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external lotion</i>	4	
<i>mometasone furoate external</i>	3	
<i>mupirocin external</i>	2	QL (120 per 30 days)
MYORISAN	4	
NYAMYC	3	
<i>nystatin external</i>	3	
<i>nystatin mouth/throat</i>	3	
NYSTOP	3	
ORALONE	3	
PANRETIN	5	
PERIOGARD	2	
<i>permethrin external cream</i>	3	
<i>pilocarpine hcl oral</i>	4	MO
<i>podofilox external</i>	3	
PROCTO-MED HC EXTERNAL	3	
PROCTOSOL HC EXTERNAL	3	
PROCTOZONE-HC EXTERNAL	3	
RECTIV	4	QL (30 per 30 days)
SANTYL	4	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	2	
<i>sf</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sf 5000 plus</i>	3	MO
<i>silver sulfadiazine external</i>	3	
<i>sodium fluoride 5000 plus</i>	3	MO
<i>sodium fluoride 5000 ppm</i>	3	MO
<i>sodium fluoride dental cream</i>	3	MO
<i>sodium fluoride dental gel 1.1 %</i>	3	MO
SSD	3	
<i>sulfacetamide sodium (acne)</i>	4	
<i>tacrolimus external ointment 0.1 %</i>	4	PA; QL (100 per 30 days)
<i>tazarotene external cream</i>	4	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	4	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %</i>	3	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.025 %</i>	4	PA; QL (45 per 30 days)
<i>triamcinolone acetonide external cream</i>	2	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	3	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	3	
VALCHLOR	5	PA; LA
ZENATANE	4	
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
<i>carglumic acid oral tablet soluble</i>	5	PA; LA
<i>clinimix e/dextrose (8/10)</i>	4	B/D PA
<i>clinimix e/dextrose (8/14)</i>	4	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX/DEXTROSE (5/15)	4	B/D PA
CLINIMIX/DEXTROSE (5/20)	4	B/D PA
<i>clinimix/dextrose (6/5)</i>	4	B/D PA
<i>clinimix/dextrose (8/10)</i>	4	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clinimix/dextrose (8/14)</i>	4	B/D PA
CLINOLIPID	4	B/D PA
<i>dextrose in lactated ringers</i>	4	
<i>dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %</i>	4	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	4	
<i>dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %</i>	4	
EFFER-K ORAL TABLET	2	MO
EFFERVESCENT 25 MEQ		
INTRALIPID	4	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	
KLOR-CON 10	2	MO
KLOR-CON M10	2	MO
KLOR-CON M15	3	MO
KLOR-CON M20	3	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO
KLOR-CON/EF	2	MO
<i>lactated ringers intravenous</i>	4	
<i>levocarnitine oral solution</i>	4	B/D PA; MO
<i>levocarnitine oral tablet</i>	3	B/D PA; MO
<i>levocarnitine sf</i>	4	B/D PA; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	4	
NUTRILIPID	4	B/D PA
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
<i>potassium chloride crystal oral tablet extended release 10 meq</i>	2	MO
<i>potassium chloride crystal oral tablet extended release 15 meq, 20 meq</i>	3	MO
<i>potassium chloride oral capsule extended release</i>	3	MO
<i>potassium chloride oral tablet extended release</i>	2	MO
<i>potassium chloride in sodium chloride intravenous solution 20-0.45 meq/l-%</i>	3	
<i>potassium chloride in sodium chloride intravenous solution 20-0.9 meq/l-%</i>	4	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	4	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	MO
<i>potassium chloride in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	4	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal vitamin with ferrous fumarate-1 methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prenatal without a w/ ferrous fumarate-1 methylfolate-folic acid oral capsule 27-0.6-0.4-300 mg</i>	3	
PROSOL	4	B/D PA
<i>ringers</i>	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	3	
<i>sodium chloride intravenous solution 4 meq/ml</i>	4	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	MO
<i>sodium fluoride oral tablet chewable</i>	2	MO
TRAVASOL	4	B/D PA
TROPHAMINE	4	B/D PA
INTRAVENOUS SOLUTION 10 %		
<b>Endocrine And Metabolic Disorder Agents</b>		
<i>acarbose oral</i>	3	QL (90 per 30 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	2	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	2	QL (4 per 28 days); MO
BYDUREON BCISE	3	PA; QL (4 per 28 days); MO
<i>calcitonin (salmon) injection</i>	4	B/D PA
<i>calcitonin (salmon) nasal</i>	3	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	B/D PA
<i>calcitriol oral capsule</i>	3	B/D PA; MO
<i>calcitriol oral solution</i>	4	B/D PA; MO
<i>calcium acetate (phosphate binder)</i>	3	MO
<i>calcium acetate oral tablet 667 mg</i>	3	MO
<i>cinacalcet hydrochloride oral tablet 30 mg, 60 mg</i>	4	B/D PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days)
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>diazoxide oral</i>	4	MO
FARXIGA	3	QL (30 per 30 days); MO
<i>glimepiride oral tablet 1 mg</i>	2	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	2	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	2	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	2	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	2	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	2	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	2	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	2	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	2	QL (120 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	3	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	3	QL (120 per 30 days); MO
GLUCAGON EMERGENCY INJECTION KIT	3	
GVOKE HYOPEN 1-PACK	3	
GVOKE HYOPEN 2-PACK	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GVOKE KIT	3	
GVOKE PFS	3	
HUMALOG INJECTION	3	MO
HUMALOG JUNIOR	3	MO
KWIKPEN		
HUMALOG KWIKPEN	3	MO
SUBCUTANEOUS SOLUTION PEN-INJECTOR		
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE		
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN R	3	MO
<i>ibandronate sodium intravenous</i>	4	B/D PA
<i>ibandronate sodium oral</i>	3	QL (1 per 28 days); MO
JANUMET	3	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA ORAL TABLET 100 MG	3	QL (30 per 30 days); MO
JANUVIA ORAL TABLET 25 MG	3	QL (120 per 30 days); MO
JANUVIA ORAL TABLET 50 MG	3	QL (60 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO
JENTADUETO	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days); MO
KERENDIA	4	PA; QL (30 per 30 days); MO
LANTUS	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
LYUMJEV	3	MO
LYUMJEV KWIKPEN	3	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO
<i>nateglinide oral tablet 120 mg</i>	3	QL (90 per 30 days); MO
<i>nateglinide oral tablet 60 mg</i>	3	QL (180 per 30 days); MO
NATPARA	5	PA; QL (2 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days); MO
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days); MO
<i>paricalcitol oral</i>	4	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	2	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	2	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	2	QL (30 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	3	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	3	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	3	QL (240 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days); MO
<i>sevelamer carbonate oral packet 0.8 gm</i>	4	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	4	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	4	QL (540 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOLIQUA	4	QL (15 per 25 days); MO
SPS	3	
SYNJARDY	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days); MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRADJENTA	3	QL (30 per 30 days); MO
TRESIBA	3	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days); MO
<i>trientine hcl</i>	5	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days); MO
TRULICITY	3	PA; QL (2 per 28 days); MO
TYMLOS	5	PA; QL (1.56 per 28 days)
VELTASSA	4	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 per 30 days); MO
XGEVA	5	PA; QL (5.1 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	4	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	4	PA
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl</i>	4	PA; QL (60 per 30 days); MO
<i>aprepitant oral</i>	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	4	PA
<i>budesonide oral</i>	4	
COMPRO	4	
<i>constulose</i>	2	MO
<i>dicyclomine hcl oral capsule</i>	3	
<i>dicyclomine hcl oral solution</i>	4	
<i>dicyclomine hcl oral tablet</i>	3	
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
<i>dronabinol</i>	4	B/D PA; QL (120 per 30 days)
<i>enulose</i>	2	MO
<i>famotidine (pf)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine oral suspension reconstituted</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>famotidine premixed</i>	4	
GATTEX	5	PA; LA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	
<i>generlac</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	4	
<i>granisetron hcl oral</i>	4	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	3	
<i>hydrocortisone rectal enema</i>	4	
<i>lactulose encephalopathy</i>	2	MO
<i>lactulose oral solution</i>	2	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	3	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	3	QL (30 per 30 days); MO
LINZESS	4	QL (30 per 30 days); MO
<i>loperamide hcl oral capsule</i>	3	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	3	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	MO
<i>mesalamine rectal</i>	4	
<i>metoclopramide hcl injection</i>	4	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl oral tablet</i>	2	
<i>misoprostol oral</i>	3	MO
MOVANTIK	3	QL (30 per 30 days)
<i>na sulfate-k sulfate-mg sulf</i>	3	
<i>nizatidine oral capsule 150 mg</i>	3	MO
NULYTELY LEMON-LIME	3	
<i>omeprazole oral capsule delayed release</i>	2	MO
<i>ondansetron</i>	3	B/D PA; QL (90 per 30 days)
<i>ondansetron hcl oral solution</i>	4	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	3	B/D PA; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	B/D PA; QL (90 per 30 days)
<i>opium</i>	4	
<i>pantoprazole sodium intravenous</i>	4	
<i>pantoprazole sodium oral tablet delayed release</i>	2	MO
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate oral</i>	2	MO
<i>promethazine hcl oral</i>	3	
<i>scopolamine</i>	4	QL (10 per 28 days)
<i>sucalfate oral tablet</i>	3	MO
<i>sulfasalazine oral</i>	3	MO
<i>ursodiol oral tablet 250 mg</i>	3	MO
<i>ursodiol oral tablet 500 mg</i>	4	MO
XERMELO	5	PA; QL (90 per 30 days); LA
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine</i>	5	LA
CREON	3	MO
<i>cromolyn sodium oral</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYSTAGON	4	LA
JAVYGTOR ORAL TABLET	5	PA
<i>nitisinone</i>	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er</i>	2	MO
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	3	
<i>bethanechol chloride oral tablet 50 mg</i>	4	
<i>clindamycin phosphate vaginal</i>	3	
<i>dutasteride oral</i>	3	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	2	MO
GEMTESA	4	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	3	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	3	QL (30 per 30 days); MO
<i>oxybutynin chloride oral syrup</i>	2	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	2	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	QL (120 per 30 days); MO
<i>penicillamine oral tablet</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium citrate er</i>	4	
<i>tamsulosin hcl</i>	2	MO
<i>terconazole</i>	3	
<i>tolterodine tartrate</i>	4	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	4	QL (30 per 30 days); MO

### **Hormonal Agents**

AFIRMELLE	3	MO
ALTAVERA	3	MO
<i>alyacen 1/35</i>	3	MO
<i>alyacen 7/7/7</i>	3	MO
AMABELZ	4	PA; MO
APRI	3	MO
ARANELLE	3	MO
AUBRA EQ	3	MO
AUROVELA 1.5/30	3	MO
AUROVELA 1/20	3	MO
AUROVELA FE 1.5/30	3	MO
AUROVELA FE 1/20	3	MO
AVIANE	3	MO
AYUNA	3	MO
AZURETTE	3	MO
BALZIVA	3	MO
BLISOVI FE 1.5/30	3	MO
BLISOVI FE 1/20	3	MO
<i>briellyn</i>	3	MO
<i>cabergoline</i>	3	
CAMILA	3	MO
CAMRESE	3	MO
CHATEAL EQ	3	MO
CRYSSELLE-28	3	MO
CYRED EQ	3	MO
<i>danazol oral</i>	4	
DASETTA 1/35	3	MO
DASETTA 7/7/7	3	MO
DAYSEE	3	MO
DEBLITANE	3	MO
DELYLA	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA; MO
<i>desmopressin ace spray refrig</i>	4	MO
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate oral</i>	3	MO
<i>desmopressin acetate pf</i>	4	
<i>desmopressin acetate spray</i>	4	MO
<i>desogestrel-ethinyl estradiol</i>	3	MO
DEXAMETHASONE INTENSOL	4	
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet</i>	3	
<i>dexamethasone sod phosphate pf injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 4 mg/ml</i>	4	
DOTTI	3	PA; QL (8 per 28 days); MO
<i>drospirenone-ethinyl estradiol</i>	3	MO
ELINEST	3	MO
ELURYNG	4	MO
EMOQUETTE	3	MO
ENPRESSE-28	3	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	3	MO
ERRIN	3	MO
ESTARYLLA	3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>estradiol oral tablet 2 mg</i>	4	MO
<i>estradiol transdermal patch twice weekly</i>	3	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days); MO
<i>estradiol vaginal cream</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>ethynodiol diac-eth estradiol</i>	3	MO
EUTHYROX	3	MO
FALMINA	3	MO
FEMYNOR	3	MO
<i>fludrocortisone acetate oral</i>	2	MO
FYAVOLV ORAL TABLET 1-5 MG-MCG	3	PA; MO
HAILEY 1.5/30	3	MO
HAILEY FE 1.5/30	3	MO
HAILEY FE 1/20	3	MO
HEATHER	3	MO
ICLEVIA	3	MO
INCASSIA	3	MO
INCRELEX	5	PA; LA
INTROVALE	3	MO
ISIBLOOM	3	MO
JAIMIESS	3	MO
JASMIEL	3	MO
JENCYCLA	3	MO
JINTELI	3	PA; MO
JOLESSA	3	MO
JULEBER	3	MO
JUNEL 1.5/30	3	MO
JUNEL 1/20	3	MO
JUNEL FE 1.5/30	3	MO
JUNEL FE 1/20	3	MO
KALLIGA	3	MO
KARIVA	3	MO
KELNOR 1/35	3	MO
KELNOR 1/50	3	MO
KORLYM	5	PA; LA
KURVELO	3	MO
<i>lanreotide acetate</i>	5	PA
LARIN 1.5/30	3	MO
LARIN 1/20	3	MO
LARIN FE 1.5/30	3	MO
LARIN FE 1/20	3	MO
LARISSIA	3	MO
LEENA	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LESSINA	3	MO
LEVONEST	3	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	3	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	3	MO
LEVORA 0.15/30 (28)	3	MO
<i>levothyroxine sodium oral tablet</i>	4	MO
LEVOXYL	3	MO
LILLOW	3	MO
<i>liothyronine sodium oral</i>	3	MO
LO-ZUMANDIMINE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30	3	MO
LOESTRIN FE 1/20	3	MO
LORYNA	3	MO
LOW-OGESTREL	3	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; QL (1 per 28 days)
LUTERA	3	MO
LYLEQ	3	MO
LYLLANA	3	PA; QL (8 per 28 days); MO
LYZA	3	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone acetate intramuscular</i>	3	
<i>medroxyprogesterone acetate oral</i>	2	MO
<i>methimazole oral</i>	2	MO
<i>methylprednisolone oral</i>	3	
MICROGESTIN 1.5/30	3	MO
MICROGESTIN 1/20	3	MO
MICROGESTIN 24 FE	3	MO
MICROGESTIN FE 1.5/30	3	MO
MICROGESTIN FE 1/20	3	MO
MILI	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONO-LINYAH	3	MO
NECON 0.5/35 (28)	3	MO
NIKKI	3	MO
NORA-BE	3	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	MO
<i>norethindron-ethinyl estrad-fe</i>	3	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	3	MO
<i>norethindrone acetate oral</i>	3	MO
<i>norethindrone oral</i>	3	MO
<i>norethindrone-eth estradiol</i>	3	PA; MO
<i>norgestim-eth estrad triphasic</i>	3	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	MO
NORLYDA	3	MO
NORLYROC	3	MO
NORTREL 0.5/35 (28)	3	MO
NORTREL 1/35 (21)	3	MO
NORTREL 1/35 (28)	3	MO
NORTREL 7/7/7	3	MO
NYLIA 1/35	3	MO
NYLIA 7/7/7	3	MO
OCELLA	3	MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	4	PA
ORSYTHIA	3	MO
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (240 per 30 days)
PHILITH	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIMTREA	3	MO
PIRMELLA 1/35	3	MO
PIRMELLA 7/7/7	3	MO
PORTIA-28	3	MO
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	4	
PREDNISON INTENSOL	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack</i>	3	
<i>propylthiouracil oral</i>	3	MO
<i>raloxifene hcl</i>	3	QL (30 per 30 days); MO
RECLIPSEN	3	MO
SANDOSTATIN LAR DEPOT	5	PA
SETLAKIN	3	MO
SHAROBEL	3	MO
SIGNIFOR	5	PA; LA
SIMLIYA	3	MO
SIMPESSE	3	MO
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA; LA
SPRINTEC 28	3	MO
SRONYX	3	MO
SYEDA	3	MO
SYNAREL	5	PA
SYNTHROID	3	MO
TARINA FE 1/20 EQ	3	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate intramuscular solution</i>	4	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 per 30 days); MO
TILIA FE	3	MO
TRI FEMYNOR	3	MO
TRI-ESTARYLLA	3	MO
TRI-LEGEST FE	3	MO
TRI-LINYAH	3	MO
TRI-LO-ESTARYLLA	3	MO
TRI-LO-MARZIA	3	MO
TRI-LO-MILI	3	MO
TRI-LO-SPRINTEC	3	MO
TRI-MILI	3	MO
TRI-NYMYO	3	MO
TRI-SPRINTEC	3	MO
TRI-VYLIBRA	3	MO
TRI-VYLIBRA LO	3	MO
<i>triamcinolone acetone injection suspension 40 mg/ml</i>	4	
TRIVORA (28)	3	MO
TYBLUME ORAL TABLET CHEWABLE	3	MO
UNITHROID	4	MO
VELIVET	3	MO
VESTURA	3	MO
VIENVA	3	MO
<i>viorele</i>	3	MO
VOLNEA	3	MO
VYFEMLA	3	MO
VYLIBRA	3	MO
WERA	3	MO
YUVAFEM	4	MO
ZOVIA 1/35 (28)	3	MO
ZUMANDIMINE	3	MO
<b>Immunological Agents</b>		
ACTHIB	3	
ACTIMMUNE	5	PA; LA
ADACEL	3	
ARCALYST	5	PA
<i>azathioprine oral tablet 50 mg</i>	3	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
BENLYSTA SUBCUTANEOUS	5	PA
BEXSERO	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days)
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt</i>	3	
ENBREL MINI	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA
ENVARUSUS XR	4	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	B/D PA
<i>everolimus oral tablet 1 mg</i>	5	B/D PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PA
GARDASIL 9	4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D PA
GENGRAF ORAL SOLUTION	4	B/D PA
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	3	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (12 per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (8 per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (8 per 365 days)
HUMIRA PEN-PSOR/UEIT STARTER	5	PA; QL (6 per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HYPERRAB	5	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
INFANRIX	3	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	B/D PA
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	4	B/D PA
IPOL	3	
IXIARO	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JYNNEOS	3	B/D PA
<i>kedrab injection</i>	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral</i>	4	QL (30 per 30 days); MO
M-M-R II INJECTION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
<i>methotrexate oral</i>	3	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	4	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	4	
<i>methotrexate sodium injection solution reconstituted</i>	4	
<i>methotrexate sodium oral</i>	3	
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D PA
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML	5	PA
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PENTACEL	4	
<i>prehevbrio</i>	4	B/D PA
PRIORIX	3	
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
QUADRACEL	3	
RABAVERT	4	
RECOMBIVAX HB	3	B/D PA
REZUROCK	4	PA; LA
RINVOQ	5	PA; QL (30 per 30 days)
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
<i>sirolimus oral</i>	4	B/D PA
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)
SKYRIZI PEN	5	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days)
<i>tacrolimus oral</i>	4	B/D PA
TDVAX	3	
TENIVAC	3	
TICOVAC	4	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
XATMEP	4	ST
YF-VAX	4	
<b>Infectious Disease Agents</b>		
<i>abacavir sulfate oral solution</i>	4	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	4	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	4	QL (30 per 30 days)
ABELCET	4	B/D PA
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir dipivoxil</i>	4	PA
<i>albendazole oral</i>	4	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	
<i>amoxicillin oral capsule 250 mg</i>	3	
<i>amoxicillin oral capsule 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
amoxicillin oral tablet	2	
chewable 125 mg, 250 mg		
amoxicillin-pot clavulanate oral suspension	4	
reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	
amoxicillin-pot clavulanate oral suspension	4	
reconstituted 250-62.5 mg/5ml		
amoxicillin-pot clavulanate oral tablet 250-125 mg	3	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	
amoxicillin-pot clavulanate oral tablet chewable	3	
amphotericin b intravenous	4	B/D PA
amphotericin b liposome	4	B/D PA
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution	4	
reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg		
ampicillin sodium intravenous	4	
ampicillin-sulbactam sodium injection solution	4	
reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm		
ampicillin-sulbactam sodium intravenous	4	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days)
atovaquone oral	4	PA
atovaquone-proguanil hcl	4	
azithromycin intravenous	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
azithromycin oral packet	3	
azithromycin oral suspension reconstituted 100 mg/5ml	4	
azithromycin oral suspension reconstituted 200 mg/5ml	3	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	2	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	3	
aztreonam	4	
BARACLUDE ORAL SOLUTION	5	PA
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
caspofungin acetate	4	B/D PA
cefaclor oral capsule	3	
cefadroxil oral capsule	3	
cefadroxil oral suspension reconstituted	3	
cefadroxil oral tablet	4	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm, 500 mg	4	
cefazolin sodium intravenous solution reconstituted	4	
cefdinir	3	
cefepime hcl injection solution reconstituted 1 gm	4	
cefepime hcl intravenous	4	
cefixime oral capsule	4	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefoxitin sodium intravenous</i>	4	
<i>cefepodoxime proxetil oral suspension reconstituted</i>	4	
<i>cefepodoxime proxetil oral tablet 100 mg</i>	3	
<i>cefepodoxime proxetil oral tablet 200 mg</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous</i>	4	
<i>ceftriaxone sodium in dextrose</i>	4	
<i>ceftriaxone sodium injection</i>	4	
<i>ceftriaxone sodium intravenous</i>	4	
<i>cefuroxime axetil oral tablet</i>	3	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	3	
<i>chloroquine phosphate oral</i>	4	MO
<b>CIMDUO</b>	5	QL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	2	
<i>clindamycin hcl oral capsule 300 mg</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate injection</i>	4	
<b>COARTEM</b>	4	
<i>colistimethate sodium (cba)</i>	4	
<b>COMPLERA</b>	5	QL (30 per 30 days)
<i>dapsone oral</i>	3	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>darunavir</i>	5	QL (60 per 30 days)
<b>DELSTRIGO</b>	5	QL (30 per 30 days)
<b>DESCOVY</b>	5	QL (30 per 30 days)
<i>dicloxacillin sodium</i>	3	
<b>DIFICID</b>	5	PA
<b>DOVATO</b>	5	QL (30 per 30 days)
<b>DOXY 100</b>	4	
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<b>EDURANT</b>	5	QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	4	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	5	QL (30 per 30 days)
<i>emtricitabine</i>	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)
<i>entecavir</i>	4	PA
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	4	
<i>ertapenem sodium</i>	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral</i>	4	
<i>erythromycin</i>	4	
<i>ethylsuccinate oral tablet</i>		
<i>erythromycin lactobionate</i>	4	
<i>erythromycin oral</i>	4	
<i>erythromycin stearate oral tablet 250 mg</i>	4	
<i>ethambutol hcl oral</i>	3	
<i>etravirine oral tablet 100 mg</i>	5	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	4	QL (60 per 30 days)
EVOTAZ	5	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	3	QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famciclovir oral tablet 500 mg</i>	4	QL (21 per 7 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	
<i>fluconazole oral</i>	3	
<i>flucytosine oral capsule 250 mg</i>	4	
<i>flucytosine oral capsule 500 mg</i>	5	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	4	
<i>gentamicin sulfate injection</i>	4	
GENVOYA	5	QL (30 per 30 days)
<i>griseofulvin microsize oral</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
HARVONI	5	PA; QL (28 per 28 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	3	MO
<i>imipenem-cilastatin</i>	4	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
ISENTRESS HD	5	QL (60 per 30 days)
ISENTRESS ORAL PACKET	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days)
<i>isoniazid oral syrup</i>	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isoniazid oral tablet</i>	2	MO
<i>itraconazole oral capsule</i>	4	PA
<i>ivermectin oral</i>	3	PA
JULUCA	5	QL (30 per 30 days)
<i>ketoconazole oral</i>	3	
<i>lamivudine oral solution</i>	3	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
<i>lamivudine oral tablet 150 mg</i>	4	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	4	QL (60 per 30 days)
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin intravenous</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days)
<i>linezolid in sodium chloride</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	PA; QL (56 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	4	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days)
<i>maraviroc</i>	5	QL (120 per 30 days)
<i>mefloquine hcl</i>	3	MO
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate oral</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	3	
<i>metronidazole oral tablet</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>micafungin sodium</i>	4	
<i>minocycline hcl oral capsule</i>	3	
MONDOXYNE NL ORAL CAPSULE 100 MG	4	
<i>moxifloxacin hcl in nacl</i>	4	
<i>moxifloxacin hcl oral</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>neomycin sulfate oral</i>	2	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	3	QL (60 per 30 days)
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohydrate macro</i>	3	
NORVIR ORAL PACKET	4	QL (360 per 30 days)
<i>nystatin oral tablet</i>	3	
ODEFSEY	5	QL (30 per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	4	QL (1080 per 365 days)
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>paromomycin sulfate oral</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin g potassium</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
<i>pentamidine isethionate inhalation</i>	3	B/D PA
<i>pentamidine isethionate injection</i>	4	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	4	
PIFELTRO	5	QL (30 per 30 days)
<i>piperacillin sod-tazobactam</i>	4	
<i>posaconazole oral tablet delayed release</i>	5	PA; MO
PREVYMIS ORAL	5	QL (30 per 30 days)
PREZCOBIX	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)
PRIFTIN	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrazinamide oral</i>	4	
<i>quinine sulfate oral</i>	4	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL PACKET	4	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rifampin oral</i>	3	
<i>rimantadine hcl</i>	4	
<i>ritonavir</i>	3	QL (360 per 30 days)
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	4	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 per 30 days)
SIRTURO	5	PA; LA
<i>stavudine oral capsule 15 mg, 20 mg</i>	3	QL (120 per 30 days)
<i>stavudine oral capsule 30 mg</i>	3	QL (60 per 30 days)
<i>stavudine oral capsule 40 mg</i>	4	QL (60 per 30 days)
<i>streptomycin sulfate intramuscular</i>	4	
STRIBILD	5	QL (30 per 30 days)
<i>sulfadiazine oral</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
SUNLENCA ORAL	3	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYM TUZA	5	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
TEFLARO	4	
<i>tenofovir disoproxil fumarate</i>	4	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetracycline hcl oral</i>	4	
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days)
TIVICAY PD	4	QL (360 per 30 days)
<i>tobramycin sulfate injection</i>	4	
TRECTOR	4	
<i>trifluridine ophthalmic</i>	4	
<i>trimethoprim tablet 100 mg oral</i>	2	
TRIUMEQ	5	QL (30 per 30 days)
TRIUMEQ PD	5	QL (180 per 30 days)
TRIZIVIR	5	QL (60 per 30 days)
TYBOST	4	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	3	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	3	QL (60 per 30 days)
<i>valganciclovir hcl oral tablet</i>	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule</i>	4	PA; QL (240 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER	5	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days)
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days)
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	4	PA; QL (300 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
<i>zidovudine oral capsule</i>	4	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	4	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	3	QL (60 per 30 days)
ZIRGAN	4	
<b>Miscellaneous Therapeutic Agents</b>		
<i>acetic acid irrigation</i>	2	
ALCOHOL SWABS	2	MO
GAUZE STERILE PADS 2	1	MO
INSULIN PEN NEEDLE	3	QL (200 per 30 days); MO
INSULIN SYRINGE	3	QL (200 per 30 days); MO
KOSELUGO	4	PA
<i>lactated ringers irrigation</i>	4	
<i>ringers irrigation</i>	4	
<i>sodium chloride irrigation solution 0.9 %</i>	3	
<i>sterile water for irrigation</i>	4	
SYNAGIS	5	PA
TIS-U-SOL	4	
<b>Ophthalmic Agents</b>		
<i>acetazolamide er</i>	4	MO
<i>ak-poly-bac</i>	2	
<i>apraclonidine hcl</i>	3	
<i>atropine sulfate ophthalmic ointment</i>	3	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	3	MO
<i>azelastine hcl ophthalmic</i>	3	
AZOPT	4	MO
<i>bacitra-neomycin-polymyxin-hc</i>	3	
<i>bacitracin ophthalmic</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>betaxolol hcl ophthalmic</i>	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	MO
BROMSITE	4	
<i>carteolol hcl</i>	2	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	
COMBIGAN	3	MO
<i>cromolyn sodium ophthalmic</i>	2	
CYSTARAN	5	LA
<i>dexamethasone sodium phosphate ophthalmic</i>	3	
<i>diclofenac sodium ophthalmic</i>	3	
<i>dorzolamide hcl ophthalmic</i>	2	MO
<i>dorzolamide hcl-timolol mal</i>	2	MO
<i>epinastine hcl</i>	3	
<i>erythromycin ophthalmic</i>	2	QL (3.5 per 30 days)
<i>fluorometholone ophthalmic</i>	3	
<i>flurbiprofen sodium</i>	2	
GENTAK OPHTHALMIC OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO	4	
ISOPTO ATROPINE	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic</i>	2	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methazolamide oral</i>	4	MO
<i>moxifloxacin hcl ophthalmic solution</i>	3	
NATACYN	4	
NEO-POLYCIN	3	
NEO-POLYCIN HC	3	
<i>neomycin-bacitracin zn-polymyx</i>	3	
<i>neomycin-polymyxin-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
<i>ofloxacin ophthalmic</i>	2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	MO
POLYCIN	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>prednisolone acetate ophthalmic</i>	3	
<i>prednisolone sodium phosphate ophthalmic</i>	3	
PROLENSA	4	
<i>proparacaine hcl ophthalmic</i>	3	
RESTASIS	3	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
RHOPRESSA	4	MO
SIMBRINZA	4	MO
<i>sulfacetamide sodium ophthalmic</i>	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	4	MO
<i>timolol maleate ophthalmic solution</i>	2	MO
<i>tobramycin ophthalmic</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin-dexamethasone</i>	3	
VYZULTA	4	MO
<b>Otic Agents</b>		
<i>acetic acid otic</i>	3	
<i>ciprofloxacin-dexamethasone</i>	4	
FLAC	3	
<i>fluocinolone acetonide otic</i>	3	
<i>hydrocortisone-acetic acid</i>	4	
<i>neomycin-polymyxin-hc otic</i>	3	
<i>ofloxacin otic</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhalation</i>	4	B/D PA
ADEMPAS	5	PA; LA
ADVAIR HFA	3	QL (12 per 30 days); MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	3	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	3	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	4	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	3	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	3	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate oral syrup</i>	3	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
ARNUITY ELLIPTA	3	QL (30 per 30 days); MO
ATROVENT HFA	4	QL (26 per 30 days); MO
<i>azelastine hcl nasal</i>	3	QL (30 per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 per 30 days); MO
BRONCHITOL	5	LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D PA; QL (120 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	4	QL (30.6 per 30 days); MO
CAYSTON	5	PA; LA
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	3	B/D PA; MO
<i>cyproheptadine hcl oral syrup</i>	3	PA
<i>cyproheptadine hcl oral tablet</i>	3	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector</i>	3	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	QL (75 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	3	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	3	QL (24 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	2	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	4	QL (60 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	4	
<i>hydroxyzine hcl oral syrup</i>	3	
<i>hydroxyzine hcl oral tablet</i>	3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium bromide nasal</i>	3	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	3	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	B/D PA; QL (270 per 30 days); MO
<i>levocetirizine dihydrochloride oral tablet</i>	3	QL (30 per 30 days)
<i>montelukast sodium oral</i>	4	MO
OFEV ORAL CAPSULE 150 MG	5	PA; QL (60 per 30 days)
OPSUMIT	5	PA; QL (30 per 30 days); LA
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 per 30 days)
PROAIR RESPICLICK	3	MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>roflumilast oral tablet 500 mcg</i>	4	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 per 30 days)
SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
<i>theophylline</i>	4	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	MO
<i>theophylline er oral tablet extended release 24 hour</i>	3	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	4	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); LA
<i>zafirlukast</i>	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 8.

# Index of Drugs

## Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA HANDIHALER).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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<i>irbesartan-</i>		KERENDIA.....	32	DOSE).....	11
<i>hydrochlorothiazide</i> .....	16	<i>ketoconazole</i> .....	28	LENVIMA (12 MG DAILY	
ISENTRESS.....	44	<i>ketorolac</i>		DOSE).....	11
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ISIBLOOM.....	36	KINRIX.....	40	DOSE).....	11
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ISOLYTE-S.....	29	KISQALI (400 MG DOSE).....	11	DOSE).....	11
<i>isoniazid</i> .....	44	KISQALI (600 MG DOSE).....	11	LENVIMA (20 MG DAILY	
ISOPTO ATROPINE.....	48	KISQALI FEMARA (200 MG		DOSE).....	11
<i>isosorbide dinitrate</i> .....	16	DOSE).....	11	LENVIMA (24 MG DAILY	
<i>isosorbide mononitrate</i> .....	16	KISQALI FEMARA (400 MG		DOSE).....	11
<i>isosorbide mononitrate</i>		DOSE).....	11	LENVIMA (4 MG DAILY	
<i>er</i> .....	16	KISQALI FEMARA (600 MG		DOSE).....	11
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<i>levonorgestrel-ethinyl estrad</i> .....	37	LUTERA.....	37	<i>methenamine hippurate</i> .....	45
LEVORA 0.15/30 (28).....	37	LYBALVI.....	23	<i>methenamine mandelate</i> .....	45
<i>levothyroxine sodium</i> .....	37	LYLEQ.....	37	<i>methimazole</i> .....	37
LEVOXYL.....	37	LYLLANA.....	37	<i>methotrexate</i> .....	40
LEXIVA.....	45	LYNPARZA.....	12	<i>methotrexate sodium</i> .....	40
<i>lidocaine</i> .....	9	LYSODREN.....	12	<i>methotrexate sodium (pf)</i> .....	40
<i>lidocaine hcl</i> .....	9	LYTGOBI (12 MG DAILY DOSE).....	12	<i>methsuximide</i> .....	23
<i>lidocaine hcl urethral/mucosal</i> .....	9	LYTGOBI (16 MG DAILY DOSE).....	12	<i>methylphenidate hcl</i> .....	23
<i>lidocaine viscous hcl</i> .....	9	LYTGOBI (20 MG DAILY DOSE).....	12	<i>methylphenidate hcl er</i> .....	23
<i>lidocaine-prilocaine</i> .....	9	LYUMJEV.....	32	<i>methylprednisolone</i> .....	37
LILLOW.....	37	LYUMJEV KWIKPEN.....	32	<i>metoclopramide hcl</i> .....	34
<i>linezolid</i> .....	45	LYZA.....	37	<i>metolazone</i> .....	16
<i>linezolid in sodium chloride</i> .....	45	M.....		<i>metoprolol succinate er</i> .....	16
LINZESS.....	34	M-M-R II.....	40	<i>metoprolol tartrate</i> .....	16
<i>liothyronine sodium</i> .....	37	<i>magnesium sulfate</i> .....	29	<i>metoprolol-hydrochlorothiazide</i> .....	17
<i>lisinopril</i> .....	16	<i>malathion</i> .....	28	<i>metronidazole</i> .....	28
<i>lisinopril-hydrochlorothiazide</i> .....	16	<i>maraviroc</i> .....	45	<i>metyrosine</i> .....	17
<i>lithium carbonate</i> .....	22	<i>marlissa</i> .....	37	<i>micafungin sodium</i> .....	45
<i>lithium carbonate er</i> .....	22	MARPLAN.....	23	MICROGESTIN 1.5/30.....	37
LO-ZUMANDIMINE.....	37	MATULANE.....	12	MICROGESTIN 1/20.....	37
LOESTRIN 1.5/30 (21).....	37	<i>meclizine hcl</i> .....	34	MICROGESTIN 24 FE.....	37
LOESTRIN 1/20 (21).....	37	<i>medroxyprogesterone acetate</i> .....	37	MICROGESTIN FE 1.5/30.....	37
LOESTRIN FE 1.5/30.....	37	<i>mefloquine hcl</i> .....	45	MICROGESTIN FE 1/20.....	37
LOESTRIN FE 1/20.....	37	<i>megestrol acetate</i> .....	12	<i>midodrine hcl</i> .....	17
LONSURF.....	12	MEKINIST.....	12	MILI.....	37
<i>loperamide hcl</i> .....	34	MEKTOVI.....	12	<i>minocycline hcl</i> .....	45
<i>lopinavir-ritonavir</i> .....	45	<i>meloxicam</i> .....	9	<i>minoxidil</i> .....	17
<i>lorazepam</i> .....	22	<i>melfalan</i> .....	12	<i>mirtazapine</i> .....	23
LORAZEPAM INTENSOL.....	22	<i>memantine hcl</i> .....	23	<i>misoprostol</i> .....	34
		<i>memantine hcl er</i> .....	23	<i>moexipril hcl</i> .....	17
		MENACTRA.....	40	<i>molindone hcl</i> .....	23

<i>mometasone furoate</i> .....	28	NICOTROL NS.....	23	NYLIA 7/7/7.....	37
MONDOXYNE NL.....	45	<i>nifedipine er</i> .....	17	<i>nystatin</i> .....	28
MONO-LINYAH.....	37	<i>nifedipine er osmotic</i>		NYSTOP.....	28
<i>montelukast sodium</i> .....	50	<i>release</i> .....	17	O	
<i>morphine sulfate</i> .....	9	NIKKI.....	37	OCELLA.....	37
<i>morphine sulfate</i>		<i>nilutamide</i> .....	12	OCTAGAM.....	40
( <i>concentrate</i> ).....	9	<i>nimodipine</i> .....	17	<i>octreotide acetate</i> .....	37
<i>morphine sulfate (pf)</i> .....	9	NINLARO.....	12	ODEFSEY.....	45
<i>morphine sulfate er</i> .....	9	<i>nitazoxanide</i> .....	45	ODOMZO.....	12
MOVANTIK.....	34	<i>nitisinone</i> .....	35	OFEV.....	50
<i>moxifloxacin hcl</i> .....	45	NITRO-BID.....	17	<i>ofloxacin</i> .....	48
<i>moxifloxacin hcl in nacl</i> .....	45	<i>nitrofurantoin</i>		<i>olanzapine</i> .....	23
MOZOBIL.....	15	<i>macrocrystal</i> .....	45	<i>olanzapine-fluoxetine</i>	
<i>mupirocin</i> .....	28	<i>nitrofurantoin monohy</i>		<i>hcl</i> .....	23
<i>mycophenolate mofetil</i> .....	40	<i>macro</i> .....	45	<i>olmesartan medoxomil</i> .....	17
<i>mycophenolate sodium</i> .....	40	<i>nitroglycerin</i> .....	17	<i>olmesartan medoxomil-</i>	
MYORISAN.....	28	<i>nizatidine</i> .....	34	<i>hctz</i> .....	17
MYRBETRIQ.....	35	NORA-BE.....	37	<i>olopatadine hcl</i> .....	48
N		NORDITROPIN FLEXP.....	37	<i>omeprazole</i> .....	34
<i>na sulfate-k sulfate-mg</i>		<i>norethin ace-eth estrad-</i>		<i>ondansetron</i> .....	34
<i>sulf</i> .....	34	<i>fe</i> .....	37	<i>ondansetron hcl</i> .....	34
<i>nabumetone</i> .....	9	<i>norethindron-ethinyl estrad-</i>		ONUREG.....	12
<i>nafcellin sodium</i> .....	45	<i>fe</i> .....	37	<i>opium</i> .....	34
<i>naloxone hcl</i> .....	23	<i>norethindrone</i> .....	37	OPSUMIT.....	50
<i>naltrexone hcl</i> .....	23	<i>norethindrone acet-ethinyl</i>		ORALONE.....	28
<i>naproxen</i> .....	9	<i>est</i> .....	37	ORGOVYX.....	12
<i>naratriptan hcl</i> .....	23	<i>norethindrone acetate</i> .....	37	ORKAMBI.....	50
NATACYN.....	48	<i>norethindrone-eth</i>		ORSERDU.....	12
<i>nateglinide</i> .....	32	<i>estradiol</i> .....	37	ORSYTHIA.....	37
NATPARA.....	32	<i>norgestim-eth estrad</i>		<i>oseltamivir phosphate</i> .....	45
NAYZILAM.....	23	<i>triphasic</i> .....	37	OTEZLA.....	40
NECON 0.5/35 (28).....	37	<i>norgestimate-eth</i>		<i>oxacillin sodium</i> .....	45
<i>nefazodone hcl</i> .....	23	<i>estradiol</i> .....	37	<i>oxandrolone</i> .....	37
NEO-POLYCIN.....	48	NORLYDA.....	37	<i>oxcarbazepine</i> .....	23
NEO-POLYCIN HC.....	48	NORLYROC.....	37	<i>oxybutynin chloride</i> .....	35
<i>neomycin sulfate</i> .....	45	NORTREL 0.5/35 (28).....	37	<i>oxybutynin chloride er</i> .....	35
<i>neomycin-bacitracin zn-</i>		NORTREL 1/35 (21).....	37	<i>oxycodone hcl</i> .....	9
<i>polymyx</i> .....	48	NORTREL 1/35 (28).....	37	<i>oxycodone-</i>	
<i>neomycin-polymyxin-</i>		NORTREL 7/7/7.....	37	<i>acetaminophen</i> .....	9
<i>dexameth</i> .....	48	<i>nortriptyline hcl</i> .....	23	OZEMPIC (0.25 OR 0.5	
<i>neomycin-polymyxin-</i>		NORVIR.....	45	MG/DOSE).....	32
<i>gramicidin</i> .....	48	NUBEQA.....	12	OZEMPIC (1 MG/DOSE).....	32
<i>neomycin-polymyxin-hc</i> .....	49	NUDEXTA.....	23	OZEMPIC (2 MG/DOSE).....	32
NERLYNX.....	12	NULYTELY LEMON-LIME.....	34	P	
NEUPRO.....	23	NUPLAZID.....	23	PACERONE.....	17
<i>nevirapine</i> .....	45	NURTEC.....	23	<i>paliperidone er</i> .....	23
<i>nevirapine er</i> .....	45	NUTRILIPID.....	30	PANRETIN.....	28
<i>niacin er</i>		NYAMYC.....	28	<i>pantoprazole sodium</i> .....	34
( <i>antihyperlipidemic</i> ).....	17	NYLIA 1/35.....	37	<i>paricalcitol</i> .....	32

<i>paromomycin sulfate</i> .....	45	PIRMELLA 7/7/7.....	38	PRIORIX.....	41
<i>paroxetine hcl</i> .....	23	PLASMA-LYTE 148.....	30	PROAIR RESPICLICK.....	50
PEDIARIX.....	41	PLASMA-LYTE A.....	30	<i>probenecid</i> .....	9
PEDVAX HIB.....	41	<i>podofilox</i> .....	28	<i>prochlorperazine</i> .....	34
<i>peg 3350-kcl-na bicarb-</i>		POLYCIN.....	48	<i>prochlorperazine</i>	
<i>  nacl</i> .....	34	<i>polymyxin b-</i>		<i>  maleate</i> .....	34
<i>peg-3350/electrolytes</i> .....	34	<i>  trimethoprim</i> .....	48	PROCRIT.....	15
PEGASYS.....	41	POMALYST.....	12	PROCTO-MED HC.....	28
PEMAZYRE.....	12	PORTIA-28.....	38	PROCTOSOL HC.....	28
<i>penicillamine</i> .....	35	<i>posaconazole</i> .....	46	PROCTOZONE-HC.....	28
<i>penicillin g potassium</i> .....	46	<i>potassium chloride</i> .....	30	PROGRAF.....	41
<i>penicillin g procaine</i> .....	46	<i>potassium chloride crys</i>		PROLASTIN-C.....	35
<i>penicillin g sodium</i> .....	46	<i>  er</i> .....	30	PROLENSA.....	48
<i>penicillin v potassium</i> .....	46	<i>potassium chloride er</i> .....	30	PROLIA.....	32
PENTACEL.....	41	<i>potassium chloride in</i>		PROMACTA.....	15
<i>pentamidine</i>		<i>  nacl</i> .....	30	<i>promethazine hcl</i> .....	34
<i>  isethionate</i> .....	46	<i>potassium citrate er</i> .....	35	<i>propafenone hcl</i> .....	17
<i>pentoxifylline er</i> .....	15	<i>potassium cl in dextrose</i>		<i>proparacaine hcl</i> .....	48
<i>perindopril erbumine</i> .....	17	<i>  5%</i> .....	30	<i>propranolol hcl</i> .....	17
PERIOGARD.....	28	<i>pramipexole</i>		<i>propranolol hcl er</i> .....	17
<i>permethrin</i> .....	28	<i>  dihydrochloride</i> .....	24	<i>propylthiouracil</i> .....	38
<i>perphenazine</i> .....	24	<i>pravastatin sodium</i> .....	17	PROQUAD.....	41
<i>perphenazine-</i>		<i>prazosin hcl</i> .....	17	PROSOL.....	30
<i>  amitriptyline</i> .....	24	<i>prednisolone</i> .....	38	<i>protriptyline hcl</i> .....	24
PERSERIS.....	24	<i>prednisolone acetate</i> .....	48	PULMOZYME.....	50
PFIZERPEN.....	46	<i>prednisolone sodium</i>		PURIXAN.....	12
<i>phenelzine sulfate</i> .....	24	<i>  phosphate</i> .....	38	<i>pyrazinamide</i> .....	46
<i>phenobarbital</i> .....	24	<i>prednisone</i> .....	38	<i>pyridostigmine</i>	
<i>phenytoin</i> .....	24	PREDNISONE INTENSOL.....	38	<i>  bromide</i> .....	24
PHENYTOIN INFATABS.....	24	<i>pregabalin</i> .....	24	Q	
<i>phenytoin sodium</i>		<i>prehevbrio</i> .....	41	QINLOCK.....	12
<i>  extended</i> .....	24	PREMASOL.....	30	QUADRACEL.....	41
PHILITH.....	37	<i>prenatal</i> .....	30	<i>quetiapine fumarate</i> .....	24
PIFELTRO.....	46	<i>prenatal vit w/ ferrous</i>		<i>quinapril hcl</i> .....	17
<i>pilocarpine hcl</i> .....	28	<i>  fumarate-l methylfolate-</i>		<i>quinapril-</i>	
<i>pimozide</i> .....	24	<i>  folic acid</i> .....	30	<i>  hydrochlorothiazide</i> .....	17
PIMTREA.....	38	PRENATAL VIT W/ IRON		<i>quinidine sulfate</i> .....	17
<i>pindolol</i> .....	17	CARBONYL-FOLIC		<i>quinine sulfate</i> .....	46
<i>pioglitazone hcl</i> .....	32	ACID.....	30	R	
<i>piperacillin sod-</i>		<i>prenatal without a w/ fe</i>		RABAVERT.....	41
<i>  tazobactam</i> .....	46	<i>  fumarate-l methylfolate-fa-</i>		<i>raloxifene hcl</i> .....	38
PIQRAY (200 MG DAILY		<i>  dha</i> .....	30	<i>ramipril</i> .....	17
DOSE).....	12	PREVALITE.....	17	<i>ranolazine er</i> .....	17
PIQRAY (250 MG DAILY		PREVYMIS.....	46	<i>rasagiline mesylate</i> .....	24
DOSE).....	12	PREZCOBIX.....	46	RECLIPSEN.....	38
PIQRAY (300 MG DAILY		PREZISTA.....	46	RECOMBIVAX HB.....	41
DOSE).....	12	PRIFTIN.....	46	RECTIV.....	28
<i>pirfenidone</i> .....	50	<i>primaquine phosphate</i> .....	46	RELAFEN.....	10
PIRMELLA 1/35.....	38	<i>primidone</i> .....	24	RELENZA DISKHALER.....	46

<i>repaglinide</i> .....	32	<i>scopolamine</i> .....	34	SPRINTEC 28.....	38
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REPATHA PUSHTRONEX SYSTEM.....	17	<i>selegiline hcl</i> .....	25	SPRYCEL.....	13
REPATHA SURECLICK.....	17	<i>selenium sulfide</i> .....	28	SPS.....	33
RESTASIS.....	48	SELZENTRY.....	46	SRONYX.....	38
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RETEVMO.....	12	<i>sertraline hcl</i> .....	25	<i>stavudine</i> .....	46
RETROVIR.....	46	SETLAKIN.....	38	STELARA.....	41
REXULTI.....	24	<i>sevelamer carbonate</i> .....	32	<i>sterile water for irrigation</i> .....	47
REYATAZ.....	46	<i>sf</i> .....	28	STIVARGA.....	13
REZLIDHIA.....	12	<i>sf 5000 plus</i> .....	29	<i>streptomycin sulfate</i> .....	46
REZUROCK.....	41	SHAROBEL.....	38	STRIBILD.....	46
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<i>ribavirin</i> .....	46	SIGNIFOR.....	38	<i>sucralfate</i> .....	34
<i>rifabutin</i> .....	46	<i>sildenafil citrate</i> .....	50	<i>sulfacetamide sodium</i> .....	48
<i>rifampin</i> .....	46	<i>silver sulfadiazine</i> .....	29	<i>sulfacetamide sodium (acne)</i> .....	29
<i>riluzole</i> .....	24	SIMBRINZA.....	48	<i>sulfacetamide- prednisolone</i> .....	48
<i>rimantadine hcl</i> .....	46	SIMLIYA.....	38	<i>sulfadiazine</i> .....	46
<i>ringers</i> .....	30	SIMPESSE.....	38	<i>sulfamethoxazole- trimethoprim</i> .....	46
<i>ringers irrigation</i> .....	47	<i>simvastatin</i> .....	17	<i>sulfasalazine</i> .....	34
RINVOQ.....	41	<i>sirolimus</i> .....	41	<i>sulindac</i> .....	10
RISPERDAL CONSTA.....	24	SIRTURO.....	46	<i>sumatriptan</i> .....	25
<i>risperidone</i> .....	24	SKYRIZI.....	41	<i>sumatriptan succinate</i> .....	25
<i>ritonavir</i> .....	46	SKYRIZI PEN.....	41	<i>sumatriptan succinate refill</i> .....	25
<i>rivastigmine tartrate</i> .....	24	<i>sodium chloride</i> .....	30	<i>sunitinib malate</i> .....	13
<i>rizatriptan benzoate</i> .....	24	<i>sodium fluoride</i> .....	29	SUNLENCA.....	46
<i>roflumilast</i> .....	50	<i>sodium fluoride 5000 plus</i> .....	29	SYEDA.....	38
<i>ropinirole hcl</i> .....	24	<i>sodium fluoride 5000 ppm</i> .....	29	SYMPAZAN.....	25
<i>rosuvastatin calcium</i> .....	17	<i>sodium phenylbutyrate</i> .....	35	SYMTUZA.....	46
ROTARIX.....	41	<i>sodium polystyrene sulfonate</i> .....	32	SYNAGIS.....	47
ROTATEQ.....	41	SOLIQUA.....	33	SYNAREL.....	38
ROWEEPRA.....	24	SOLTAMOX.....	13	SYNJARDY.....	33
ROZLYTREK.....	12	SOMATULINE DEPOT.....	38	SYNJARDY XR.....	33
RUBRACA.....	12	SOMAVERT.....	38	SYNRIBO.....	13
<i>rufinamide</i> .....	25	<i>sorafenib tosylate</i> .....	13	SYNTHROID.....	38
RUKOBIA.....	46	SORINE.....	17	T	
RYBELSUS.....	32	<i>sotalol hcl</i> .....	17	TABLOID.....	13
RYDAPT.....	12	<i>sotalol hcl (af)</i> .....	17	TABRECTA.....	13
RYLAZE.....	13	SPIRIVA HANDIHALER.....	50	<i>tacrolimus</i> .....	29
S		SPIRIVA RESPIMAT.....	50	TAFINLAR.....	13
SAJAZIR.....	15	<i>spironolactone</i> .....	17	TAGRISSO.....	13
SANDIMMUNE.....	41	<i>spironolactone-hctz</i> .....	17	TALZENNA.....	13
SANDOSTATIN LAR DEPOT.....	38	SPRAVATO (56 MG DOSE).....	25	<i>tamoxifen citrate</i> .....	13
SANTYL.....	28	SPRAVATO (84 MG DOSE).....	25	<i>tamsulosin hcl</i> .....	35
<i>sapropterin dihydrochloride</i> .....	35				
SCEMBLIX.....	13				

TARINA FE 1/20 EQ.....	38	TOUJEO MAX SOLOSTAR.....	33	TRUSELTIQ (125MG DAILY	
TASIGNA.....	13	TOUJEO SOLOSTAR.....	33	DOSE).....	13
<i>tasimelteon</i> .....	25	TRADJENTA.....	33	TRUSELTIQ (50MG DAILY	
<i>tazarotene</i> .....	29	<i>tramadol hcl</i> .....	10	DOSE).....	13
TAZICEF.....	46	<i>tramadol-</i>		TRUSELTIQ (75MG DAILY	
TAZTIA XT.....	17	<i>acetaminophen</i> .....	10	DOSE).....	13
TAZVERIK.....	13	<i>trandolapril</i> .....	17	TUKYSA.....	13
TDVAX.....	41	<i>tranexamic acid</i> .....	15	TURALIO.....	13
TECFIDERA.....	25	<i>tranylcypromine sulfate</i> .....	25	TWINRIX.....	41
TECVAYLI.....	13	TRAVASOL.....	30	TYBLUME.....	38
TEFLARO.....	46	<i>trazodone hcl</i> .....	25	TYBOST.....	47
<i>telmisartan</i> .....	17	TRECATOR.....	47	TYMLOS.....	33
<i>temazepam</i> .....	25	TRELEGY ELLIPTA.....	50	TYPHIM VI.....	41
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<i>tenofovir disoproxil</i>		TRESIBA FLEXTOUCH.....	33	UNITHROID.....	38
<i>fumarate</i> .....	46	<i>tretinoin</i> .....	13	<i>ursodiol</i> .....	34
TEPMETKO.....	13	TRI FEMYNOR.....	38	UZEDY.....	25
<i>terazosin hcl</i> .....	17	TRI-ESTARYLLA.....	38	V	
<i>terbinafine hcl</i> .....	46	TRI-LEGEST FE.....	38	<i>valacyclovir hcl</i> .....	47
<i>terconazole</i> .....	35	TRI-LINYAH.....	38	VALCHLOR.....	29
<i>testosterone</i> .....	38	TRI-LO-ESTARYLLA.....	38	<i>valganciclovir hcl</i> .....	47
<i>testosterone cypionate</i> .....	38	TRI-LO-MARZIA.....	38	<i>valproate sodium</i> .....	26
<i>testosterone enanthate</i> .....	38	TRI-LO-MILI.....	38	<i>valproic acid</i> .....	26
<i>tetrabenazine</i> .....	25	TRI-LO-SPRINTEC.....	38	<i>valsartan</i> .....	18
<i>tetracycline hcl</i> .....	47	TRI-MILI.....	38	<i>valsartan-</i>	
THALOMID.....	13	TRI-NYMYO.....	38	<i>hydrochlorothiazide</i> .....	18
<i>theophylline</i> .....	50	TRI-SPRINTEC.....	38	VALTOCO 10 MG DOSE.....	26
<i>theophylline er</i> .....	50	TRI-VYLIBRA.....	38	VALTOCO 15 MG DOSE.....	26
<i>thioridazine hcl</i> .....	25	TRI-VYLIBRA LO.....	38	VALTOCO 20 MG DOSE.....	26
<i>thiothixene</i> .....	25	<i>triamcinolone</i>		VALTOCO 5 MG DOSE.....	26
TIADYLT ER.....	17	<i>acetoneide</i> .....	29	<i>vancomycin hcl</i> .....	47
<i>tiagabine hcl</i> .....	25	<i>triamterene-hctz</i> .....	18	VAQTA.....	41
TIBSOVO.....	13	<i>trientine hcl</i> .....	33	<i>varenicline tartrate</i> .....	26
TICOVAC.....	41	<i>trifluoperazine hcl</i> .....	25	VARIVAX.....	41
TILIA FE.....	38	<i>trifluridine</i> .....	47	VASCEPA.....	18
<i>timolol maleate</i> .....	17	<i>trihexyphenidyl hcl</i> .....	25	VELIVET.....	38
TIS-U-SOL.....	47	TRIJARDY XR.....	33	VELTASSA.....	33
TIVICAY.....	47	<i>trimethoprim</i> .....	47	VENCLEXTA.....	13
TIVICAY PD.....	47	<i>trimipramine maleate</i> .....	25	VENCLEXTA STARTING	
<i>tizanidine hcl</i> .....	25	TRINTELLIX.....	25	PACK.....	13
<i>tobramycin</i> .....	48	TRIUMEQ.....	47	<i>venlafaxine besylate er</i> .....	26
<i>tobramycin sulfate</i> .....	47	TRIUMEQ PD.....	47	<i>venlafaxine hcl</i> .....	26
<i>tobramycin-</i>		TRIVORA (28).....	38	<i>venlafaxine hcl er</i> .....	26
<i>dexamethasone</i> .....	49	TRIZIVIR.....	47	<i>verapamil hcl</i> .....	18
<i>tolterodine tartrate</i> .....	35	TROPHAMINE.....	30	<i>verapamil hcl er</i> .....	18
<i>tolterodine tartrate er</i> .....	35	TRULICITY.....	33	VERQUVO.....	18
<i>topiramate</i> .....	25	TRUMENBA.....	41	VERSACLOZ.....	26
<i>toremifene citrate</i> .....	13	TRUSELTIQ (100MG DAILY		VERZENIO.....	13
<i>torseamide</i> .....	17	DOSE).....	13	VESTURA.....	38

VICTOZA.....	33	XARELTO.....	15	XTANDI.....	14
VIENVA.....	38	XARELTO STARTER PACK.....	15	Y	
<i>vigabatrin</i> .....	26	XATMEP.....	41	YF-VAX.....	41
VIGADRONE.....	26	XCOPRI.....	26	YUVAFEM.....	38
VIIBRYD STARTER PACK.....	26	XCOPRI (250 MG DAILY DOSE).....	26	Z	
<i>vilazodone hcl</i> .....	26	XCOPRI (350 MG DAILY DOSE).....	26	<i>zafirlukast</i> .....	50
<i>viorele</i> .....	38	XERMELO.....	34	<i>zaleplon</i> .....	26
VIRACEPT.....	47	XGEVA.....	33	ZARXIO.....	15
VIREAD.....	47	XIFAXAN.....	47	ZEJULA.....	14
VITRAKVI.....	13	XIGDUO XR.....	33	ZELBORAF.....	14
VIZIMPRO.....	13	XOLAIR.....	50	ZENATANE.....	29
VOLNEA.....	38	XOSPATA.....	13	<i>zidovudine</i> .....	47
VONJO.....	13	XPOVIO (100 MG ONCE WEEKLY).....	13	<i>ziprasidone hcl</i> .....	26
<i>voriconazole</i> .....	47	XPOVIO (40 MG ONCE WEEKLY).....	13	<i>ziprasidone mesylate</i> .....	26
VOSEVI.....	47	XPOVIO (40 MG TWICE WEEKLY).....	14	ZIRGAN.....	47
VOTRIENT.....	13	XPOVIO (60 MG ONCE WEEKLY).....	14	<i>zoledronic acid</i> .....	33
VRAYLAR.....	26	XPOVIO (60 MG TWICE WEEKLY).....	14	ZOLINZA.....	14
VYFEMLA.....	38	XPOVIO (80 MG ONCE WEEKLY).....	14	<i>zolpidem tartrate</i> .....	26
VYLIBRA.....	38	XPOVIO (80 MG TWICE WEEKLY).....	14	ZONISADE.....	26
VYZULTA.....	49			<i>zonisamide</i> .....	26
W				ZOVIA 1/35 (28).....	38
WAKIX.....	26			ZTALMY.....	26
<i>warfarin sodium</i> .....	15			ZUMANDIMINE.....	38
WELIREG.....	13			ZYDELIG.....	14
WERA.....	38			ZYKADIA.....	14
WIXELA INHUB.....	50			ZYPREXA RELPREW.....	26
X					
XALKORI.....	13				

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-928-6201** (TTY: **711**). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-928-6201** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-928-6201** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-928-6201** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-928-6201** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-928-6201** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-928-6201** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-928-6201** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-928-6201** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-928-6201** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على **1-800-928-6201** (TTY: **711**) سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-928-6201** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-928-6201** (TTY: **711**). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-928-6201** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-928-6201** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-928-6201** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-928-6201** (TTY: **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。









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This formulary was updated on 8/25/2023. For more recent information or other questions, please contact Anthem MediBlue Rx Standard (PDP) Pharmacy Customer Service, at 1-833-348-5281 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.anthem.com](http://www.anthem.com).