

Anthem Medicare Advantage 2 (HMO)

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 Medicare Advantage 2 (HMO) Pharmacy Customer Service, at **1-833-337-1271** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **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 HealthKeepers. When it refers to “plan” or “our plan,” it means Anthem Medicare Advantage 2 (HMO).

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 Medicare Advantage 2 (HMO) 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 Medicare Advantage 2 (HMO)’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 Medicare Advantage 2 (HMO)’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 68. 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 Medicare Advantage 2 (HMO)'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 Medicare Advantage 2 (HMO)'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 68.

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*).

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 1-833-337-1271, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit 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.

ED – Excluded Drugs: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. Drugs not normally covered under Part D, such as Excluded Drugs, may have a copay during all phases of coverage. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GC – Gap Coverage: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

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)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$5.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$10.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$15.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) You pay \$35.00 per month for each covered insulin product on this tier.	\$35.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) You pay \$35.00 per month for each covered insulin product on this tier.	\$35.00
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$95.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$100.00
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply)	30%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	30%
Cost-Sharing Tier 6: Select Care Drugs	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$0.00

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.

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 1-833-337-1271, TTY/TDD users should call 711, 24 hours a day, 7 days a week, or visit 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.

ED – Excluded Drugs: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. Drugs not normally covered under Part D, such as Excluded Drugs, may have a copay during all phases of coverage. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GC – Gap Coverage: We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/Limits</i>
Analgesics And Anti-Inflammatory Agents		
<i>acetaminophen-codeine oral solution</i>	3	QL (900 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ASCOMP-CODEINE	4	PA; QL (180 per 30 days); NEDS
<i>buprenorphine transdermal</i>	4	PA; QL (4 per 28 days); NEDS
<i>butalbital-apap-caff-cod</i>	4	PA; QL (180 per 30 days); NEDS
<i>butalbital-asa-caff-codeine</i>	4	PA; QL (180 per 30 days); NEDS

<i>Drug Name</i>	<i>Drug Tier</i>	<i>Requirements/Limits</i>
<i>butorphanol tartrate injection solution 1 mg/ml</i>	4	QL (240 per 30 days); NEDS
<i>butorphanol tartrate injection solution 2 mg/ml</i>	4	QL (120 per 30 days); NEDS
<i>butorphanol tartrate nasal</i>	4	QL (5 per 30 days); NEDS
<i>celecoxib oral</i>	6	MO; GC
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	3	MO
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 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.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium external solution 1.5 %</i>	4	QL (300 per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	2	MO
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	MO
<i>diflunisal oral</i>	3	MO
<i>duramorph</i>	4	QL (180 per 30 days); NEDS
<i>ec-naproxen</i>	1	MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG	4	QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 5-325 MG	3	QL (180 per 30 days); NEDS
<i>etodolac er</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	2	MO
<i>febuxostat</i>	3	ST; MO
<i>fenoprofen calcium oral tablet</i>	4	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>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	2	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

Drug Name	Drug Tier	Requirements/Limits
<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 10-200 mg, 5-200 mg, 7.5-200 mg</i>	3	QL (50 per 10 days); NEDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>hydromorphone hcl injection solution 4 mg/ml</i>	4	QL (60 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	3	QL (180 per 30 days); NEDS
<i>hydromorphone hcl oral tablet 8 mg</i>	4	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 1 mg/ml</i>	4	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
<i>hydromorphone hcl pf injection solution 4 mg/ml</i>	4	QL (60 per 30 days); NEDS
IBU	1	MO
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	6	MO; GC
<i>indomethacin er</i>	3	PA; MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA; MO
<i>ketorolac tromethamine oral</i>	4	PA
<i>lidocaine external ointment 5 %</i>	4	PA; QL (150 per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine hcl (pf) injection solution 0.5 %</i>	4	
<i>lidocaine hcl external solution</i>	2	PA; QL (300 per 30 days)
<i>lidocaine hcl injection solution 2 %</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mouth/throat</i>	2	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal</i>	2	
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	4	QL (30 per 30 days)
<i>meclofenamate sodium oral</i>	4	MO
<i>meloxicam oral tablet</i>	6	MO; GC
METHADONE HCL INTENSOL	3	QL (180 per 30 days); NEDS
<i>methadone hcl oral concentrate</i>	3	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
<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, 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 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</i>	3	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 30 mg, 60 mg</i>	4	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, 4 mg/ml, 8 mg/ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate oral solution</i>	3	QL (900 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin</i>	4	MO
<i>oxycodone hcl oral capsule</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	4	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>piroxicam oral</i>	3	MO
<i>probenecid oral</i>	3	MO
RELAFEN	2	MO
<i>sulindac oral tablet 150 mg</i>	1	MO
<i>sulindac oral tablet 200 mg</i>	2	MO
<i>tramadol hcl oral tablet 50 mg</i>	3	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	4	QL (40 per 5 days); NEDS
Antineoplastics		
<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)
ADRIAMYCIN INTRAVENOUS SOLUTION	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.

Drug Name	Drug Tier	Requirements/Limits
<i>adriamycin intravenous solution reconstituted 10 mg</i>	4	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	B/D PA
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
AVASTIN	5	PA; LA
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
BAVENCIO	5	PA; LA
<i>bendamustine hcl intravenous solution</i>	5	B/D PA
BENDEKA	5	B/D PA
BESREMI	5	PA; LA
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days)
<i>bicalutamide</i>	3	QL (30 per 30 days)
<i>bleomycin sulfate</i>	4	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	5	PA
<i>bortezomib injection solution reconstituted 2.5 mg</i>	4	PA
<i>bortezomib intravenous solution reconstituted</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>carboplatin intravenous solution</i>	4	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	4	B/D PA
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 intravenous solution 1 gm/5ml, 2 gm/10ml, 500 mg/2.5ml</i>	5	
<i>cyclophosphamide oral capsule</i>	3	B/D PA
CYRAMZA	5	PA; LA
DARZALEX	5	PA; LA
DARZALEX FASPRO	5	PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA

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

Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA
<i>decitabine</i>	5	
<i>docetaxel intravenous concentrate 160 mg/8ml</i>	5	B/D PA
<i>docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml</i>	5	B/D PA
<i>doxorubicin hcl</i>	4	B/D PA
<i>doxorubicin hcl liposomal</i>	5	PA
ELITEK	5	PA
EMCYT	5	
EMPLICITI	5	PA; LA
ENHERTU	5	PA
ERBITUX	5	PA
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>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	3	B/D PA
<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
FIRMAGON (240 MG DOSE)	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
<i>fluorouracil intravenous</i>	4	B/D PA
<i>flutamide</i>	4	
FOTIVDA	5	PA; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fulvestrant intramuscular solution prefilled syringe</i>	5	PA
GAVRETO	5	PA; QL (120 per 30 days); LA
GAZYVA	5	PA; LA
<i>gefitinib</i>	5	PA; QL (30 per 30 days)
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	4	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted</i>	4	B/D PA
GILOTRIF	5	PA; QL (30 per 30 days); LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
HERCEPTIN HYLECTA	5	B/D PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	B/D 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 140 MG	5	PA; QL (90 per 30 days); LA

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days); LA
IMFINZI	5	PA; 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
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml</i>	4	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	4	B/D PA
JAKAFI	5	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
KADCYLA	5	PA
KEYTRUDA INTRAVENOUS SOLUTION	5	PA
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)
KYPROLIS	5	PA; LA
<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

Drug Name	Drug Tier	Requirements/Limits
<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>	2	QL (30 per 30 days); MO
<i>leucovorin calcium injection solution 100 mg/10ml</i>	4	
<i>leucovorin calcium injection solution reconstituted</i>	4	B/D PA
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	4	
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2	
LEUKERAN	4	
<i>leuprolide acetate (3 month)</i>	4	PA
<i>leuprolide acetate injection</i>	4	PA
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5	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

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

Drug Name	Drug Tier	Requirements/Limits
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)
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days)
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days)
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 180 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>	2	PA
<i>megestrol acetate oral tablet</i>	3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	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>	3	
<i>mesna</i>	4	
MESNEX ORAL	5	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i>	5	B/D PA
<i>mitomycin intravenous solution reconstituted 5 mg</i>	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 40 MG	5	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	4	B/D PA
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	5	PA; QL (14 per 28 days); LA
OPDIVO	5	PA; 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)
<i>oxaliplatin intravenous solution</i>	4	B/D PA
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	4	B/D PA
<i>oxaliplatin intravenous solution reconstituted 50 mg</i>	5	B/D PA
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	4	B/D PA
<i>paclitaxel protein-bound part</i>	5	PA
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML, 600 MG/60ML	4	B/D PA
PEMAZYRE	5	PA; QL (14 per 21 days); LA

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Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	5	PA
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	5	
<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>	4	PA
PERJETA	5	PA
PHEGO	5	PA
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
POTELIGEO	5	B/D PA; 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
RIABNI	5	B/D PA
RITUXAN HYCELA	5	B/D PA; LA
RITUXAN INTRAVENOUS SOLUTION	5	B/D PA; LA
<i>romidepsin intravenous solution reconstituted</i>	5	
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
RYBREVANT	5	PA
RYDAPT	5	PA; QL (240 per 30 days)
RYLAZE	5	PA

Drug Name	Drug Tier	Requirements/Limits
SARCLISA	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)
TAGRISSE	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
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA; QL (20 per 21 days); LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5	PA; QL (28 per 28 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

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Drug Name	Drug Tier	Requirements/Limits
TICE BCG	4	B/D PA
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML	3	B/D PA
TOPOSAR INTRAVENOUS SOLUTION 500 MG/25ML	4	B/D PA
<i>toremifene citrate</i>	4	QL (30 per 30 days)
TRELSTAR MIXJECT	4	PA
<i>tretinoin oral</i>	5	
TRODELVY	5	PA
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
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5	PA
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
<i>vinblastine sulfate intravenous solution</i>	4	B/D PA
VINCASAR PFS	4	B/D PA
<i>vincristine sulfate intravenous</i>	4	B/D PA
<i>vinorelbine tartrate</i>	4	B/D PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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)
YERVOY	5	PA
YONSA	5	PA; QL (120 per 30 days)
ZEJULA ORAL CAPSULE	5	PA; QL (90 per 30 days); LA
ZELBORAF	5	PA; QL (240 per 30 days); LA

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Drug Name	Drug Tier	Requirements/Limits
ZEPZELCA	5	PA
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
Blood Products And Modifiers		
<i>anagrelide hcl</i>	3	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
<i>aspirin-dipyridamole er</i>	3	ST; QL (60 per 30 days); MO
BRILINTA	3	QL (60 per 30 days); MO
<i>cilostazol</i>	2	MO
CINRYZE	5	PA; LA
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	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
ELIQUIS	3	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
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>	5	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>	5	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days)
FULPHILA	5	PA; QL (1.2 per 28 days)
GRANIX	5	PA
<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
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<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	1	MO
MOZOBIL	5	PA
NEULASTA ONPRO	5	PA; QL (1.2 per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	4	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA
<i>pentoxifylline er</i>	2	MO
PRADAXA ORAL CAPSULE 110 MG	4	QL (60 per 30 days); MO
<i>prasugrel hcl</i>	3	QL (30 per 30 days); 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 PACKET 12.5 MG	5	PA; QL (360 per 30 days); LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
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 intravenous solution 1000 mg/10ml</i>	3	
<i>tranexamic acid oral</i>	3	
<i>warfarin sodium oral</i>	1	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
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	2	MO
<i>acetazolamide oral tablet 125 mg</i>	2	MO
<i>acetazolamide oral tablet 250 mg</i>	3	MO
<i>aliskiren fumarate</i>	6	MO; GC
<i>amiloride hcl oral</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl intravenous</i>	4	B/D PA
<i>amiodarone hcl oral tablet 100 mg</i>	2	MO
<i>amiodarone hcl oral tablet 200 mg</i>	2	MO
<i>amiodarone hcl oral tablet 400 mg</i>	4	MO
<i>amlodipine besy-benazepril hcl</i>	6	MO; GC
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	6	QL (30 per 30 days); MO; GC
<i>amlodipine-atorvastatin</i>	6	QL (30 per 30 days); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan</i>	6	QL (30 per 30 days); MO; GC
<i>amlodipine-valsartan-hctz</i>	6	QL (30 per 30 days); MO; GC
<i>atenolol oral</i>	6	MO; GC
<i>atenolol-chlorthalidone</i>	1	MO
<i>atorvastatin calcium oral</i>	6	QL (30 per 30 days); MO; GC
<i>benazepril hcl oral</i>	6	MO; GC
<i>benazepril-hydrochlorothiazide</i>	6	MO; GC
<i>betaxolol hcl oral</i>	2	MO
<i>bisoprolol fumarate oral</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	3	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>bumetanide oral tablet 2 mg</i>	3	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 per 30 days); MO; GC
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 per 30 days); MO; GC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 per 30 days); MO; GC
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 per 30 days); MO; GC
<i>captopril oral</i>	6	MO; GC
CARTIA XT	2	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>cholestyramine oral</i>	2	MO
<i>clonidine</i>	4	QL (4 per 28 days); MO
<i>clonidine hcl oral</i>	1	MO
<i>colesevelam hcl</i>	3	MO
<i>colestipol hcl</i>	2	MO
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	4	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
DIGOX ORAL TABLET 125 MCG	2	QL (30 per 30 days); MO
DIGOX ORAL TABLET 250 MCG	2	PA; QL (60 per 30 days); MO
<i>digoxin injection</i>	4	PA
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 per 30 days); MO
<i>digoxin oral tablet 250 mcg</i>	2	PA; QL (60 per 30 days); MO
<i>digoxin oral tablet 62.5 mcg</i>	3	QL (30 per 30 days); MO
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl er beads</i>	6	MO; GC
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	6	MO; GC
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 120 mg</i>	4	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	3	MO
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	MO
<i>diltiazem hcl intravenous solution</i>	4	
<i>diltiazem hcl intravenous solution reconstituted</i>	4	
<i>diltiazem hcl oral</i>	1	MO
<i>disopyramide phosphate oral</i>	4	PA; 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)

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

Drug Name	Drug Tier	Requirements/Limits
EDARBI	4	ST; QL (30 per 30 days); MO
EDARBYCLOR	4	QL (30 per 30 days); MO
<i>enalapril maleate oral tablet</i>	6	MO; GC
<i>enalapril-hydrochlorothiazide</i>	6	MO; GC
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>	4	MO
<i>ezetimibe</i>	6	MO; GC
<i>ezetimibe-simvastatin</i>	6	QL (30 per 30 days); MO; GC
<i>felodipine er</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	MO
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid oral capsule delayed release 135 mg</i>	3	MO
<i>fenofibric acid oral capsule delayed release 45 mg</i>	2	MO
<i>flecainide acetate</i>	2	MO
<i>fluvastatin sodium</i>	6	QL (60 per 30 days); MO; GC
<i>fluvastatin sodium er</i>	6	QL (30 per 30 days); MO; GC
<i>fosinopril sodium</i>	6	MO; GC
<i>fosinopril sodium-hctz</i>	6	MO; GC
<i>furosemide injection</i>	3	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>gemfibrozil oral</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl oral</i>	2	PA; MO
<i>hydralazine hcl injection</i>	4	
<i>hydralazine hcl oral</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>indapamide oral</i>	1	MO
<i>irbesartan</i>	6	QL (30 per 30 days); MO; GC
<i>irbesartan-hydrochlorothiazide</i>	6	QL (30 per 30 days); MO; GC
<i>isosorb dinitrate-hydralazine</i>	3	QL (180 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>isradipine</i>	3	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	PA; LA
JUXTAPID ORAL CAPSULE 30 MG	5	PA; QL (30 per 30 days); LA
<i>labetalol hcl intravenous solution</i>	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	2	MO
<i>labetalol hcl oral tablet 300 mg</i>	3	MO
<i>lisinopril oral</i>	6	MO; GC
<i>lisinopril-hydrochlorothiazide</i>	6	MO; GC
<i>losartan potassium oral tablet 100 mg</i>	6	QL (30 per 30 days); MO; GC
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	6	QL (60 per 30 days); MO; GC
<i>losartan potassium-hctz</i>	6	QL (30 per 30 days); MO; GC
<i>lovastatin oral</i>	6	QL (60 per 30 days); MO; GC
MATZIM LA	4	MO
<i>metolazone oral tablet 10 mg, 5 mg</i>	3	MO
<i>metolazone oral tablet 2.5 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	4	
<i>metoprolol tartrate oral</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	2	MO
<i>metyrosine</i>	5	
<i>mexiletine hcl oral capsule 150 mg, 250 mg</i>	3	MO
<i>mexiletine hcl oral capsule 200 mg</i>	4	MO
<i>midodrine hcl</i>	4	
<i>minoxidil oral</i>	2	MO
<i>moexipril hcl</i>	6	MO; GC
MULTAQ	4	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg</i>	3	MO
<i>nadolol oral tablet 80 mg</i>	4	MO
<i>nebivolol hcl</i>	4	MO
<i>niacin (antihyperlipidemic)</i>	2	
<i>niacin er (antihyperlipidemic)</i>	4	MO
NIACOR	2	
<i>nicardipine hcl intravenous</i>	4	
<i>nicardipine hcl oral</i>	2	MO
<i>nifedipine er</i>	2	MO
<i>nifedipine er osmotic release</i>	2	MO
<i>nifedipine oral</i>	2	PA; MO
<i>nimodipine oral</i>	4	
NITRO-BID	3	MO
<i>nitroglycerin intravenous</i>	4	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual solution</i>	4	MO
NITROSTAT	3	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days); MO; GC
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 per 30 days); MO; GC

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-hctz</i>	6	QL (30 per 30 days); MO; GC
<i>olmesartan-amlodipine-hctz</i>	6	QL (30 per 30 days); MO; GC
<i>omega-3-acid ethyl esters</i>	3	MO
PACERONE ORAL TABLET 100 MG	2	MO
PACERONE ORAL TABLET 200 MG	2	MO
PACERONE ORAL TABLET 400 MG	4	MO
<i>perindopril erbumine</i>	6	MO; GC
<i>pindolol oral tablet 10 mg</i>	3	MO
<i>pindolol oral tablet 5 mg</i>	2	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 per 28 days); MO
<i>pravastatin sodium</i>	6	QL (30 per 30 days); MO; GC
<i>prazosin hcl oral</i>	2	MO
PREVALITE	2	MO
<i>propafenone hcl oral tablet 150 mg</i>	2	MO
<i>propafenone hcl oral tablet 225 mg</i>	3	MO
<i>propafenone hcl oral tablet 300 mg</i>	4	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg</i>	3	MO
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	2	MO
<i>propranolol hcl intravenous</i>	4	
<i>propranolol hcl oral solution</i>	2	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	2	MO
<i>quinapril hcl</i>	6	MO; GC
<i>quinapril-hydrochlorothiazide</i>	6	MO; GC
<i>quinidine sulfate oral</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril</i>	6	MO; GC
<i>ranolazine er</i>	3	PA; MO
REPATHA	3	PA; QL (3 per 28 days); MO
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days); MO
REPATHA SURECLICK	3	PA; QL (3 per 28 days); MO
<i>rosuvastatin calcium</i>	6	QL (30 per 30 days); MO; GC
<i>simvastatin oral tablet</i>	6	QL (30 per 30 days); MO; GC
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	2	MO
SORINE ORAL TABLET 80 MG	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg</i>	2	MO
<i>sotalol hcl (af) oral tablet 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	2	MO
<i>sotalol hcl oral tablet 80 mg</i>	1	MO
<i>spironolactone oral</i>	1	MO
<i>spironolactone-hctz</i>	2	MO
TAZIA XT	2	MO
TEKURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	MO
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days); MO; GC
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 per 30 days); MO; GC
<i>telmisartan-amlodipine</i>	6	QL (30 per 30 days); MO; GC
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 per 30 days); MO; GC
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	6	QL (60 per 30 days); MO; GC
<i>terazosin hcl oral</i>	1	MO
TIADYL ER	2	MO
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate oral tablet 20 mg</i>	3	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	6	MO; GC
<i>trandolapril-verapamil hcl er</i>	6	MO; GC
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	6	MO; GC
<i>triamterene-hctz oral tablet</i>	6	MO; GC
<i>valsartan oral tablet 160 mg</i>	6	QL (60 per 30 days); MO; GC
<i>valsartan oral tablet 320 mg</i>	6	QL (30 per 30 days); MO; GC
<i>valsartan oral tablet 40 mg, 80 mg</i>	6	QL (90 per 30 days); MO; GC
<i>valsartan-hydrochlorothiazide</i>	6	QL (30 per 30 days); MO; GC
VASCEPA	4	MO
VECAMYL	4	MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	MO
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	3	MO
<i>verapamil hcl er oral tablet extended release 120 mg</i>	2	MO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl intravenous</i>	4	
<i>verapamil hcl oral</i>	1	MO
VERQUVO	4	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	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 er</i>	3	QL (90 per 30 days)
<i>alprazolam oral tablet</i>	6	QL (90 per 30 days); GC
<i>alprazolam oral tablet dispersible</i>	3	QL (90 per 30 days)
<i>alprazolam xr</i>	3	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral solution</i>	3	MO
<i>amantadine hcl oral tablet</i>	3	MO
<i>amitriptyline hcl oral</i>	2	MO
<i>amoxapine oral tablet 100 mg, 50 mg</i>	3	PA; MO
<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	PA; MO
<i>amphetamine-dextroamphetamine er</i>	4	PA; QL (30 per 30 days); 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	5	ST; MO
<i>aripiprazole oral solution</i>	4	QL (900 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<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
ARISTADA INITIO	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 60 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days); MO
<i>armodafinil oral tablet 150 mg, 200 mg</i>	4	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 250 mg</i>	3	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet 10 mg</i>	4	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet 2.5 mg</i>	4	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet 5 mg</i>	4	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	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.

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 per 30 days); MO
AUBAGIO	5	PA; QL (30 per 30 days); LA
AUSTEDO	5	PA; QL (120 per 30 days)
AUVELITY	5	PA; QL (60 per 30 days); MO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days)
BAC	4	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	2	QL (120 per 30 days)
BELSOMRA	4	QL (30 per 30 days)
<i>benztropine mesylate injection</i>	4	PA
<i>benztropine mesylate oral</i>	2	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)
BOTOX	4	PA
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days); MO
BRIVIACT ORAL TABLET 10 MG	4	QL (60 per 30 days); MO
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	5	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>	2	QL (240 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	4	QL (360 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	4	QL (180 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	4	QL (90 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>	2	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 per 30 days); MO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	2	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</i>	4	
<i>bupirone hcl oral tablet 7.5 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	4	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; QL (180 per 30 days)
CAPLYTA	5	QL (30 per 30 days); MO
<i>carbamazepine er oral capsule extended release 12 hour</i>	4	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	3	MO
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	4	MO
<i>carbamazepine oral suspension</i>	4	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet chewable</i>	2	MO
<i>carbidopa oral</i>	4	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	3	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	3	
<i>chlordiazepoxide hcl</i>	3	QL (120 per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl injection</i>	4	
<i>chlorpromazine hcl oral</i>	4	MO
<i>citalopram hydrobromide oral solution</i>	4	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	6	QL (120 per 30 days); MO; GC
<i>citalopram hydrobromide oral tablet 20 mg</i>	6	QL (60 per 30 days); MO; GC
<i>citalopram hydrobromide oral tablet 40 mg</i>	6	QL (30 per 30 days); MO; GC
<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)
<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>	4	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	4	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	4	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	4	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	
<i>clozapine oral tablet 100 mg</i>	3	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	4	QL (270 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.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	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>	5	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>	2	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PA
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	4	
<i>desipramine hcl oral</i>	4	PA; MO
<i>desvenlafaxine er</i>	4	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	3	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	5	PA; QL (360 per 30 days); LA
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); LA
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); LA
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); LA
DIAZEPAM INTENSOL	2	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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 injection</i>	5	PA
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 per 28 days)
DILANTIN ORAL CAPSULE 100 MG	4	MO
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>disulfiram oral</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>	4	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	2	MO
<i>divalproex sodium oral tablet delayed release 500 mg</i>	3	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	6	QL (30 per 30 days); MO; GC
<i>donepezil hcl oral tablet dispersible</i>	1	QL (30 per 30 days); MO
<i>doxepin hcl oral capsule</i>	2	PA; MO
<i>doxepin hcl oral concentrate</i>	2	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>	4	QL (180 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.

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	4	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	QL (90 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	4	QL (60 per 30 days); MO
DYSPORT	4	PA
EMSAM	5	PA; QL (30 per 30 days); MO
<i>entacapone</i>	4	MO
EPIDIOLEX	5	PA; LA
EPITOL	1	MO
EPRONTIA	4	MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	4	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	4	QL (240 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	4	QL (180 per 30 days); MO
<i>ergoloid mesylates oral</i>	4	PA; 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
ESGIC ORAL CAPSULE	4	PA; QL (180 per 30 days)
<i>eszopiclone</i>	4	QL (30 per 30 days)
<i>ethosuximide oral capsule</i>	4	MO
<i>ethosuximide oral solution</i>	3	MO
FANAPT ORAL TABLET 1 MG	5	QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 2 MG	5	QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	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>ingolimod hcl</i>	5	PA; QL (30 per 30 days)
FINTEPLA	5	PA; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	6	MO; GC
<i>fluoxetine hcl oral capsule 20 mg</i>	6	QL (120 per 30 days); MO; GC
<i>fluoxetine hcl oral capsule 40 mg</i>	6	QL (60 per 30 days); MO; GC
<i>fluoxetine hcl oral capsule delayed release</i>	4	QL (4 per 28 days); MO
<i>fluoxetine hcl oral solution</i>	2	QL (600 per 30 days); MO
<i>fluoxetine hcl oral tablet 10 mg</i>	2	MO
<i>fluoxetine hcl oral tablet 20 mg</i>	3	QL (120 per 30 days); MO
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	2	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	5	QL (720 per 30 days); MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 per 30 days); MO
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral capsule 100 mg</i>	2	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	4	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	3	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	4	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	4	QL (30 per 30 days); MO
<i>galantamine hydrobromide oral solution</i>	3	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	4	QL (60 per 30 days); MO
GEODON INTRAMUSCULAR	4	QL (6 per 3 days)
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (30 per 30 days)
<i>guanfacine hcl er</i>	4	PA; QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml</i>	4	
<i>haloperidol decanoate intramuscular solution 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection</i>	3	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral</i>	2	MO
<i>imipramine hcl oral</i>	2	PA; MO
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)
<i>lacosamide intravenous</i>	5	QL (1200 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.

Drug Name	Drug Tier	Requirements/Limits
<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>	6	MO; GC
<i>lamotrigine oral tablet chewable 25 mg</i>	3	MO
<i>lamotrigine oral tablet chewable 5 mg</i>	2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	3	QL (180 per 30 days); MO
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	3	QL (120 per 30 days); MO
<i>levetiracetam intravenous</i>	4	
<i>levetiracetam oral solution</i>	3	MO
<i>levetiracetam oral tablet 1000 mg</i>	3	MO
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
<i>lithium carbonate oral capsule 600 mg</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
LORAZEPAM INTENSOL	3	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	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 capsule 10 mg, 5 mg</i>	3	MO
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	4	MO
<i>lurasidone hcl oral tablet 120 mg</i>	5	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 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

Drug Name	Drug Tier	Requirements/Limits
LYBALVI	5	QL (30 per 30 days); MO
MARPLAN	4	MO
<i>memantine hcl er</i>	3	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	3	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	6	PA; QL (60 per 30 days); MO; GC
<i>memantine hcl oral tablet 5 mg</i>	6	PA; QL (90 per 30 days); MO; GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	
<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 solution 10 mg/5ml</i>	3	PA; QL (900 per 30 days); MO
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	3	PA; QL (1800 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>	6	MO; GC
<i>mirtazapine oral tablet 45 mg</i>	6	QL (30 per 30 days); MO; GC
<i>mirtazapine oral tablet dispersible</i>	3	QL (30 per 30 days); MO
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	4	MO
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution 4 mg/10ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	3	
<i>naltrexone 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.

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
<i>naratriptan hcl</i>	4	QL (9 per 30 days)
NARCAN	4	
NAYZILAM	4	
<i>nefazodone hcl</i>	3	MO
NEUPRO	4	QL (30 per 30 days); MO
NICOTROL NS	3	QL (120 per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	2	MO
<i>nortriptyline hcl oral solution</i>	4	MO
NUEDEXTA	5	PA; QL (60 per 30 days); MO
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); LA
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); LA
NURTEC	5	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	4	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	MO
<i>olanzapine oral tablet 20 mg</i>	3	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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 per 30 days); MO
<i>oxazepam</i>	4	QL (120 per 30 days)
<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 er oral tablet extended release 24 hour 12.5 mg</i>	4	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 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>	6	QL (45 per 30 days); MO; GC
<i>paroxetine hcl oral tablet 20 mg</i>	6	QL (30 per 30 days); MO; GC
<i>paroxetine hcl oral tablet 30 mg</i>	6	QL (60 per 30 days); MO; GC
<i>perphenazine oral</i>	4	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg</i>	4	PA; MO
<i>perphenazine-amitriptyline oral tablet 4-25 mg</i>	3	PA; MO
PERSERIS	5	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO
PHENYTEK	4	MO
PHENYTOIN INFATABS	3	MO
<i>phenytoin oral</i>	3	MO
<i>phenytoin sodium extended</i>	2	MO
<i>pimozide</i>	3	MO
<i>pramipexole dihydrochloride</i>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	2	MO
<i>protriptyline hcl</i>	4	PA; MO
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide oral solution</i>	5	
<i>pyridostigmine bromide oral tablet</i>	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	4	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	4	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	2	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	2	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	2	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	2	QL (960 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate oral tablet 300 mg</i>	2	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	2	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	2	QL (480 per 30 days); MO
<i>ramelteon</i>	3	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	3	MO
REGONOL INTRAVENOUS	4	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	QL (60 per 30 days); MO
REXULTI ORAL TABLET 3 MG, 4 MG	5	QL (30 per 30 days); MO
<i>riluzole</i>	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	QL (2 per 28 days)
<i>risperidone oral solution</i>	3	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

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

Drug Name	Drug Tier	Requirements/Limits
<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</i>	4	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	4	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	4	QL (12 per 30 days)
<i>ropinirole hcl</i>	2	MO
<i>ropinirole hcl er</i>	4	MO
ROWEEPRA ORAL TABLET 500 MG	2	MO
<i>rufinamide oral suspension</i>	5	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
RYTARY	4	ST; MO
SAVELLA	3	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	
SECUADO	5	QL (30 per 30 days); MO
<i>selegiline hcl oral</i>	3	MO
<i>sertraline hcl oral concentrate</i>	4	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	6	QL (60 per 30 days); MO; GC
<i>sertraline hcl oral tablet 25 mg</i>	6	QL (240 per 30 days); MO; GC
<i>sertraline hcl oral tablet 50 mg</i>	6	QL (120 per 30 days); MO; GC
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

Drug Name	Drug Tier	Requirements/Limits
<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	5	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)
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>	2	QL (30 per 30 days)
TENCON ORAL TABLET 50-325 MG	4	PA; QL (180 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 tablet 10 mg, 25 mg, 50 mg</i>	2	MO
<i>thioridazine hcl oral tablet 100 mg</i>	3	MO
<i>thiothixene oral</i>	2	MO
<i>tiagabine hcl</i>	4	MO
<i>tizanidine hcl oral tablet</i>	2	
<i>tolcapone</i>	5	PA; QL (180 per 30 days); MO
<i>topiramate oral capsule sprinkle</i>	4	MO
<i>topiramate oral tablet</i>	2	MO
<i>tranylcypromine sulfata</i>	4	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trazodone hcl oral tablet 300 mg</i>	4	MO
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	3	MO
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	4	MO
<i>trihexyphenidyl hcl oral solution</i>	2	PA; MO
<i>trihexyphenidyl hcl oral tablet</i>	2	MO
<i>trimipramine maleate oral</i>	4	MO
TRINTELLIX	4	QL (30 per 30 days); MO
TYSABRI	5	PA; LA
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 per 30 days)
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	2	
<i>valproic acid oral capsule</i>	3	MO
<i>valproic acid oral solution</i>	2	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)

Drug Name	Drug Tier	Requirements/Limits
<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
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	4	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i>	4	QL (30 per 30 days); MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	4	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
VIIBRYD STARTER PACK	4	ST
<i>vilazodone hcl</i>	4	ST; QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	5	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	5	QL (56 per 28 days); MO

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI (350 MG DAILY DOSE)	5	QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	QL (56 per 365 days)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	4	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	5	PA
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; QL (180 per 30 days)
ZENZEDI ORAL TABLET 10 MG	4	QL (180 per 30 days); MO
ZENZEDI ORAL TABLET 5 MG	4	QL (90 per 30 days); MO
<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 er</i>	4	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 per 30 days)
ZONISADE	5	MO
<i>zonisamide oral capsule 100 mg, 50 mg</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide oral capsule 25 mg</i>	2	MO
ZTALMY	5	QL (1100 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days)
Dermatological Agents		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>acyclovir external ointment</i>	4	QL (30 per 30 days)
<i>adapalene external cream</i>	4	
<i>adapalene external gel 0.1 %</i>	4	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate external cream</i>	4	
<i>alclometasone dipropionate external ointment</i>	3	
<i>amcinonide</i>	4	
<i>ammonium lactate external</i>	2	
AMNESTEEM	4	
AVITA EXTERNAL CREAM	3	PA; QL (45 per 30 days)
<i>benzoyl peroxide-erythromycin</i>	3	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	4	
<i>betamethasone dipropionate aug external lotion</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	4	
<i>betamethasone dipropionate external cream</i>	4	
<i>betamethasone dipropionate external lotion</i>	3	
<i>betamethasone dipropionate external ointment</i>	4	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	4	
<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)
<i>calcitriol external</i>	4	QL (800 per 28 days)
<i>cevimeline hcl</i>	4	MO
<i>chlorhexidine gluconate mouth/throat</i>	1	
CICLODAN EXTERNAL SOLUTION	2	
<i>ciclopirox external gel</i>	4	
<i>ciclopirox external shampoo</i>	4	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	3	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	3	
CLARAVIS	4	

Drug Name	Drug Tier	Requirements/Limits
CLINDACIN ETZ EXTERNAL SWAB	2	
CLINDACIN-P	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	4	
<i>clindamycin phosphate external gel</i>	3	
<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>	2	
CLINPRO 5000	2	MO
<i>clobetasol prop emollient base</i>	3	QL (120 per 30 days)
<i>clobetasol propionate e</i>	3	QL (120 per 30 days)
<i>clobetasol propionate emulsion</i>	4	QL (100 per 30 days)
<i>clobetasol propionate external cream</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	4	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	2	QL (60 per 30 days)
<i>clobetasol propionate external lotion</i>	4	
<i>clobetasol propionate external ointment</i>	3	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	4	
<i>clobetasol propionate external solution</i>	2	QL (50 per 30 days)
CLODAN EXTERNAL SHAMPOO	4	
<i>clotrimazole external cream</i>	3	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	3	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	3	QL (120 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.

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole- betamethasone external lotion</i>	4	
DENTA 5000 PLUS	2	MO
DENTAGEL	2	MO
<i>desonide external cream</i>	4	
<i>desonide external lotion</i>	4	
<i>desonide external ointment</i>	4	
<i>desoximetasone external cream</i>	4	QL (100 per 30 days)
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	4	
<i>diclofenac sodium external gel 3 %</i>	4	PA; QL (100 per 30 days)
<i>diflorasone diacetate external</i>	4	QL (60 per 30 days)
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>	2	QL (90 per 30 days)
<i>ery</i>	3	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide body</i>	4	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	4	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	4	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	2	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	4	QL (120 per 30 days)
<i>fluocinonide external gel</i>	3	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	3	QL (240 per 30 days)
<i>fluocinonide external solution</i>	4	QL (240 per 30 days)
FLUORIDEX	2	MO
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	2	MO
FLUORIMAX 5000	2	MO
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution</i>	2	
<i>fluticasone propionate external cream</i>	3	
<i>fluticasone propionate external lotion</i>	4	
<i>fluticasone propionate external ointment</i>	3	
<i>gentamicin sulfate external</i>	3	QL (30 per 30 days)
<i>halcinonide</i>	4	
<i>halobetasol propionate external cream</i>	4	
<i>halobetasol propionate external ointment</i>	4	
HALOG EXTERNAL OINTMENT	4	
<i>hydrocortisone (perianal) external cream 1 %</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyr lipo base</i>	2	
<i>hydrocortisone butyrate external cream</i>	2	
<i>hydrocortisone butyrate external ointment</i>	4	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	3	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	4	
<i>imiquimod external cream 5 %</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>isotretinoin oral capsule 25 mg</i>	5	
JUST RIGHT 5000	2	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>lindane external shampoo</i>	4	
<i>malathion external</i>	4	
<i>methoxsalen rapid</i>	5	
<i>metronidazole external cream</i>	4	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
<i>metronidazole external lotion</i>	4	
<i>mometasone furoate external</i>	2	
<i>mupirocin calcium</i>	4	QL (30 per 30 days)
<i>mupirocin external</i>	2	QL (120 per 30 days)
MYORISAN	4	
NEUAC EXTERNAL GEL	4	

Drug Name	Drug Tier	Requirements/Limits
NYAMYC	3	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	3	
<i>nystatin mouth/throat</i>	2	
<i>nystatin-triamcinolone</i>	4	
NYSTOP	2	
ORALONE	2	
PANRETIN	5	
<i>penciclovir</i>	4	QL (5 per 30 days)
PERIOGARD	1	
<i>permethrin external cream</i>	3	
<i>pilocarpine hcl oral</i>	4	MO
<i>pimecrolimus</i>	4	PA; QL (100 per 30 days)
<i>podofilox external</i>	4	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
RECTIV	4	QL (30 per 30 days)
SANTYL	4	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	2	
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>silver sulfadiazine external</i>	2	
<i>sodium fluoride 5000 enamel dental gel</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 plus</i>	2	MO
<i>sodium fluoride 5000 ppm</i>	2	MO
<i>sodium fluoride 5000 sensitive dental gel</i>	2	
<i>sodium fluoride dental cream</i>	2	MO
<i>sodium fluoride dental gel 1.1 %</i>	2	MO
<i>sodium fluoride mouth/throat</i>	2	MO
SSD	2	
<i>sulfacetamide sodium (acne)</i>	4	
SULFAMYLON EXTERNAL CREAM	4	
<i>tacrolimus external ointment</i>	4	PA; QL (100 per 30 days)
<i>tazarotene external cream</i>	4	PA
<i>tazarotene external gel</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
TOVET EXTERNAL FOAM	4	QL (100 per 30 days)
<i>tretinoin external cream</i>	3	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	PA; QL (45 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external cream 0.1 %</i>	6	QL (454 per 30 days); GC
<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	
TRIANEX	4	
TRIDERM EXTERNAL CREAM 0.1 %	2	QL (454 per 30 days)
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
VALCHLOR	5	PA; LA
ZENATANE	4	

Drug Name	Drug Tier	Requirements/Limits
Electrolytes / Minerals / Metals / Vitamins		
<i>carglumic acid oral tablet soluble</i>	5	PA; LA
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX E/DEXTROSE (5/15)	4	B/D PA
CLINIMIX E/DEXTROSE (5/20)	4	B/D PA
<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
<i>clinimix/dextrose (8/14)</i>	4	B/D PA
CLINISOL SF	4	B/D PA
CLINOLIPID	4	B/D PA
<i>dextrose in lactated ringers</i>	3	
<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 %</i>	4	
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	3	
<i>dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %</i>	4	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	3	
EFFER-K ORAL TABLET	1	MO
EFFERVESCENT 25 MEQ		

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

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID	4	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
ISOLYTE-S PH 7.4	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 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	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	3	
<i>kcl-lactated ringers-d5w</i>	4	
KLOR-CON 10	2	MO
KLOR-CON M10	2	MO
KLOR-CON M15	2	MO
KLOR-CON M20	2	MO
KLOR-CON ORAL PACKET 20 MEQ	4	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO
KLOR-CON/EF	1	MO
<i>lactated ringers intravenous</i>	3	
<i>levocarnitine oral solution</i>	3	B/D PA; MO
<i>levocarnitine oral tablet</i>	3	B/D PA; MO
<i>levocarnitine sf</i>	3	B/D PA; MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	
<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	
PLENAMINE	4	B/D PA
<i>potassium chloride crys er</i>	2	MO
<i>potassium chloride er</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	4	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml</i>	3	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	4	
<i>potassium chloride oral packet</i>	4	MO
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium cl 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 vit w/ ferrous fumarate-l methylfolate-folic acid</i>	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha oral capsule 27-0.6-0.4-300 mg</i>	3	
PROSOL	4	B/D PA
<i>ringers</i>	4	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	4	
<i>sodium chloride intravenous solution 0.45 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
sodium chloride intravenous solution 0.9 %	3	
sodium chloride intravenous solution 3 %, 4 meq/ml, 5 %	4	
sodium fluoride oral tablet 2.2 (1 f) mg	2	MO
sodium fluoride oral tablet chewable	2	MO
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
Endocrine And Metabolic Disorder Agents		
acarbose oral	2	QL (90 per 30 days); MO
alendronate sodium oral solution	3	QL (300 per 28 days); MO
alendronate sodium oral tablet 10 mg	6	QL (30 per 30 days); MO; GC
alendronate sodium oral tablet 35 mg, 70 mg	6	QL (4 per 28 days); MO; GC
AURYXIA	5	PA; MO
BYDUREON BCISE	3	PA; QL (4 per 28 days); MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2.4 per 30 days); MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (1.2 per 30 days); MO
calcitonin (salmon) injection	5	B/D PA
calcitonin (salmon) nasal	3	QL (4 per 30 days); MO
calcitriol intravenous solution 1 mcg/ml	4	B/D PA
calcitriol oral capsule	2	B/D PA; MO
calcitriol oral solution	3	B/D PA; MO
calcium acetate (phos binder) oral capsule	2	MO
calcium acetate (phos binder) oral tablet	3	MO
calcium acetate oral tablet 667 mg	3	MO

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl oral tablet 30 mg, 60 mg	4	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	5	B/D PA; QL (120 per 30 days)
CYCLOSET	4	ST; QL (180 per 30 days); MO
deferasirox oral tablet soluble 125 mg	4	PA
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA
diazoxide oral	5	MO
doxercalciferol intravenous	4	B/D PA
doxercalciferol oral	4	B/D PA; MO
FARXIGA	3	QL (30 per 30 days); MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (3 per 28 days)
FOSAMAX PLUS D	4	ST; QL (4 per 28 days); MO
glimepiride oral tablet 1 mg	6	QL (240 per 30 days); MO; GC
glimepiride oral tablet 2 mg	6	QL (120 per 30 days); MO; GC
glimepiride oral tablet 4 mg	6	QL (60 per 30 days); MO; GC
glipizide er oral tablet extended release 24 hour 10 mg	6	QL (60 per 30 days); MO; GC
glipizide er oral tablet extended release 24 hour 2.5 mg	6	QL (240 per 30 days); MO; GC
glipizide er oral tablet extended release 24 hour 5 mg	6	QL (120 per 30 days); MO; GC
glipizide oral tablet 10 mg	6	QL (120 per 30 days); MO; GC
glipizide oral tablet 5 mg	6	QL (240 per 30 days); MO; GC
glipizide xl oral tablet extended release 24 hour 10 mg	6	QL (60 per 30 days); MO; GC
glipizide xl oral tablet extended release 24 hour 2.5 mg	6	QL (240 per 30 days); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	6	QL (120 per 30 days); MO; GC
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days); MO; GC
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days); MO; GC
GLUCAGEN HYPOKIT	3	
<i>glyburide micronized oral tablet 1.5 mg</i>	6	QL (240 per 30 days); MO; GC
<i>glyburide micronized oral tablet 3 mg</i>	6	QL (120 per 30 days); MO; GC
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 per 30 days); MO; GC
<i>glyburide oral tablet 1.25 mg</i>	6	QL (480 per 30 days); MO; GC
<i>glyburide oral tablet 2.5 mg</i>	6	QL (240 per 30 days); MO; GC
<i>glyburide oral tablet 5 mg</i>	6	QL (120 per 30 days); MO; GC
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 per 30 days); MO; GC
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days); MO; GC
GLYXAMBI	3	QL (30 per 30 days); MO
HUMALOG INJECTION	3	MO
HUMALOG JUNIOR KWIKPEN	3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
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>	2	QL (1 per 28 days); MO
<i>insulin lispro (1 unit dial)</i>	3	MO
<i>insulin lispro injection</i>	3	MO
<i>insulin lispro junior kwikpen</i>	3	MO
<i>insulin lispro prot & lispro</i>	3	MO
INVOKAMET	4	QL (60 per 30 days); MO
INVOKAMET XR	4	QL (60 per 30 days); MO
INVOKANA	4	QL (30 per 30 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
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

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

Drug Name	Drug Tier	Requirements/Limits
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
JYNARQUE ORAL TABLET	5	PA; QL (120 per 30 days); LA
KERENDIA	3	PA; QL (30 per 30 days); MO
LANTUS	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
LEVEMIR FLEXTOUCH	3	MO
LOKELMA	3	MO
LYUMJEV	3	MO
LYUMJEV KWIKPEN	3	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (120 per 30 days); MO; GC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 per 30 days); MO; GC
<i>metformin hcl oral solution</i>	4	QL (946 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (60 per 30 days); MO; GC
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 per 30 days); MO; GC
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 per 30 days); MO; GC
<i>migliolol</i>	4	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	5	PA; QL (2 per 28 days); MO
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	5	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	6	QL (90 per 30 days); MO; GC
<i>nateglinide oral tablet 60 mg</i>	6	QL (180 per 30 days); MO; GC
NATPARA	5	PA; QL (2 per 28 days)
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 4 MG/3ML	3	PA; QL (3 per 28 days); MO
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days); MO
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	4	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	3	B/D PA
<i>paricalcitol oral</i>	4	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	6	QL (90 per 30 days); MO; GC
<i>pioglitazone hcl oral tablet 30 mg</i>	6	QL (45 per 30 days); MO; GC
<i>pioglitazone hcl oral tablet 45 mg</i>	6	QL (30 per 30 days); MO; GC
<i>pioglitazone hcl-glimepiride</i>	6	QL (30 per 30 days); MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl</i>	6	QL (90 per 30 days); MO; GC
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
<i>repaglinide oral tablet 0.5 mg</i>	6	QL (960 per 30 days); MO; GC
<i>repaglinide oral tablet 1 mg</i>	6	QL (480 per 30 days); MO; GC
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days); MO; GC
<i>risedronate sodium oral tablet 150 mg</i>	4	ST; QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	4	ST; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	4	ST; QL (4 per 28 days); MO
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	
<i>risedronate sodium oral tablet 5 mg</i>	4	ST; QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	4	ST; QL (4 per 28 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>	3	QL (540 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	4	
SOLIQUA	3	QL (15 per 25 days); MO
SPS	3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (11 per 30 days); MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
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
<i>teriparatide (recombinant)</i>	5	PA; QL (3 per 28 days)
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 per 30 days)
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

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

Drug Name	Drug Tier	Requirements/Limits
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 per 30 days); MO
XGEVA	5	PA; QL (5.1 per 28 days)
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</i>	4	PA
Gastrointestinal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days); MO
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 per 30 days); MO
<i>aprepitant oral</i>	3	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	3	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	3	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	3	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	3	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	5	PA
<i>budesonide oral</i>	4	
<i>cimetidine hcl oral</i>	3	MO
<i>cimetidine oral tablet 200 mg</i>	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	3	MO
COMPRO	4	
<i>constulose</i>	2	MO
DEXILANT	4	ST; QL (30 per 30 days); MO
<i>dexlansoprazole</i>	4	ST; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	4	
<i>dicyclomine hcl oral tablet</i>	2	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
<i>enulose</i>	2	MO
<i>esomeprazole magnesium oral capsule delayed release</i>	4	QL (30 per 30 days); MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	4	
<i>famotidine (pf)</i>	3	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	4	
<i>famotidine oral suspension reconstituted</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine premixed</i>	3	
GATTEX	5	PA; LA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	
<i>generlac</i>	2	MO
<i>glycopyrrolate injection solution</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	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 tablet 10 mg, 5 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone oral tablet 20 mg	2	
hydrocortisone rectal enema	4	
hyoscyamine sulfate oral tablet	3	MO
hyoscyamine sulfate oral tablet dispersible	3	MO
hyoscyamine sulfate sublingual	3	MO
lactulose encephalopathy	2	MO
lactulose oral solution	2	MO
lansoprazole oral capsule delayed release 15 mg	4	MO
lansoprazole oral capsule delayed release 30 mg	4	QL (30 per 30 days); MO
LINZESS	3	QL (30 per 30 days); MO
loperamide hcl oral capsule	3	
lubiprostone	3	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
mesalamine er oral capsule extended release	4	MO
mesalamine er oral capsule extended release 24 hour	3	MO
mesalamine oral capsule delayed release	3	MO
mesalamine oral tablet delayed release 1.2 gm	3	MO
mesalamine oral tablet delayed release 800 mg	3	
mesalamine rectal enema	3	
mesalamine rectal suppository	4	
mesalamine-cleanser	4	
methscopolamine bromide oral	4	
metoclopramide hcl injection	4	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl oral tablet	1	
misoprostol oral tablet 100 mcg	3	MO
misoprostol oral tablet 200 mcg	4	MO
MOVANTIK	3	QL (30 per 30 days)
nizatidine oral capsule	3	MO
omeprazole oral capsule delayed release	6	MO; GC
ondansetron hcl injection	4	
ondansetron hcl oral solution	4	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	4	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	3	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 4 mg	4	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 8 mg	3	B/D PA; QL (90 per 30 days)
opium	2	
OSMOPREP	4	
pantoprazole sodium intravenous	4	
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
peg-3350/electrolytes/ascorbic acid	4	
peg-kcl-nacl-nasulf-na asc-c	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	MO
prochlorperazine	4	
prochlorperazine edisylate injection solution 10 mg/2ml	4	
prochlorperazine maleate oral	2	MO
promethazine hcl injection solution 25 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl injection solution 50 mg/ml</i>	4	
<i>promethazine hcl oral</i>	2	
<i>scopolamine</i>	4	QL (10 per 28 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO
<i>sulfasalazine oral</i>	2	MO
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
XERMELO	5	PA; QL (90 per 30 days); LA

Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment

<i>betaine</i>	5	LA
CREON	3	MO
<i>cromolyn sodium oral</i>	4	MO
CYSTAGON	3	LA
FABRAZYME	5	PA; LA
JAVYGTOR ORAL TABLET	5	PA
LUMIZYME	5	PA; LA
<i>miglustat</i>	5	PA; LA
NAGLAZYME	5	PA; LA
<i>nitisinone</i>	5	PA
PROLASTIN-C	5	PA; LA
RAVICTI	5	PA; QL (525 per 30 days); 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
SUCRAID	5	LA
VPRIV	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	MO

Genitourinary Agents

<i>alfuzosin hcl er</i>	2	MO
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Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>dutasteride oral</i>	4	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	3	QL (30 per 30 days); MO
ELMIRON	4	
<i>fesoterodine fumarate er</i>	3	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>flavoxate hcl</i>	3	MO
GEMTESA	4	QL (30 per 30 days); MO
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 vaginal suppository</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	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (4 per 30 days); ED
<i>solifenacin succinate</i>	4	QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	2	MO
<i>terconazole vaginal cream</i>	3	
<i>terconazole vaginal suppository</i>	4	
<i>tiopronin oral</i>	5	PA
<i>tolterodine tartrate</i>	4	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	4	QL (30 per 30 days); MO
<i>tropium chloride</i>	4	QL (60 per 30 days); MO
<i>tropium chloride er</i>	4	QL (30 per 30 days); MO
VANDAZOLE	2	
Hormonal Agents		
AFIRMELLE	3	MO
ALTAVERA	3	MO
<i>alyacen 1/35</i>	4	MO
<i>alyacen 7/7/7</i>	3	MO
AMABELZ	4	PA; MO
AMETHIA	4	MO
AMETHYST	3	MO
APRI	3	MO
ARANELLE	3	MO
ASHLYNA	4	MO
AUBRA EQ	3	MO
AUROVELA 1.5/30	3	MO
AUROVELA 1/20	3	MO
AUROVELA 24 FE	4	MO
AUROVELA FE 1.5/30	3	MO
AUROVELA FE 1/20	3	MO
AVIANE	3	MO
AYUNA	3	MO
AZURETTE	4	MO
BALZIVA	4	MO
BIJUVA	3	PA; MO
BLISOVI 24 FE	4	MO

Drug Name	Drug Tier	Requirements/Limits
BLISOVI FE 1.5/30	3	MO
BLISOVI FE 1/20	3	MO
<i>briellyn</i>	4	MO
<i>cabergoline</i>	3	
CAMILA	3	MO
CAMRESE	4	MO
CHATEAL EQ	3	MO
CRYSSELLE-28	4	MO
CYRED EQ	3	MO
<i>danazol oral</i>	3	
DASETTA 1/35	4	MO
DASETTA 7/7/7	3	MO
DAYSEE	4	MO
DEBLITANE	3	MO
DELYLA	3	MO
DEPO-ESTRADIOL	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	2	PA; MO
<i>desmopressin ace spray refrig</i>	4	MO
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg</i>	3	MO
<i>desmopressin acetate oral tablet 0.2 mg</i>	4	MO
<i>desmopressin acetate pf spray</i>	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	4	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	3	MO
DEXAMETHASONE INTENSOL	4	
<i>dexamethasone oral elixir</i>	4	
<i>dexamethasone oral solution</i>	4	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone oral tablet</i> 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
<i>dexamethasone oral tablet</i> 2 mg, 4 mg, 6 mg	2	
<i>dexamethasone sod phosphate pf injection solution</i>	3	
<i>dexamethasone sodium phosphate injection</i>	3	
DOLISHALE	3	MO
<i>drospirenone-ethinyl estradiol</i>	4	MO
DUAVEE	4	PA; QL (30 per 30 days); MO
EGRIFTA SV	5	PA; LA
ELINEST	4	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</i>	1	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</i>	3	MO
<i>estradiol valerate intramuscular</i>	4	
<i>estradiol-norethindrone acet</i>	4	PA; MO
ESTRING	4	QL (1 per 90 days); MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	3	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	MO
EUTHYROX	1	MO
FALMINA	3	MO

Drug Name	Drug Tier	Requirements/ Limits
FEMRING	4	QL (1 per 90 days); MO
FEMYNOR	3	MO
<i>fludrocortisone acetate oral</i>	3	MO
FYAVOLV	3	PA; MO
HAILEY 1.5/30	3	MO
HAILEY 24 FE	4	MO
HAILEY FE 1.5/30	3	MO
HAILEY FE 1/20	3	MO
HALOETTE	4	MO
HEATHER	3	MO
ICLEVIA	4	MO
IMVEXXY MAINTENANCE PACK	4	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	4	QL (18 per 28 days); MO
INCASSIA	3	MO
INCRELEX	5	PA; LA
INTROVALE	4	MO
ISIBLOOM	3	MO
JAIMIESS	4	MO
JASMIEL	4	MO
JENCYCLA	3	MO
JINTELI	3	PA; MO
JOLESSA	4	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
JUNEL FE 24	4	MO
KALLIGA	3	MO
KARIVA	4	MO
KELNOR 1/35	3	MO
KELNOR 1/50	4	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 24 FE	4	MO
LARIN FE 1.5/30	3	MO
LARIN FE 1/20	3	MO
LARISSIA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
LEENA	3	MO
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 &0.01 mg, 0.15-0.03 mg</i>	4	MO
<i>levonorgestrel-ethinyl estrad</i>	3	MO
LEVORA 0.15/30 (28)	3	MO
<i>levothyroxine sodium oral capsule</i>	4	MO
<i>levothyroxine sodium oral tablet</i>	6	MO; GC
LEVOXYL	1	MO
LILLOW	3	MO
<i>liothyronine sodium intravenous</i>	5	
<i>liothyronine sodium oral</i>	2	MO
LO LOESTRIN FE	4	MO
LO-ZUMANDIMINE	4	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	4	MO
LOW-OGESTREL	4	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; QL (1 per 28 days)
LUTERA	3	MO
LYLEQ	3	MO
LYZA	3	MO
<i>marlissa</i>	3	MO
<i>medroxyprogesterone acetate intramuscular</i>	3	
<i>medroxyprogesterone acetate oral</i>	1	MO
MENEST	4	PA; MO
<i>methimazole oral</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i>	3	
<i>methylprednisolone oral tablet 8 mg</i>	4	
<i>methylprednisolone oral tablet therapy pack</i>	3	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	4	
MICROGESTIN 1.5/30	3	MO
MICROGESTIN 1/20	3	MO
MICROGESTIN 24 FE	4	MO
MICROGESTIN FE 1.5/30	3	MO
MICROGESTIN FE 1/20	3	MO
MILI	3	MO
MIMVEY	4	PA; MO
MONO-LINYAH	3	MO
NECON 0.5/35 (28)	3	MO
NIKKI	4	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>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	4	MO
<i>norethindron-ethinyl estrad-fe</i>	4	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 oral tablet 0.18/0.215/0.25 mg-25 mcg</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.

Drug Name	Drug Tier	Requirements/Limits
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	4	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)	4	MO
NORTREL 1/35 (28)	4	MO
NORTREL 7/7/7	3	MO
NP THYROID	2	PA; MO
NYLIA 1/35	4	MO
NYLIA 7/7/7	3	MO
OCELLA	4	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
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LA
ORSYTHIA	3	MO
<i>oxandrolone oral tablet 10 mg</i>	3	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (240 per 30 days)
PHILITH	4	MO
PIMTREA	4	MO
PIRMELLA 1/35	4	MO
PIRMELLA 7/7/7	3	MO
PORTIA-28	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prednicarbate external ointment</i>	4	
<i>prednisolone oral solution</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	4	
PREDNISONO INTENSOL	4	
<i>prednisone oral solution</i>	3	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PREMARIN ORAL	3	PA; MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	PA; MO
PREMPRO	3	PA; MO
<i>progesterone oral</i>	3	MO
<i>propylthiouracil oral</i>	3	MO
<i>raloxifene hcl</i>	3	QL (30 per 30 days); MO
RECLIPSEN	3	MO
SETLAKIN	4	MO
SHAROBEL	3	MO
SIGNIFOR	5	PA; LA
SIMLIYA	4	MO
SIMPESSE	4	MO
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA; LA
SPRINTEC 28	3	MO
SRONYX	3	MO
SYEDA	4	MO
SYNAREL	5	PA
SYNTHROID	3	MO
TARINA 24 FE	4	MO
TARINA FE 1/20 EQ	3	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution</i>	4	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 10 mg/act (2%)</i>	3	PA; QL (120 per 30 days); MO
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	3	PA; QL (300 per 30 days); MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	3	PA; QL (112.5 per 30 days); MO
TILIA FE	4	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	4	MO
TRI FEMYNOR	4	MO
TRI-ESTARYLLA	4	MO
TRI-LEGEST FE	4	MO
TRI-LINYAH	4	MO
TRI-LO-ESTARYLLA	3	MO
TRI-LO-MARZIA	3	MO
TRI-LO-MILI	3	MO
TRI-LO-SPRINTEC	3	MO
TRI-MILI	4	MO
TRI-NYMYO	4	MO
TRI-SPRINTEC	4	MO
TRI-VYLIBRA	4	MO
TRI-VYLIBRA LO	3	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
TRIVORA (28)	3	MO
TYBLUME ORAL TABLET CHEWABLE	3	MO
UNITHROID	1	MO
VELIVET	3	MO
VIENVA	3	MO
<i>viorele</i>	4	MO
VOLNEA	4	MO

Drug Name	Drug Tier	Requirements/Limits
VYFEMLA	4	MO
VYLIBRA	3	MO
WERA	3	MO
WYMZYA FE	4	MO
XULANE	4	MO
YUVAFEM	4	MO
ZAFEMY	4	MO
ZOVIA 1/35 (28)	3	MO
ZUMANDIMINE	4	MO
Immunological Agents		
ACTHIB	3	
ACTIMMUNE	5	PA; LA
ADACEL	3	
ARCALYST	5	PA
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	4	
BENLYSTA	5	PA
BEXSERO	3	
BOOSTRIX	3	
INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		
BOOSTRIX	3	
INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
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 oral capsule 100 mg, 25 mg</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.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral capsule 50 mg</i>	2	B/D PA
<i>cyclosporine modified oral solution</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)
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	5	PA
GARDASIL 9	3	
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

Drug Name	Drug Tier	Requirements/Limits
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)
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/UEVIT 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	
ILARIS SUBCUTANEOUS SOLUTION	5	PA; LA

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

Drug Name	Drug Tier	Requirements/Limits
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
INFANRIX	3	
<i>infliximab</i>	5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	3	B/D PA
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	4	B/D PA
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	5	B/D PA
IPOL	3	
IXIARO	3	
JYNNEOS	3	B/D PA
<i>kedrab injection</i>	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral tablet 10 mg</i>	4	QL (30 per 30 days); MO
<i>leflunomide oral tablet 20 mg</i>	3	QL (30 per 30 days); MO
M-M-R II INJECTION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	4	
MENVEO	3	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	4	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>methotrexate sodium oral</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PA
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
NULOJIX	5	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
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	3	
<i>prehevbrio</i>	4	B/D PA
PRIORIX	3	
PROGRAF INTRAVENOUS	5	B/D PA
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	

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

Drug Name	Drug Tier	Requirements/Limits
RABAVERT	4	
RECOMBIVAX HB	3	B/D PA
REMICADE	5	PA
REZUROCK	5	PA; LA
RIDAURA	5	MO
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 solution</i>	5	B/D PA
<i>sirolimus oral tablet</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)
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	4	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	

Drug Name	Drug Tier	Requirements/Limits
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
XATMEP	4	ST
YF-VAX	3	
Infectious Disease Agents		
<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</i>	6	GC
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	6	GC
<i>amoxicillin oral tablet chewable 125 mg</i>	2	
<i>amoxicillin oral tablet chewable 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
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	5	B/D PA
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	
ampicillin sodium intravenous	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	
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	
azithromycin oral packet	3	
azithromycin oral suspension reconstituted 100 mg/5ml	4	
azithromycin oral suspension reconstituted 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	2	
aztreonam	4	
BARACLUDE ORAL SOLUTION	5	PA

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R	4	
BICILLIN C-R 900/300	4	
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)
cabenuva intramuscular suspension extended release 400 & 600 mg/2ml	5	QL (4 per 28 days)
cabenuva intramuscular suspension extended release 600 & 900 mg/3ml	5	QL (6 per 28 days)
cefaclor er	3	
cefaclor oral capsule	3	
cefaclor oral suspension reconstituted	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	3	
cefadroxil oral tablet	4	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm	4	
cefazolin sodium injection solution reconstituted 500 mg	3	
cefazolin sodium intravenous solution reconstituted	4	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%	3	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
cefazolin sodium-dextrose intravenous solution reconstituted 2-3 gm-%(50ml)	4	
cefdinir oral capsule	2	
cefdinir oral suspension reconstituted	4	
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	
cefoxitin sodium intravenous	4	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml	4	
cefpodoxime proxetil oral suspension reconstituted 50 mg/5ml	3	
cefpodoxime proxetil oral tablet 100 mg	3	
cefpodoxime proxetil oral tablet 200 mg	4	
cefprozil oral suspension reconstituted	3	
cefprozil oral tablet 250 mg	2	
cefprozil oral tablet 500 mg	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4	
ceftazidime intravenous	4	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml	3	
ceftriaxone sodium in dextrose intravenous solution 40 mg/ml	4	

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg	3	
ceftriaxone sodium injection solution reconstituted 100 gm, 2 gm, 500 mg	4	
ceftriaxone sodium intravenous solution reconstituted 1 gm	3	
ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm	4	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	4	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	2	
cefuroxime sodium injection solution reconstituted 750 mg	4	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml	1	
cephalexin oral suspension reconstituted 250 mg/5ml	2	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	4	B/D PA
CIMDUO	5	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin in d5w</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml</i>	2	
<i>clarithromycin oral suspension reconstituted 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet</i>	3	
<i>clindamycin hcl oral</i>	2	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 900 mg/50ml</i>	3	
<i>clindamycin phosphate injection</i>	4	
COARTEM	4	
<i>colistimethate sodium (cba)</i>	4	
COMPLERA	5	QL (30 per 30 days)
<i>dapsone oral</i>	3	MO
<i>daptomycin</i>	5	
<i>darunavir</i>	5	QL (60 per 30 days)
DELSTRIGO	5	QL (30 per 30 days)
<i>demeclocycline hcl oral</i>	4	
DESCOVY	5	QL (30 per 30 days)
<i>dicloxacillin sodium</i>	2	
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days)
DOXY 100	4	
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	3	
<i>doxycycline hyclate oral tablet 100 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 20 mg</i>	6	GC
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3	
E.E.S. 400 ORAL TABLET	3	
EDURANT	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)
<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	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium</i>	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet 250 mg</i>	3	
<i>erythromycin base oral tablet 500 mg</i>	4	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg</i>	3	
<i>erythromycin base oral tablet delayed release 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	3	
<i>erythromycin oral tablet delayed release 500 mg</i>	4	
<i>erythromycin stearate oral tablet 250 mg</i>	3	
<i>ethambutol hcl oral</i>	4	
<i>etravirine oral tablet 100 mg</i>	5	QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	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)
<i>famciclovir oral tablet 500 mg</i>	3	QL (21 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	3	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	4	
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 200 mg</i>	3	
<i>flucytosine oral</i>	5	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days)
<i>ganciclovir sodium intravenous solution reconstituted</i>	5	B/D PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	4	
<i>gentamicin in saline intravenous solution 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%</i>	3	
<i>gentamicin sulfate injection solution 10 mg/ml</i>	4	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	3	
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>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	3	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	4	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
ISENTRESS HD	5	QL (60 per 30 days)
ISENTRESS ORAL PACKET	5	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 injection</i>	4	
<i>isoniazid oral syrup</i>	4	MO
<i>isoniazid oral tablet 100 mg</i>	1	MO
<i>isoniazid oral tablet 300 mg</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 250 mg, 500 mg</i>	1	
<i>levofloxacin oral tablet 750 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days)
<i>lincomycin hcl injection</i>	4	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	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)
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days)
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days)
<i>mefloquine hcl</i>	2	MO
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	4	
<i>methenamine mandelate oral</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	3	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
<i>micafungin sodium</i>	5	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	4	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>moxifloxacin hcl in nacl</i>	4	
<i>moxifloxacin hcl oral</i>	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	
<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>	2	QL (60 per 30 days)
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin</i>	5	
<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)
NOXAFIL ORAL SUSPENSION	5	PA; MO
<i>nystatin oral tablet</i>	2	
ODEFSEY	5	QL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 per 365 days)
<i>oxacillin sodium in dextrose</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate oral</i>	4	
<i>penicillin g pot in dextrose</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>pentamidine isethionate inhalation</i>	3	B/D PA
<i>pentamidine isethionate injection</i>	4	
PFIZERPEN	4	
PIFELTRO	5	QL (30 per 30 days)
<i>piperacillin sodium-tazobactam</i>	4	
<i>polymyxin b sulfate injection</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>	4	
<i>pyrazinamide oral</i>	4	
<i>pyrimethamine oral</i>	5	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	4	
<i>rimantadine hcl</i>	3	
<i>ritonavir</i>	3	QL (360 per 30 days)
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 per 30 days)
SIRTURO	5	PA; LA
SIVEXTRO INTRAVENOUS	5	PA
SIVEXTRO ORAL	5	PA; QL (6 per 28 days)
<i>stavudine oral capsule 15 mg</i>	3	QL (120 per 30 days)
<i>stavudine oral capsule 20 mg</i>	4	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>	5	
STRIBILD	5	QL (30 per 30 days)
<i>sulfadiazine oral</i>	5	
<i>sulfamethoxazole-trimethoprim intravenous</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	3	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYMTUZA	5	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
TEFLARO	5	
<i>tenofovir disoproxil fumarate</i>	4	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	2	
<i>tetracycline hcl oral</i>	4	
<i>tigecycline</i>	5	
<i>tinidazole oral tablet 250 mg</i>	2	
<i>tinidazole oral tablet 500 mg</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	5	QL (360 per 30 days)
<i>tobramycin sulfate injection</i>	4	
TRECTOR	4	
<i>trifluridine ophthalmic</i>	3	
<i>trimethoprim 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)
TROGARZO	5	PA; QL (23.94 per 28 days); LA
TYBOST	3	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	

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

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	4	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	4	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	4	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule	4	PA; QL (240 per 30 days)
VEMLIDY	5	PA; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	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)
voriconazole intravenous	4	PA
voriconazole oral suspension reconstituted	5	PA; QL (300 per 30 days)
voriconazole oral tablet 200 mg	4	PA; QL (60 per 30 days)
voriconazole oral tablet 50 mg	4	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
zidovudine oral capsule	4	QL (180 per 30 days)
zidovudine oral syrup	2	QL (1920 per 30 days)
zidovudine oral tablet	2	QL (60 per 30 days)
ZIRGAN	4	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	5	
Miscellaneous Therapeutic Agents		
acetic acid irrigation	2	
acetylcysteine intravenous	2	
ALCOHOL SWABS	1	MO
atropine sulfate injection solution 0.4 mg/ml	4	
GAUZE STERILE PADS 2	1	MO
INSULIN PEN NEEDLE	2	QL (200 per 30 days); MO
INSULIN SYRINGE	2	QL (200 per 30 days); MO
KOSELUGO	5	PA
lactated ringers irrigation	4	
METHERGINE ORAL	5	
methylergonovine maleate oral	4	
neomycin-polymyxin b gu	4	
PHYSIOLYTE	4	
ringers irrigation	4	
sodium chloride irrigation solution 0.9 %	3	
sterile water for irrigation	3	
SYNAGIS	5	PA
TIS-U-SOL	4	
Ophthalmic Agents		
acetazolamide er	4	MO
ak-poly-bac	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bacitracin ophthalmic</i>	3	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bepotastine besilate</i>	4	
<i>betaxolol hcl ophthalmic</i>	2	MO
BETIMOL	4	MO
BETOPTIC-S	4	MO
<i>bimatoprost ophthalmic</i>	3	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	MO
<i>brinzolamide</i>	3	MO
<i>bromfenac sodium (once-daily)</i>	4	
BROMSITE	4	
<i>carteolol hcl</i>	1	MO
<i>ciprofloxacin hcl ophthalmic</i>	2	
COMBIGAN	3	MO
<i>cromolyn sodium ophthalmic</i>	2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	2	MO
CYSTARAN	5	LA
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>diclofenac sodium ophthalmic</i>	2	
<i>difluprednate</i>	3	
<i>dorzolamide hcl ophthalmic</i>	2	MO
<i>dorzolamide hcl-timolol mal</i>	2	MO
<i>epinastine hcl</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ophthalmic</i>	2	QL (3.5 per 30 days)
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	1	
<i>gatifloxacin ophthalmic</i>	4	
GENTAK OPHTHALMIC OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO	4	
ISOPTO ATROPINE	3	MO
<i>ketorolac tromethamine ophthalmic</i>	2	
LACRISERT	3	QL (60 per 30 days)
<i>latanoprost ophthalmic</i>	6	MO; GC
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
<i>levofloxacin ophthalmic</i>	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
<i>methazolamide oral</i>	4	MO
<i>moxifloxacin hcl ophthalmic solution</i>	3	
NATACYN	4	
NEO-POLYCIN	3	
NEO-POLYCIN HC	2	
<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>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
<i>ofloxacin ophthalmic</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	4	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
POLYCIN	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim</i>	1	
<i>prednisolone acetate ophthalmic</i>	2	
<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 OPTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>sulfacetamide sodium ophthalmic ointment</i>	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	2	MO
<i>timolol maleate ophthalmic solution</i>	1	MO
TOBRADEX OPTHALMIC OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin-dexamethasone</i>	3	
<i>travoprost (bak free)</i>	3	MO
VYZULTA	4	MO
XIIDRA	3	QL (60 per 30 days); MO
Otic Agents		
<i>acetic acid otic</i>	1	
<i>ciprofloxacin-dexamethasone</i>	3	
CORTISPORIN-TC	4	
FLAC	4	
<i>fluocinolone acetonide otic</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-acetic acid</i>	4	
<i>neomycin-polymyxin-hc otic</i>	2	
<i>ofloxacin otic</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhalation</i>	2	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>	2	MO
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	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>	2	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
<i>arformoterol tartrate</i>	4	B/D PA; QL (120 per 30 days); MO
ARNUIITY ELLIPTA	3	QL (30 per 30 days); MO
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 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.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 per 30 days); MO
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (1 per 30 days); MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 per 30 days); MO
ASMANEX HFA	3	QL (13 per 30 days); MO
ATROVENT HFA	4	QL (26 per 30 days); MO
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	3	QL (30 per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	4	QL (30 per 25 days)
<i>bosentan</i>	5	PA; QL (60 per 30 days); LA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 per 30 days); MO
BREZTRI AEROSPHERE	3	QL (10.7 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 inhalation suspension 1 mg/2ml</i>	4	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	3	QL (30.6 per 30 days); MO
CAYSTON	5	PA; LA
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	2	B/D PA; MO
<i>cyproheptadine hcl oral syrup</i>	3	PA
<i>cyproheptadine hcl oral tablet</i>	3	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl injection</i>	3	
ELIXOPHYLLIN	3	MO
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	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
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	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>	3	QL (60 per 30 days); MO
<i>formoterol fumarate inhalation</i>	4	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	4	
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral syrup</i>	3	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	3	
<i>hydroxyzine hcl oral tablet 25 mg</i>	2	
<i>hydroxyzine pamoate oral</i>	3	
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium bromide nasal</i>	2	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	2	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 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	4	QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride oral solution</i>	4	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	2	
<i>montelukast sodium oral packet</i>	4	MO
<i>montelukast sodium oral tablet</i>	6	MO; GC
<i>montelukast sodium oral tablet chewable</i>	3	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days); LA

Drug Name	Drug Tier	Requirements/Limits
OFEV	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)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	3	QL (11 per 30 days); MO
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	3	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	5	PA; LA
<i>roflumilast</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 HANDHALER	3	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
STIOLTO RESPIMAT	3	QL (4 per 30 days); MO
<i>terbutaline sulfate injection</i>	4	
<i>terbutaline sulfate oral</i>	3	MO
<i>theophylline</i>	2	MO
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</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.

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er oral tablet extended release 24 hour</i>	2	MO
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 per 28 days)
TRACLEER ORAL TABLET SOLUBLE	5	PA; QL (120 per 30 days); LA
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
<i>treprostinil</i>	5	PA; LA
VENTAVIS	5	PA; QL (270 per 30 days)
VENTOLIN HFA	3	MO
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	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>	4	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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KELNOR 1/35.....	48	<i>latanoprost</i>	63	LEVORA 0.15/30 (28).....	49
KELNOR 1/50.....	48	LEENA.....	49	<i>levothyroxine sodium</i>	49
KERENDIA.....	42	<i>leflunomide</i>	53	LEVOXYL.....	49
<i>ketoconazole</i>	37	<i>lenalidomide</i>	13	LEXIVA.....	59
<i>ketorolac tromethamine</i>	9	LENVIMA (10 MG DAILY		<i>lidocaine</i>	9
KEYTRUDA.....	13	DOSE).....	13	<i>lidocaine hcl</i>	9
KINRIX.....	53	LENVIMA (12 MG DAILY		<i>lidocaine hcl (pf)</i>	9
KISQALI (200 MG DOSE).....	13	DOSE).....	13	<i>lidocaine hcl</i>	
KISQALI (400 MG DOSE).....	13	LENVIMA (14 MG DAILY		<i>urethral/mucosal</i>	10
KISQALI (600 MG DOSE).....	13	DOSE).....	13	<i>lidocaine viscous hcl</i>	10
KISQALI FEMARA (200 MG		LENVIMA (18 MG DAILY		<i>lidocaine-prilocaine</i>	10
DOSE).....	13	DOSE).....	13	LILLOW.....	49
KISQALI FEMARA (400 MG		LENVIMA (20 MG DAILY		<i>lincomycin hcl</i>	59
DOSE).....	13	DOSE).....	13	<i>lindane</i>	37
KISQALI FEMARA (600 MG		LENVIMA (24 MG DAILY		<i>linezolid</i>	59
DOSE).....	13	DOSE).....	13	<i>linezolid in sodium</i>	
KLOR-CON.....	39	LENVIMA (4 MG DAILY		<i>chloride</i>	59
KLOR-CON 10.....	39	DOSE).....	13	LINZESS.....	45
KLOR-CON M10.....	39	LENVIMA (8 MG DAILY		<i>lithium carbonate</i>	29
KLOR-CON M15.....	39	DOSE).....	13	<i>lithium carbonate er</i>	29
KLOR-CON M20.....	39	LESSINA.....	49	LO LOESTRIN FE.....	49
KLOR-CON/EF.....	39	<i>letrozole</i>	13	LO-ZUMANDIMINE.....	49
KORLYM.....	48	<i>leucovorin calcium</i>	13	LOESTRIN 1.5/30 (21).....	49
KOSELUGO.....	62	LEUKERAN.....	13	LOESTRIN 1/20 (21).....	49
KRAZATI.....	13	<i>leuprolide acetate</i>	13	LOESTRIN FE 1.5/30.....	49
KURVELO.....	48	<i>leuprolide acetate (3</i>		LOESTRIN FE 1/20.....	49
KYPROLIS.....	13	<i>month)</i>	13	LOKELMA.....	42
L		<i>levabuterol hcl</i>	66	LONSURF.....	13
<i>labetalol hcl</i>	20	<i>levabuterol tartrate</i>	66	<i>loperamide hcl</i>	45
<i>lacosamide</i>	28	LEVEMIR.....	42	<i>lopinavir-ritonavir</i>	59
LACRISERT.....	63	LEVEMIR FLEXPEN.....	42	<i>lorazepam</i>	29
<i>lactated ringers</i>	39	LEVEMIR FLEXTOUCH.....	42	LORAZEPAM INTENSOL.....	29
<i>lactulose</i>	45	<i>levetiracetam</i>	29	LORBRENA.....	13
<i>lactulose</i>		<i>levetiracetam er</i>	29	LORYNA.....	49
<i>encephalopathy</i>	45	<i>levobunolol hcl</i>	63	<i>losartan potassium</i>	20
<i>lamivudine</i>	59	<i>levocarnitine</i>	39		
<i>lamivudine-zidovudine</i>	59	<i>levocarnitine sf</i>	39		
<i>lamotrigine</i>	29	<i>levocetirizine</i>			
<i>lanreotide acetate</i>	48	<i>dihydrochloride</i>	66		

<i>losartan potassium-hctz</i>	20	MEKINIST.....	14	<i>metoprolol succinate er</i>	21
<i>lovastatin</i>	20	MEKTOVI.....	14	<i>metoprolol tartrate</i>	21
LOW-OGESTREL.....	49	<i>meloxicam</i>	10	<i>metoprolol-</i>	
<i>loxapine succinate</i>	29	<i>melphalan</i>	14	<i>hydrochlorothiazide</i>	21
<i>lubiprostone</i>	45	<i>memantine hcl</i>	29	<i>metronidazole</i>	37
LUMAKRAS.....	14	<i>memantine hcl er</i>	29	<i>metyrosine</i>	21
LUMIGAN.....	63	MENACTRA.....	53	<i>mexiletine hcl</i>	21
LUMIZYME.....	46	MENEST.....	49	<i>micafungin sodium</i>	59
LUPRON DEPOT (1-		MENQUADFI.....	53	<i>miconazole 3</i>	46
MONTH).....	14	MENVEO.....	53	MICROGESTIN 1.5/30.....	49
LUPRON DEPOT (3-		<i>mercaptopurine</i>	14	MICROGESTIN 1/20.....	49
MONTH).....	14	<i>meropenem</i>	59	MICROGESTIN 24 FE.....	49
LUPRON DEPOT (4-		<i>mesalamine</i>	45	MICROGESTIN FE	
MONTH).....	14	<i>mesalamine er</i>	45	1.5/30.....	49
LUPRON DEPOT (6-		<i>mesalamine-cleanser</i>	45	MICROGESTIN FE 1/20.....	49
MONTH).....	14	<i>mesna</i>	14	<i>midodrine hcl</i>	21
LUPRON DEPOT-PED (1-		MESNEX.....	14	<i>miglitol</i>	42
MONTH).....	49	<i>metformin hcl</i>	42	<i>miglustat</i>	46
<i>lurasidone hcl</i>	29	<i>metformin hcl er</i>	42	MILI.....	49
LUTERA.....	49	<i>methadone hcl</i>	10	MIMVEY.....	49
LYBALVI.....	29	METHADONE HCL		<i>minocycline hcl</i>	59
LYLEQ.....	49	INTENSOL.....	10	<i>minoxidil</i>	21
LYNPARZA.....	14	<i>methazolamide</i>	63	<i>mirtazapine</i>	29
LYSODREN.....	14	<i>methenamine</i>		<i>misoprostol</i>	45
LYTGOBI (12 MG DAILY		<i>hippurate</i>	59	<i>mitomycin</i>	14
DOSE).....	14	<i>methenamine</i>		<i>modafinil</i>	29
LYTGOBI (16 MG DAILY		<i>mandelate</i>	59	<i>moexipril hcl</i>	21
DOSE).....	14	METHERGINE.....	62	<i>molindone hcl</i>	29
LYTGOBI (20 MG DAILY		<i>methimazole</i>	49	<i>mometasone furoate</i>	37
DOSE).....	14	<i>methocarbamol</i>	29	MONDOXYNE NL.....	59
LYUMJEV.....	42	<i>methotrexate</i>	53	MONO-LINYAH.....	49
LYUMJEV KWIKPEN.....	42	<i>methotrexate sodium</i>	53	<i>montelukast sodium</i>	66
LYZA.....	49	<i>methotrexate sodium</i>		<i>morphine sulfate</i>	10
M		(pf).....	53	<i>morphine sulfate</i>	
M-M-R II.....	53	<i>methoxsalen rapid</i>	37	(concentrate).....	10
<i>magnesium sulfate</i>	39	<i>methscopolamine</i>		<i>morphine sulfate (pf)</i>	10
<i>malathion</i>	37	<i>bromide</i>	45	<i>morphine sulfate er</i>	10
<i>maraviroc</i>	59	<i>methsuximide</i>	29	MOUNJARO.....	42
<i>marlissa</i>	49	<i>methylergonovine</i>		MOVANTIK.....	45
MARPLAN.....	29	<i>maleate</i>	62	<i>moxifloxacin hcl</i>	59
MATULANE.....	14	<i>methylphenidate hcl</i>	29	<i>moxifloxacin hcl in nacl</i>	59
MATZIM LA.....	20	<i>methylphenidate hcl er</i>	29	MOZOBIL.....	18
MAVYRET.....	59	<i>methylprednisolone</i>	49	MULTAQ.....	21
<i>meclizine hcl</i>	45	<i>methylprednisolone</i>		<i>mupirocin</i>	37
<i>meclofenamate sodium</i>	10	<i>acetate</i>	49	<i>mupirocin calcium</i>	37
<i>medroxyprogesterone</i>		<i>methylprednisolone sodium</i>		MUTAMYCIN.....	14
<i>acetate</i>	49	<i>succ</i>	49	<i>mycophenolate mofetil</i>	53
<i>mefloquine hcl</i>	59	<i>metoclopramide hcl</i>	45	<i>mycophenolate sodium</i>	53
<i>megestrol acetate</i>	14	<i>metolazone</i>	20	MYORISAN.....	37

MYRBETRIQ.....	46	<i>nifedipine er osmotic</i>		NULOJIX.....	53
N		<i>release.....</i>	21	NUPLAZID.....	30
<i>nabumetone.....</i>	10	NIKKI.....	49	NURTEC.....	30
<i>nadolol.....</i>	21	<i>nilutamide.....</i>	14	NUTRILIPID.....	39
<i>nafcillin sodium.....</i>	59	<i>nimodipine.....</i>	21	NYAMYC.....	37
NAGLAZYME.....	46	NINLARO.....	14	NYLIA 1/35.....	50
<i>naloxone hcl.....</i>	29	<i>nitazoxanide.....</i>	60	NYLIA 7/7/7.....	50
<i>naltrexone hcl.....</i>	29	<i>nitisinone.....</i>	46	<i>nystatin.....</i>	37
NAMZARIC.....	30	NITRO-BID.....	21	<i>nystatin-triamcinolone.....</i>	37
<i>naproxen.....</i>	10	<i>nitrofurantoin.....</i>	60	NYSTOP.....	37
<i>naproxen sodium.....</i>	10	<i>nitrofurantoin</i>		O	
<i>naratriptan hcl.....</i>	30	<i>macrocrystal.....</i>	60	OCELLA.....	50
NARCAN.....	30	<i>nitrofurantoin monohyd</i>		OCTAGAM.....	53
NATACYN.....	63	<i>macro.....</i>	60	<i>octreotide acetate.....</i>	50
<i>nateglinide.....</i>	42	<i>nitroglycerin.....</i>	21	ODEFSEY.....	60
NATPARA.....	42	NITROSTAT.....	21	ODOMZO.....	14
NAYZILAM.....	30	NIVESTYM.....	18	OFEV.....	66
<i>nebivolol hcl.....</i>	21	<i>nizatidine.....</i>	45	<i>ofloxacin.....</i>	60
NECON 0.5/35 (28).....	49	NORA-BE.....	49	<i>olanzapine.....</i>	30
<i>nefazodone hcl.....</i>	30	NORDITROPIN FLEXPRO.....	49	<i>olanzapine-fluoxetine</i>	
NEO-POLYCIN.....	63	<i>norethin ace-eth estrad-</i>		<i>hcl.....</i>	30
NEO-POLYCIN HC.....	63	<i>fe.....</i>	49	<i>olmesartan medoxomil.....</i>	21
<i>neomycin sulfate.....</i>	60	<i>norethin-eth estradiol-</i>		<i>olmesartan medoxomil-</i>	
<i>neomycin-bacitracin zn-</i>		<i>fe.....</i>	49	<i>hctz.....</i>	21
<i>polymyx.....</i>	63	<i>norethindron-ethinyl estrad-</i>		<i>olmesartan-amlodipine-</i>	
<i>neomycin-polymyxin b</i>		<i>fe.....</i>	49	<i>hctz.....</i>	21
<i>gu.....</i>	62	<i>norethindrone.....</i>	49	<i>olopatadine hcl.....</i>	63
<i>neomycin-polymyxin-</i>		<i>norethindrone acet-ethinyl</i>		<i>omega-3-acid ethyl</i>	
<i>dexameth.....</i>	63	<i>est.....</i>	49	<i>esters.....</i>	21
<i>neomycin-polymyxin-</i>		<i>norethindrone acetate.....</i>	49	<i>omeprazole.....</i>	45
<i>gramicidin.....</i>	63	<i>norethindrone-eth</i>		OMNITROPE.....	50
<i>neomycin-polymyxin-hc.....</i>	63	<i>estradiol.....</i>	49	<i>ondansetron.....</i>	45
NERLYNX.....	14	<i>norgestim-eth estrad</i>		<i>ondansetron hcl.....</i>	45
NEUAC.....	37	<i>triphasic.....</i>	49	ONUREG.....	14
NEULASTA.....	18	<i>norgestimate-eth</i>		OPDIVO.....	14
NEULASTA ONPRO.....	18	<i>estradiol.....</i>	50	<i>opium.....</i>	45
NEUPOGEN.....	18	NORLYDA.....	50	OPSUMIT.....	66
NEUPRO.....	30	NORLYROC.....	50	ORALONE.....	37
<i>nevirapine.....</i>	60	NORTREL 0.5/35 (28).....	50	ORGOVYX.....	14
<i>nevirapine er.....</i>	60	NORTREL 1/35 (21).....	50	ORKAMBI.....	66
<i>niacin</i>		NORTREL 1/35 (28).....	50	ORSERDU.....	14
<i>(antihyperlipidemic).....</i>	21	NORTREL 7/7/7.....	50	ORSYTHIA.....	50
<i>niacin er</i>		<i>nortriptyline hcl.....</i>	30	<i>oseltamivir phosphate.....</i>	60
<i>(antihyperlipidemic).....</i>	21	NORVIR.....	60	OSMOPREP.....	45
NIACOR.....	21	NOXAFIL.....	60	OTEZLA.....	53
<i>nicardipine hcl.....</i>	21	NP THYROID.....	50	<i>oxacillin sodium.....</i>	60
NICOTROL NS.....	30	NUBEQA.....	14	<i>oxacillin sodium in</i>	
<i>nifedipine.....</i>	21	NUCALA.....	66	<i>dextrose.....</i>	60
<i>nifedipine er.....</i>	21	NUEDEXTA.....	30	<i>oxaliplatin.....</i>	14

<i>oxandrolone</i>	50	<i>pentamidine</i>		<i>podofilox</i>	37
<i>oxaprozin</i>	10	<i>isethionate</i>	60	POLYCIN.....	63
<i>oxazepam</i>	30	PENTASA.....	45	<i>polymyxin b sulfate</i>	60
<i>oxcarbazepine</i>	30	<i>pentoxifylline er</i>	18	<i>polymyxin b-</i>	
<i>oxybutynin chloride</i>	46	<i>perindopril erbumine</i>	21	<i>trimethoprim</i>	64
<i>oxybutynin chloride er</i>	46	PERIOGARD.....	37	POMALYST.....	15
<i>oxycodone hcl</i>	10	PERJETA.....	15	PORTIA-28.....	50
<i>oxycodone-</i>		<i>permethrin</i>	37	<i>posaconazole</i>	60
<i>acetaminophen</i>	10	<i>perphenazine</i>	30	<i>potassium chloride</i>	39
OZEMPIC (0.25 OR 0.5		<i>perphenazine-</i>		<i>potassium chloride crys</i>	
MG/DOSE).....	42	<i>amitriptyline</i>	30	<i>er</i>	39
OZEMPIC (1 MG/DOSE).....	42	PERSERIS.....	30	<i>potassium chloride er</i>	39
OZEMPIC (2 MG/DOSE).....	42	PFIZERPEN.....	60	<i>potassium chloride in</i>	
P		<i>phenelzine sulfate</i>	30	<i>nacl</i>	39
PACERONE.....	21	<i>phenobarbital</i>	30	<i>potassium citrate er</i>	46
<i>paclitaxel</i>	14	PHENYTEK.....	31	<i>potassium cl in dextrose</i>	
<i>paclitaxel protein-bound</i>		<i>phenytoin</i>	31	<i>5%</i>	39
<i>part</i>	14	PHENYTOIN INFATABS.....	31	POTELIGEO.....	15
<i>paliperidone er</i>	30	<i>phenytoin sodium</i>		PRADAXA.....	18
<i>pamidronate disodium</i>	42	<i>extended</i>	31	PRALUENT.....	21
PANRETIN.....	37	PHESGO.....	15	<i>pramipexole</i>	
<i>pantoprazole sodium</i>	45	PHILITH.....	50	<i>dihydrochloride</i>	31
PARAPLATIN.....	14	PHYSIOLYTE.....	62	<i>prasugrel hcl</i>	18
<i>paricalcitol</i>	42	PIFELTRO.....	60	<i>pravastatin sodium</i>	21
<i>paromomycin sulfate</i>	60	<i>pilocarpine hcl</i>	37	<i>prazosin hcl</i>	21
<i>paroxetine hcl</i>	30	<i>pimecrolimus</i>	37	<i>prednicarbate</i>	50
<i>paroxetine hcl er</i>	30	<i>pimozide</i>	31	<i>prednisolone</i>	50
PEDIARIX.....	53	PIMTREA.....	50	<i>prednisolone acetate</i>	64
PEDVAX HIB.....	53	<i>pindolol</i>	21	<i>prednisolone sodium</i>	
<i>peg 3350-kcl-na bicarb-</i>		<i>pioglitazone hcl</i>	42	<i>phosphate</i>	50
<i>nacl</i>	45	<i>pioglitazone hcl-</i>		<i>prednisone</i>	50
<i>peg-3350/electrolytes</i>	45	<i>glimepiride</i>	42	PREDNISON INTENSOL.....	50
<i>peg-</i>		<i>pioglitazone hcl-metformin</i>		<i>pregabalin</i>	31
<i>3350/electrolytes/ascorbat</i>	45	<i>hcl</i>	43	<i>prehevbrio</i>	53
<i>peg-kcl-nacl-nasulf-na asc-</i>		<i>piperacillin sod-</i>		PREMARIN.....	50
<i>c</i>	45	<i>tazobactam</i>	60	PREMASOL.....	39
PEGASYS.....	53	PIQRAY (200 MG DAILY		PREMPHASE.....	50
PEMAZYRE.....	14	DOSE).....	15	PREMPRO.....	50
<i>pemetrexed disodium</i>	15	PIQRAY (250 MG DAILY		<i>prenatal</i>	39
<i>penciclovir</i>	37	DOSE).....	15	<i>prenatal vit w/ ferrous</i>	
<i>penicillamine</i>	46	PIQRAY (300 MG DAILY		<i>fumarate-l methylfolate-</i>	
<i>penicillin g pot in</i>		DOSE).....	15	<i>folic acid</i>	39
<i>dextrose</i>	60	<i>pirfenidone</i>	66	PRENATAL VIT W/ IRON	
<i>penicillin g potassium</i>	60	PIRMELLA 1/35.....	50	CARBONYL-FOLIC	
<i>penicillin g procaine</i>	60	PIRMELLA 7/7/7.....	50	ACID.....	39
<i>penicillin g sodium</i>	60	<i>piroxicam</i>	10	<i>prenatal without a w/ fe</i>	
<i>penicillin v potassium</i>	60	PLASMA-LYTE 148.....	39	<i>fumarate-l methylfolate-fa-</i>	
PENTACEL.....	53	PLASMA-LYTE A.....	39	<i>dha</i>	39
		PLENAMINE.....	39	PREVALITE.....	21

PREVIDENT.....	37	<i>pyridostigmine bromide</i>		<i>riluzole.....</i>	31
PREVIDENT 5000 BOOSTER PLUS.....	37	<i>er.....</i>	31	<i>rimantadine hcl.....</i>	61
PREVIDENT 5000 DRY MOUTH.....	37	<i>pyrimethamine.....</i>	60	<i>ringers.....</i>	39
PREVIDENT 5000 ENAMEL PROTECT.....	37	Q		<i>ringers irrigation.....</i>	62
PREVIDENT 5000 ORTHO DEFENSE.....	37	QINLOCK.....	15	RINVOQ.....	54
PREVIDENT 5000 PLUS.....	37	QUADRACEL.....	53	<i>risedronate sodium.....</i>	43
PREVIDENT 5000 SENSITIVE.....	37	<i>quetiapine fumarate.....</i>	31	RISPERDAL CONSTA.....	31
PREVYMIS.....	60	<i>quetiapine fumarate er.....</i>	31	<i>risperidone.....</i>	31
PREZCOBIX.....	60	<i>quinapril hcl.....</i>	21	<i>ritonavir.....</i>	61
PREZISTA.....	60	<i>quinapril-hydrochlorothiazide.....</i>	21	RITUXAN.....	15
PRIFTIN.....	60	<i>quinidine sulfate.....</i>	21	RITUXAN HYCELA.....	15
<i>primaquine phosphate.....</i>	60	<i>quinine sulfate.....</i>	60	<i>rivastigmine.....</i>	32
<i>primidone.....</i>	31	QVAR REDIHALER.....	66	<i>rivastigmine tartrate.....</i>	32
PRIORIX.....	53	R		<i>rizatriptan benzoate.....</i>	32
<i>probenecid.....</i>	10	RABAVERT.....	54	ROCKLATAN.....	64
<i>prochlorperazine.....</i>	45	<i>raloxifene hcl.....</i>	50	<i>roflumilast.....</i>	66
<i>prochlorperazine edisylate.....</i>	45	<i>ramelteon.....</i>	31	<i>romidepsin.....</i>	15
<i>prochlorperazine maleate.....</i>	45	<i>ramipril.....</i>	22	<i>ropinirole hcl.....</i>	32
PROCRIT.....	18	<i>ranolazine er.....</i>	22	<i>ropinirole hcl er.....</i>	32
PROCTO-MED HC.....	37	<i>rasagiline mesylate.....</i>	31	<i>rosuvastatin calcium.....</i>	22
PROCTOSOL HC.....	37	RAVICTI.....	46	ROTARIX.....	54
PROCTOZONE-HC.....	37	RECLIPSEN.....	50	ROTATEQ.....	54
<i>progesterone.....</i>	50	RECOMBIVAX HB.....	54	ROWEEPRA.....	32
PROGRAF.....	53	RECTIV.....	37	ROZLYTREK.....	15
PROLASTIN-C.....	46	REGONOL.....	31	RUBRACA.....	15
PROLENSA.....	64	RELAFEN.....	10	<i>rufinamide.....</i>	32
PROLIA.....	43	RELENZA DISKHALER.....	60	RUKOBIA.....	61
PROMACTA.....	18	REMICADE.....	54	RYBELSUS.....	43
<i>promethazine hcl.....</i>	45	REMODULIN.....	66	RYBREVANT.....	15
<i>propafenone hcl.....</i>	21	<i>repaglinide.....</i>	43	RYDAPT.....	15
<i>proparacaine hcl.....</i>	64	REPATHA.....	22	RYLAZE.....	15
<i>propranolol hcl.....</i>	21	REPATHA PUSHTRONEX SYSTEM.....	22	RYTARY.....	32
<i>propranolol hcl er.....</i>	21	REPATHA SURECLICK.....	22	S	
<i>propylthiouracil.....</i>	50	RESTASIS.....	64	SAJAZIR.....	18
PROQUAD.....	53	RESTASIS MULTIDOSE.....	64	SANDIMMUNE.....	54
PROSOL.....	39	RETEVMO.....	15	SANTYL.....	37
<i>protriptyline hcl.....</i>	31	RETROVIR.....	60	<i>sapropterin dihydrochloride.....</i>	46
PULMOZYME.....	66	REXULTI.....	31	SARCLISA.....	15
PURIXAN.....	15	REYATAZ.....	60	SAVELLA.....	32
<i>pyrazinamide.....</i>	60	REZLIDHIA.....	15	SAVELLA TITRATION PACK.....	32
<i>pyridostigmine bromide.....</i>	31	REZUROCK.....	54	SCSEMBLIX.....	15
		RHOPRESSA.....	64	<i>scopolamine.....</i>	46
		RIABNI.....	15	SECUADO.....	32
		<i>ribavirin.....</i>	60	<i>selegiline hcl.....</i>	32
		RIDAURA.....	54	<i>selenium sulfide.....</i>	37
		<i>rifabutin.....</i>	61	SELZENTRY.....	61
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SETLAKIN.....	50	SPRINTEC 28.....	50	<i>tacrolimus</i>	38
<i>sevelamer carbonate</i>	43	SPRITAM.....	32	TAFINLAR.....	15
<i>sf</i>	37	SPRYCEL.....	15	TAGRISSE.....	15
<i>sf 5000 plus</i>	37	SPS.....	43	TALZENNA.....	15
SHAROBEL.....	50	SRONYX.....	50	<i>tamoxifen citrate</i>	15
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SIGNIFOR.....	50	<i>stavudine</i>	61	TARINA 24 FE.....	50
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<i>sodium chloride</i>	39	<i>sulfadiazine</i>	61	TEFLARO.....	61
<i>sodium fluoride</i>	38	<i>sulfamethoxazole- trimethoprim</i>	61	TEKURNA HCT.....	22
<i>sodium fluoride 5000 enamel</i>	37	SULFAMYLON.....	38	<i>telmisartan</i>	22
<i>sodium fluoride 5000 plus</i>	38	<i>sulfasalazine</i>	46	<i>telmisartan-amlodipine</i>	22
<i>sodium fluoride 5000 ppm</i>	38	<i>sulindac</i>	10	<i>telmisartan-hctz</i>	22
<i>sodium fluoride 5000 sensitive</i>	38	<i>sumatriptan</i>	32	<i>temazepam</i>	32
<i>sodium phenylbutyrate</i>	46	<i>sumatriptan succinate</i>	32	TENCON.....	32
<i>sodium polystyrene sulfonate</i>	43	<i>sumatriptan succinate refill</i>	32	TENIVAC.....	54
<i>solifenacin succinate</i>	47	<i>sunitinib malate</i>	15	<i>tenofovir disoproxil fumarate</i>	61
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				<i>thiothixene</i>	32
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<i>tranylcypramine sulfate</i>	32	DOSE).....	16	PACK.....	16
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<i>travoprost (bak free)</i>	64	DOSE).....	16	<i>venlafaxine hcl</i>	33
<i>trazodone hcl</i>	32	TRUSELTIQ (50MG DAILY		<i>venlafaxine hcl er</i>	33
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VOLNEA.....	51	XPOVIO (100 MG ONCE WEEKLY).....	16	<i>zidovudine</i>	62
VONJO.....	16	XPOVIO (40 MG ONCE WEEKLY).....	16	<i>ziprasidone hcl</i>	34
<i>voriconazole</i>	62	XPOVIO (40 MG TWICE WEEKLY).....	16	<i>ziprasidone mesylate</i>	34
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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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (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 **1-844-395-1019** (TTY: **711**). Ta usługa jest bezpłatna.

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