



Anthem MediBlue Rx Plus (PDP)

2025 Formulary

List of covered drugs or "Drug List"

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 9/1/2025. For more recent information or other questions, please contact Anthem MediBlue Rx Plus (PDP) Pharmacy Customer Service, at **1-833-285-4639** 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 Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Anthem MediBlue Rx Plus (PDP).

This document includes an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Anthem MediBlue Rx Plus (PDP) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by 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 change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a brand-name drug from our formulary if we are replacing it with a new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original

biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Anthem MediBlue Rx Plus (PDP)’s Formulary?”

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

The enclosed formulary is current as of 9/1/2025. 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 9. 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 9. 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 62. 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can

be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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 prescriber 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Anthem MediBlue Rx Plus (PDP)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

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

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

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

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

You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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.

You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on our lower cost sharing specialty tier. For formulary drugs that are on the higher cost sharing specialty tier, you can ask for coverage at the lower cost sharing specialty tier level. If approved, this would lower the amount you must pay for your drug.

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 applying the restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your

prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, 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 9 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 62.

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 Customer Service at 1-833-285-4639, 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.

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)		\$4.00
Cost-Sharing Tier 2: Generic		
Network Pharmacy with preferred cost-sharing (30-day supply)		\$4.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		\$8.00
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.		15%
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.		15%
Cost-Sharing Tier 4: Non-Preferred Drug		
Network Pharmacy with preferred cost-sharing (30-day supply)		40%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		40%
Cost-Sharing Tier 5: Specialty Tier*		
Network Pharmacy with preferred cost-sharing (30-day supply)		26%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		26%

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 1-833-285-4639, 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.

Drug Name	Drug Tier	Requirements/Limits
Analgesics And Anti-Inflammatory Agents		
acetaminophen-	2	QL (900 per 30 days); NEDS
codeine oral solution		
acetaminophen-	2	QL (180 per 30 days); NEDS
codeine oral tablet		
allopurinol oral tablet	1	MO
100 mg, 300 mg		
butorphanol tartrate injection	4	
butorphanol tartrate nasal	4	QL (5 per 30 days); NEDS
celecoxib oral capsule	2	QL (60 per 30 days); MO
100 mg, 200 mg, 50 mg		
celecoxib oral capsule	2	QL (30 per 30 days); MO
400 mg		
colchicine oral tablet	4	
colchicine-probenecid	2	MO
diclofenac potassium oral tablet 50 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium er	2	MO
diclofenac sodium external gel 1 %	3	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %	4	QL (300 per 30 days)
diclofenac sodium oral	1	MO
diflunisal oral	2	MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	QL (180 per 30 days); NEDS
etodolac er	2	MO
etodolac oral	2	MO
febuxostat	4	ST; MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 800 mcg	5	PA; QL (120 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg	4	PA; QL (120 per 30 days); NEDS	lidocaine hcl urethral/mucosal external gel	3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (15 per 30 days); NEDS	lidocaine hcl urethral/mucosal external prefilled syringe	2	
flurbiprofen oral tablet 100 mg	2	MO	lidocaine viscous hcl	2	
GLYDO EXTERNAL PREFILLED SYRINGE	2		lidocaine-prilocaine external cream	2	QL (30 per 30 days)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	4	QL (2700 per 30 days); NEDS	meloxicam oral tablet	1	MO
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (180 per 30 days); NEDS	METHADONE HCL INTENSOL	3	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	2	QL (50 per 10 days); NEDS	methadone hcl oral concentrate	3	QL (180 per 30 days); NEDS
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	4		methadone hcl oral solution	2	QL (900 per 30 days); NEDS
hydromorphone hcl oral tablet	2	QL (180 per 30 days); NEDS	methadone hcl oral tablet	2	PA; QL (180 per 30 days); NEDS
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	4		METHADOSE SUGAR-FREE	3	QL (180 per 30 days); NEDS
ibu	1	MO	morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 4 mg/ml, 8 mg/ml	2	QL (180 per 30 days); NEDS
ibuprofen oral suspension	2		morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO	morphine sulfate (pf) intravenous solution 10 mg/ml, 8 mg/ml	4	
lidocaine external ointment 5 %	4	PA; QL (150 per 30 days)	morphine sulfate er oral tablet extended release 100 mg, 200 mg	4	PA; QL (60 per 30 days); NEDS
lidocaine external patch 5 %	4	PA; QL (90 per 30 days)	morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	2	PA; QL (90 per 30 days); NEDS
lidocaine hcl external solution	4	PA; QL (300 per 30 days)	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml, 8 mg/ml	4		abiraterone acetate oral tablet 500 mg	4	PA; QL (60 per 30 days)
morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml	3		ABIRTEGA	4	PA; QL (120 per 30 days)
morphine sulfate oral solution	4	QL (900 per 30 days); NEDS	AKEEGA	5	PA; QL (60 per 30 days)
morphine sulfate oral tablet	2	QL (180 per 30 days); NEDS	ALECENSA	5	PA; QL (240 per 30 days); LA
nabumetone oral delayed release 500 mg	2	MO	ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); LA
naproxen dr oral tablet delayed release 500 mg	2	MO	ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); LA
naproxen oral tablet	1	MO	ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); LA
naproxen oral tablet delayed release	2	MO	ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); LA
naproxen sodium oral tablet 275 mg, 550 mg	2	MO	anastrozole oral	1	QL (30 per 30 days); MO
oxaprozin oral tablet	4	MO	AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)
oxycodone hcl oral capsule	4	QL (180 per 30 days); NEDS	AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 per 30 days); NEDS	AVMAPKI FAKZYNJA CO-PACK	5	PA; QL (66 per 28 days)
oxycodone hcl oral solution	4	QL (900 per 30 days); NEDS	AYVAKIT	5	PA; QL (30 per 30 days); LA
oxycodone hcl oral tablet	2	QL (180 per 30 days); NEDS	azacitidine	5	PA; LA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	QL (180 per 30 days); NEDS	BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); LA
piroxicam oral	4	MO	BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); LA
probenecid oral	4	MO	BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); LA
sulindac oral	2	MO	BESREMI	5	PA; LA
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS	bexarotene oral	5	PA; QL (300 per 30 days)
tramadol-acetaminophen	2	QL (40 per 5 days); NEDS	bicalutamide	2	QL (30 per 30 days)
Antineoplastics			bortezomib injection solution reconstituted 1 mg	5	PA
abiraterone acetate oral tablet 250 mg	4	PA; QL (120 per 30 days)	bortezomib injection solution reconstituted 2.5 mg	4	PA
			BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 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 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); LA	ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); LA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)	ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); LA
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)	erlotinib hcl oral tablet 100 mg, 150 mg	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); LA	erlotinib hcl oral tablet 25 mg	5	PA; QL (90 per 30 days)
BRUKINSA	5	PA; QL (120 per 30 days); LA	EULEXIN	5	
CABOMETYX	5	PA; QL (30 per 30 days); LA	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA
CALQUENCE	5	PA; QL (60 per 30 days); LA	everolimus oral tablet soluble	5	PA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); LA	exemestane	4	QL (60 per 30 days); MO
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); LA	FIRMAGON (240 MG DOSE)	4	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); LA	FIRMAGON SUBCUTANEOUS SOLUTION	4	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); LA	RECONSTITUTED 80 MG		
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); LA	FOTIVDA	5	PA; QL (21 per 28 days)
COPIKTRA	5	PA; QL (60 per 30 days); LA	FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); LA
COTELLIC	5	PA; QL (90 per 30 days); LA	FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); LA
cyclophosphamide oral capsule	2	B/D PA	fulvestrant intramuscular solution prefilled syringe	4	PA
DANZITEN	5	PA; QL (112 per 28 days)	GAVRETO	5	PA; QL (120 per 30 days); LA
dasatinib	5	PA; QL (30 per 30 days)	gefitinib	5	PA; QL (60 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA	GILOTrif	5	PA; QL (30 per 30 days); LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
doxorubicin hcl intravenous solution reconstituted 50 mg	4	B/D PA	GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days)
ERIVEDGE	5	PA; QL (30 per 30 days); LA	GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days)
			GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
hydroxyurea oral	2		KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days)
IBRANCE	5	PA; QL (21 per 28 days); LA	KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days); LA	KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days)
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA	KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days)
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); LA	KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days)
imatinib mesylate oral tablet 100 mg	5	PA; QL (90 per 30 days)	KRAZATI	5	PA; QL (180 per 30 days)
imatinib mesylate oral tablet 400 mg	5	PA; QL (60 per 30 days)	lapatinib ditosylate	5	PA; QL (180 per 30 days)
IMBRUWICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); LA	LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
IMBRUWICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); LA	LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
IMBRUWICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); LA	lenalidomide oral capsule 10 mg	5	PA; QL (60 per 30 days); LA
IMBRUWICA ORAL TABLET 420 MG	5	PA; QL (30 per 30 days); LA	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	5	PA; QL (30 per 30 days); LA
imkeldi	5	PA; QL (280 per 28 days)	lenalidomide oral capsule 5 mg	5	PA; QL (150 per 30 days); LA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); LA	LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); LA	LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
INQOVI	5	PA; QL (5 per 28 days); LA	LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
INREBIC	5	PA; QL (120 per 30 days); LA	LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days)	LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days)	LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
IWLIFIN	5	PA; QL (240 per 30 days)	LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
JAKAFI	5	PA; QL (60 per 30 days); LA	LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)	letrozole oral	2	QL (30 per 30 days); MO
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)	leucovorin calcium injection solution reconstituted	4	B/D PA
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days)			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg	2		MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); LA
leucovorin calcium oral tablet 25 mg	4		MEKTOVI	5	PA; QL (180 per 30 days); LA
LEUKERAN	4		mercaptopurine oral suspension	5	PA
leuprolide acetate (3 month)	4	PA	mercaptopurine oral tablet	4	
leuprolide acetate injection	4	PA	mesna oral	4	
LONSURF	5	PA	NERLYNX	5	PA; QL (180 per 30 days); LA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA	nilotinib hcl	5	PA; QL (112 per 28 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); LA	nilutamide	5	QL (30 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); LA	NINLARO	5	PA; QL (3 per 28 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days)	NUBEQA	5	PA; QL (120 per 30 days); LA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)	ODOMZO	5	PA; QL (30 per 30 days); LA
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days)	OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)
INTRAMUSCULAR KIT 3.75 MG			OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); LA	OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days)
LYSODREN	5		OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days)
LYTGOBI (12 MG DAILY DOSE)	5	PA	OJJAARA	5	PA; QL (30 per 30 days); LA
LYTGOBI (16 MG DAILY DOSE)	5	PA	ONUREG	4	PA; QL (14 per 28 days); LA
LYTGOBI (20 MG DAILY DOSE)	5	PA	ORGOVYX	5	PA; QL (30 per 28 days); LA
MATULANE	5	LA	ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	4	PA	ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
megestrol acetate oral tablet	2	PA	pazopanib hcl	5	PA; QL (120 per 30 days)
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days)	PEMAZYRE	5	PA; QL (30 per 30 days); LA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); LA	PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)	SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)	SOLTAMOX	4	MO
POMALYST	5	PA; QL (21 per 28 days); LA	sorafenib tosylate	5	PA; QL (120 per 30 days)
PURIXAN	5	PA	STIVARGA	5	PA; QL (84 per 28 days); LA
QINLOCK	5	PA; QL (90 per 30 days)	sunitinib malate	5	PA; QL (30 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days)	TABLOID	4	
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days)	TABRECTA	5	PA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days)	TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 per 30 days)	TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)	TAGRISSO	5	PA; QL (30 per 30 days); LA
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); LA
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (180 per 30 days)	tamoxifen citrate oral	2	MO
REZLIDHIA	5	PA; QL (60 per 30 days); LA	TASIGNA	5	PA; QL (112 per 28 days)
romidepsin intravenous solution reconstituted	5		TAZVERIK	5	PA; QL (240 per 30 days); LA
ROMVIMZA	5	PA; QL (8 per 28 days)	TECVAYLI	5	PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); LA	TEPMETKO	5	PA; QL (60 per 30 days); LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); LA	THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days)
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); LA	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days)
RUBRACA	5	PA; QL (120 per 30 days); LA	TIBSOVO	5	PA; QL (60 per 30 days); LA
RYDAPT	5	PA; QL (240 per 30 days)	toremifene citrate	4	QL (30 per 30 days)
RYLAZE	5	PA	tretinooin oral	5	
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)	TRUQAP	5	PA; QL (64 per 28 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)	TUKYSA	5	PA; QL (120 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 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); LA	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days)
VANFLYTA	5	PA; QL (56 per 28 days)	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); LA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); LA	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); LA	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); LA	XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); LA
VENCLEXTA STARTING PACK	5	PA; LA	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA
VERZENIO	5	PA; QL (56 per 28 days); LA	XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); LA	XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); LA	XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); LA	XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
VIZIMPRO	5	PA; QL (30 per 30 days); LA	ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
VONJO	5	PA; QL (120 per 30 days); LA	ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)	ZELBORAF	5	PA; QL (240 per 30 days); LA
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)	ZOLINZA	5	PA; QL (120 per 30 days)
WELIREG	5	PA; QL (90 per 30 days); LA	ZYDELIG	5	PA; QL (60 per 30 days); LA
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA	ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days); LA	Blood Products And Modifiers		
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days); LA	anagrelide hcl oral capsule 0.5 mg	3	MO
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days); LA	anagrelide hcl oral capsule 1 mg	4	MO
XOSPATA	5	PA; QL (90 per 30 days); LA	aspirin-dipyridamole er	4	ST; QL (60 per 30 days); MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); LA	cilostazol	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate oral tablet 300 mg	2	QL (1 per 30 days)	enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (33.6 per 28 days)
clopidogrel bisulfate oral tablet 75 mg	1	QL (30 per 30 days); MO	fondaparinux sodium subcutaneous solution 10 mg/0.8ml	4	QL (24 per 30 days)
dabigatran etexilate mesylate	4	QL (60 per 30 days); MO	fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 per 30 days)
dipyridamole oral	2	PA; MO	fondaparinux sodium subcutaneous solution 5 mg/0.4ml	4	QL (12 per 30 days)
DROXIA	3	MO	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	4	QL (18 per 30 days)
ELIQUIS	3	QL (60 per 30 days); MO	HAEGARDA	5	PA; LA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)	heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	4	B/D PA
eltrombopag olamine oral packet 12.5 mg	5	PA; QL (360 per 30 days)	heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	4	
eltrombopag olamine oral packet 25 mg	5	PA; QL (180 per 30 days)	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	2	B/D PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 per 30 days)	heparin sodium (porcine) injection solution 20000 unit/ml, 5000 unit/ml	4	B/D PA
eltrombopag olamine oral tablet 50 mg	5	PA; QL (90 per 30 days)	heparin sodium (porcine) pf injection solution 1000 unit/ml	3	B/D PA
eltrombopag olamine oral tablet 75 mg	5	PA; QL (60 per 30 days)	icatibant acetate subcutaneous solution prefilled syringe	5	PA
enoxaparin sodium injection solution 300 mg/3ml	4	QL (168 per 28 days)	jantoven	1	MO
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	4	QL (56 per 28 days)	l-glutamine oral packet	5	PA
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	4	QL (44.8 per 28 days)	pentoxifylline er	2	MO
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (16.8 per 28 days)	plerixafor	4	PA
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (22.4 per 28 days)			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits
prasugrel hcl	4	QL (30 per 30 days); MO
PROCIT INJECTION SOLUTION 10000 UNIT/ ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCIT INJECTION SOLUTION 20000 UNIT/ ML, 40000 UNIT/ML	5	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ticagrelor	4	QL (60 per 30 days); MO
tranexamic acid oral	2	
warfarin sodium oral	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		
acebutolol hcl oral	2	MO
acetazolamide oral	2	MO
aliskiren fumarate	4	MO
amiloride hcl oral	2	MO
amiloride- hydrochlorothiazide	2	MO
amiodarone hcl intravenous	4	B/D PA
amiodarone hcl oral	2	MO
amlodipine besy- benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO
amlodipine besy- benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	QL (60 per 30 days); MO
amlodipine besylate oral	1	MO

Drug Name	Drug Tier	Requirements/ Limits
amlodipine besylate- valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	2	QL (30 per 30 days); MO
amlodipine besylate- valsartan oral tablet 5- 160 mg	2	QL (60 per 30 days); MO
amlodipine-olmesartan oral tablet 10-20 mg, 10- 40 mg, 5-40 mg	4	QL (30 per 30 days); MO
amlodipine-olmesartan oral tablet 5-20 mg	4	QL (60 per 30 days); MO
amlodipine-valsartan- hctz oral tablet 10-160- 12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	2	QL (30 per 30 days); MO
amlodipine-valsartan- hctz oral tablet 5-160- 12.5 mg	2	QL (60 per 30 days); MO
atenolol oral	1	MO
atenolol-chlorthalidone	2	MO
atorvastatin calcium oral	1	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril- hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	2	QL (60 per 30 days); MO
benazepril- hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	2	QL (30 per 30 days); MO
betaxolol hcl oral	2	MO
bisoprolol fumarate oral	2	MO
bisoprolol- hydrochlorothiazide	2	MO
bumetanide injection	4	
bumetanide oral	2	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	2	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	2	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hctz oral tablet 16-12.5 mg	4	QL (60 per 30 days); MO	diltiazem hcl er beads	2	MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	4	QL (30 per 30 days); MO	diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	MO
captopril oral tablet 100 mg	4	QL (120 per 30 days); MO	diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	4	QL (180 per 30 days); MO	diltiazem hcl er oral capsule extended release 12 hour	4	MO
captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-15 mg, 50-25 mg	3	QL (60 per 30 days); MO	diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO
CARTIA XT	2	MO	diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	MO
carvedilol	1	MO	diltiazem hcl intravenous solution	4	
chlorthalidone oral tablet 25 mg, 50 mg	2	MO	diltiazem hcl intravenous solution reconstituted	4	
cholestyramine light oral packet	4	MO	diltiazem hcl oral tablet	2	MO
cholestyramine light oral powder	3	MO	dofetilide	4	
cholestyramine oral packet	4	MO	doxazosin mesylate oral	1	MO
cholestyramine oral powder	3	MO	droxidopa oral capsule	4	PA; QL (90 per 100 mg 30 days)
clonidine hcl oral	1	MO	droxidopa oral capsule	4	PA; QL (180 per 200 mg, 300 mg 30 days)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	4	QL (12 per 28 days); MO	enalapril maleate oral tablet	1	MO
clonidine transdermal patch weekly 0.3 mg/24hr	4	QL (4 per 28 days); MO	enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO
colesevelam hcl	4	MO	enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO
colestipol hcl	4	MO	ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days); MO
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			
digoxin injection	4	PA			
digoxin oral solution	4	MO			
digoxin oral tablet 125 mcg	2	QL (30 per 30 days); MO			
digoxin oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO			
dilt-xr	2	MO			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days); MO	irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days); MO	irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
eplerenone	4	MO	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
ezetimibe	2	QL (30 per 30 days); MO	isosorbide mononitrate er	2	MO
ezetimibe-simvastatin	2	PA; QL (30 per 30 days); MO	isosorbide mononitrate er	1	MO
felodipine er	2	MO	isradipine	4	MO
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	MO	ivabradine hcl	4	PA; QL (60 per 30 days); MO
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	MO	labetalol hcl intravenous solution	4	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	MO	labetalol hcl oral	2	MO
fenofibric acid oral capsule delayed release	2	MO	lisinopril oral	1	MO
flecainide acetate	2	MO	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO
fluvastatin sodium	4	QL (60 per 30 days); MO	lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
fosinopril sodium	1	MO	lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	2	QL (60 per 30 days); MO	losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	2	QL (120 per 30 days); MO	losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO
furosemide injection	4		losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO
furosemide oral solution 10 mg/ml, 8 mg/ml	2	MO	losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO
furosemide oral tablet	1	MO	lovastatin oral	1	QL (60 per 30 days); MO
gemfibrozil oral	1	MO	MATZIM LA	4	MO
guanfacine hcl oral	2	PA; MO	methyldopa oral	2	PA
hydralazine hcl injection	4		metolazone	2	MO
hydralazine hcl oral	1	MO	metoprolol succinate er	1	MO
hydrochlorothiazide oral	1	MO			
icosapent ethyl	4	MO			
indapamide oral	1	MO			
irbesartan	1	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 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate intravenous solution 5 mg/5ml	4		olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	4	QL (30 per 30 days); MO
metoprolol tartrate oral	1	MO	pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
metoprolol-hydrochlorothiazide	2	MO	perindopril erbumine	2	MO
metyrosine	5		pindolol	4	MO
midodrine hcl	4		pitavastatin calcium	4	QL (30 per 30 days); MO
minoxidil oral	2	MO	pravastatin sodium	1	QL (30 per 30 days); MO
moexipril hcl	2	MO	prazosin hcl oral	2	MO
MULTAQ	4	QL (60 per 30 days); MO	prevalite oral packet	4	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	MO	prevalite oral powder	3	MO
nebivolol hcl	4	MO	propafenone hcl	2	MO
niacin er (antihyperlipidemic)	4	MO	propranolol hcl er	2	MO
nicardipine hcl intravenous	4		propranolol hcl intravenous	4	
nifedipine er	2	MO	propranolol hcl oral solution	2	MO
nifedipine er osmotic release	2	MO	propranolol hcl oral tablet	1	MO
nimodipine oral capsule	4		quinapril hcl	1	MO
NITRO-BID	3	MO	quinapril-hydrochlorothiazide	2	QL (60 per 30 days); MO
nitroglycerin intravenous	4	B/D PA	quinidine sulfate oral	4	MO
nitroglycerin sublingual	2	MO	ramipril	1	MO
nitroglycerin transdermal patch 24 hour	2	MO	ranolazine er	4	PA; QL (60 per 30 days); MO
olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO	REPATHA	3	PA; QL (3 per 28 days)
olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); MO	REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	2	QL (60 per 30 days); MO	REPATHA SURECLICK	3	PA; QL (3 per 28 days)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	2	QL (30 per 30 days); MO	rosuvastatin calcium oral	2	QL (30 per 30 days); MO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	4	QL (60 per 30 days); MO	simvastatin oral tablet	1	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 9.

Drug Name	Drug Tier	Requirements/Limits
spironolactone-hctz	2	MO
telmisartan oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	2	QL (60 per 30 days); MO
telmisartan-amlodipine	2	QL (30 per 30 days); MO
terazosin hcl oral	1	MO
TIADYLT ER	2	MO
timolol maleate oral	2	MO
torsemide oral	2	MO
trandolapril	1	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	1	MO
valsartan oral tablet 160 mg	2	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	2	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); MO
valsartan- hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1	QL (60 per 30 days); MO
valsartan- hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL (30 per 30 days); MO
VASCEPA	4	MO
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	4	MO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO
verapamil hcl er oral tablet extended release	2	MO
verapamil hcl intravenous	4	
verapamil hcl oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
VERQUVO	4	PA; MO
Central Nervous System Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO
acamprosate calcium	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
alprazolam oral tablet	1	QL (120 per 30 days)
amantadine hcl oral capsule	3	MO
amantadine hcl oral solution	2	MO
amantadine hcl oral tablet	4	MO
amitriptyline hcl oral	2	MO
amoxapine	2	PA; MO
amphetamine-dextroamphetamine	4	PA; QL (30 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO
ariPIPRAZOLE oral solution	4	QL (900 per 30 days); MO
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 5 mg	4	MO
ariPIPRAZOLE oral tablet 20 mg, 30 mg	4	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ariPIPRAZOLE ORAL TABLET DISPERSE 10 MG	4	QL (90 per 30 days); MO	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	5	PA; QL (60 per 30 days)
ariPIPRAZOLE ORAL TABLET DISPERSE 15 MG	4	QL (60 per 30 days); MO	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days)
ARISTADA INITIO	4	QL (4.8 per 365 days)	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO	AUVELITY	4	PA; QL (60 per 30 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO	baclofen oral tablet 10 mg, 15 mg, 5 mg	2	QL (90 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO	baclofen oral tablet 20 mg	2	QL (120 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO	benztropine mesylate injection	4	PA
armodafinil oral tablet 150 mg, 200 mg	4	PA; QL (30 per 30 days); MO	benztropine mesylate oral	2	PA; MO
armodafinil oral tablet 250 mg	3	PA; QL (30 per 30 days); MO	BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)
armodafinil oral tablet 50 mg	4	PA; QL (60 per 30 days); MO	BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO
asenapine maleate sublingual tablet sublingual 10 mg	4	QL (60 per 30 days); MO	BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 2.5 mg	4	QL (240 per 30 days); MO	bromocriptine mesylate oral	4	MO
asenapine maleate sublingual tablet sublingual 5 mg	4	QL (120 per 30 days); MO	buprenorphine hcl injection	4	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60 per 30 days); MO	buprenorphine hcl sublingual tablet sublingual 2 mg	2	QL (240 per 30 days); NEDS
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 per 30 days); MO	buprenorphine hcl sublingual tablet sublingual 8 mg	2	QL (60 per 30 days); NEDS
AUSTEDO	5	PA; QL (120 per 30 days)	buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 per 30 days); NEDS
			buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	4	QL (480 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	4	QL (240 per 30 days); NEDS	carbamazepine oral tablet chewable	2	MO
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	4	QL (120 per 30 days); NEDS	carbidopa oral	4	MO
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (480 per 30 days); NEDS	carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	4	MO
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (120 per 30 days); NEDS	carbidopa-levodopa oral tablet	2	MO
bupropion hcl er (smoking det)	2	QL (60 per 30 days)	carbidopa-levodopa oral tablet dispersible	4	MO
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (120 per 30 days); MO	carisoprodol oral tablet 350 mg	2	
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 per 30 days); MO	chlordiazepoxide hcl	2	QL (120 per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 per 30 days); MO	chlorpromazine hcl injection	4	
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	QL (30 per 30 days); MO	chlorpromazine hcl oral	4	MO
bupropion hcl oral tablet 100 mg	2	QL (135 per 30 days); MO	citalopram hydrobromide oral solution	4	QL (600 per 30 days); MO
bupropion hcl oral tablet 75 mg	2	QL (180 per 30 days); MO	citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1		citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
buspirone hcl oral tablet 30 mg	2		citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
CAPLYTA	4	QL (30 per 30 days); MO	clobazam oral suspension 2.5 mg/ml	4	PA; QL (480 per 30 days); MO
carbamazepine er	4	MO	clobazam oral tablet 10 mg	4	PA; QL (120 per 30 days); MO
carbamazepine oral suspension	4	MO	clobazam oral tablet 20 mg	4	PA; QL (60 per 30 days); MO
carbamazepine oral tablet	4	MO	clomipramine hcl oral	4	PA; MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
clonazepam oral tablet dispersible 0.25 mg	2	QL (2400 per 30 days)	dexamphetamine hcl	4	QL (60 per 30 days); MO
clonazepam oral tablet dispersible 0.5 mg	2	QL (1200 per 30 days)	dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 per 30 days); MO
clonazepam oral tablet dispersible 1 mg	2	QL (600 per 30 days)	dextroamphetamine sulfate oral tablet 5 mg	4	QL (90 per 30 days); MO
clonazepam oral tablet dispersible 2 mg	2	QL (300 per 30 days)	DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA
clonidine hcl er oral tablet extended release 12 hour	4	QL (120 per 30 days); MO	DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA
clorazepate dipotassium	4		DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA
clozapine oral tablet 100 mg	4	QL (270 per 30 days)	DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA
clozapine oral tablet 200 mg	4	QL (120 per 30 days)	DIAZEPAM INTENSOL	4	QL (240 per 30 days)
clozapine oral tablet 25 mg	2	QL (1080 per 30 days)	diazepam oral concentrate	4	QL (240 per 30 days)
clozapine oral tablet 50 mg	2	QL (540 per 30 days)	diazepam oral solution 5 mg/5ml	4	QL (1200 per 30 days)
clozapine oral tablet dispersible 100 mg	4	QL (270 per 30 days)	diazepam oral tablet 10 mg	2	QL (120 per 30 days)
clozapine oral tablet dispersible 12.5 mg	4	QL (2160 per 30 days)	diazepam oral tablet 2 mg	2	QL (600 per 30 days)
clozapine oral tablet dispersible 150 mg	4	QL (180 per 30 days)	diazepam oral tablet 5 mg	2	QL (240 per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days)	diazepam rectal	4	
clozapine oral tablet dispersible 25 mg	4	QL (1080 per 30 days)	dihydroergotamine mesylate nasal	4	PA; QL (8 per 28 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	5	PA; QL (60 per 30 days); MO	DILANTIN INFATABS	3	PA; MO
COBENFY ORAL CAPSULE 50-20 MG	4	PA; QL (60 per 30 days)	DILANTIN ORAL CAPSULE 30 MG	4	PA; MO
COBENFY STARTER PACK	5	PA	dimethyl fumarate oral capsule delayed release 120 mg	5	PA; QL (14 per 7 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	PA	dimethyl fumarate oral capsule delayed release 240 mg	5	PA; QL (60 per 30 days)
dalfampridine er	3	PA; QL (60 per 30 days)	dimethyl fumarate starter pack oral capsule delayed release therapy pack	5	PA
dantrolene sodium oral	4		disulfiram oral tablet 250 mg	3	MO
desipramine hcl oral	4	PA; MO			
desvenlafaxine succinate er	4	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
disulfiram oral tablet 500 mg	4	MO	escitalopram oxalate oral solution 5 mg/5ml	4	QL (600 per 30 days); MO
divalproex sodium er oral tablet extended release 24 hour	2	MO	escitalopram oxalate oral tablet 10 mg	2	QL (60 per 30 days); MO
divalproex sodium oral capsule delayed release sprinkle	2	MO	escitalopram oxalate oral tablet 20 mg	2	QL (30 per 30 days); MO
divalproex sodium oral tablet delayed release	2	MO	escitalopram oxalate oral tablet 5 mg	2	QL (120 per 30 days); MO
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO	eslicarbazepine acetate	4	MO
donepezil hcl oral tablet 23 mg	1	ST; QL (30 per 30 days); MO	ethosuximide oral capsule	3	MO
donepezil hcl oral tablet dispersible	2	QL (30 per 30 days); MO	ethosuximide oral solution	4	MO
doxepin hcl oral capsule	2	PA; MO	FANAPT ORAL TABLET 1	4	PA; QL (720 per MG
doxepin hcl oral concentrate	2	PA; MO	FANAPT ORAL TABLET	4	PA; QL (60 per 10 MG, 12 MG
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO	FANAPT ORAL TABLET 2	4	PA; QL (360 per MG
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO	FANAPT ORAL TABLET 4	4	PA; QL (180 per MG
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 per 30 days); MO	FANAPT ORAL TABLET 6	4	PA; QL (120 per MG
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 per 30 days); MO	FANAPT ORAL TABLET 8	4	PA; QL (90 per MG
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 per 30 days); MO	FANAPT TITRATION PACK	4	PA
EMSAM	4	PA; QL (30 per 30 days); MO	FANAPT TITRATION PACK A	4	PA
entacapone	4	MO	FANAPT TITRATION PACK B ORAL TABLET	4	PA
EPIDIOLEX	4	PA; LA	FANAPT TITRATION PACK C ORAL TABLET	4	PA
EPITOL	4	MO	felbamate	4	MO
EPRONTIA	4	PA; MO	FETZIMA	4	PA; QL (30 per 30 days); MO
ERGOMAR	4		FETZIMA TITRATION	4	PA
ergotamine-caffeine	3		fingolimod hcl	4	PA; QL (30 per 30 days)
			FINTEPLA	4	PA; LA
			fluoxetine hcl oral capsule 10 mg	1	MO
			fluoxetine hcl oral capsule 20 mg	1	QL (120 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 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl oral capsule 40 mg	1	QL (60 per 30 days); MO	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)
fluoxetine hcl oral solution	2	QL (600 per 30 days); MO	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)
fluphenazine decanoate injection	4		guanfacine hcl er	2	QL (30 per 30 days); MO
fluphenazine hcl injection	4		haloperidol decanoate intramuscular	4	
fluphenazine hcl oral	4	MO	haloperidol lactate injection	4	
fluvoxamine maleate oral tablet 100 mg	2	QL (90 per 30 days); MO	haloperidol lactate oral	2	MO
fluvoxamine maleate oral tablet 25 mg, 50 mg	2	MO	haloperidol oral	2	MO
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO	imipramine hcl oral	2	PA; MO
FYCOMPA ORAL TABLET	4	PA; QL (30 per 30 days); MO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days)
gabapentin oral capsule 100 mg	2	QL (1080 per 30 days); MO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days)
gabapentin oral capsule 300 mg	2	QL (360 per 30 days); MO	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days)
gabapentin oral capsule 400 mg	2	QL (270 per 30 days); MO	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days)
gabapentin oral solution	4	QL (2160 per 30 days); MO	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days)
gabapentin oral tablet 600 mg	2	QL (180 per 30 days); MO	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
gabapentin oral tablet 800 mg	2	QL (120 per 30 days); MO	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days)
galantamine hydrobromide er	4	QL (30 per 30 days); MO			
galantamine hydrobromide oral solution	4	QL (200 per 30 days); MO			
galantamine hydrobromide oral tablet	4	QL (60 per 30 days); MO			
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 per 30 days)			
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days)	LORAZEPAM INTENSOL lorazepam oral concentrate	2	QL (150 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days)	lorazepam oral tablet 0.5 mg	2	QL (120 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days)	lorazepam oral tablet 1 mg	2	QL (90 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days)	lorazepam oral tablet 2 mg	2	QL (150 per 30 days)
lacosamide intravenous	4		loxapine succinate oral	2	MO
lacosamide oral solution	4	QL (1200 per 30 days); MO	lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO
lacosamide oral tablet	4	QL (60 per 30 days); MO	lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO
lamotrigine oral tablet	2	MO	MARPLAN	4	MO
lamotrigine oral tablet chewable	2	MO	memantine hcl er	4	PA; QL (30 per 30 days); MO
levetiracetam er oral tablet extended release 24 hour 500 mg	2	QL (180 per 30 days); MO	memantine hcl oral solution 2 mg/ml	4	PA; QL (300 per 30 days); MO
levetiracetam er oral tablet extended release 24 hour 750 mg	2	QL (120 per 30 days); MO	memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); MO
levetiracetam intravenous	4		memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); MO
levetiracetam oral solution	2	MO	methsuximide	4	MO
levetiracetam oral tablet	2	MO	methylphenidate hcl er oral tablet extended release	4	PA; QL (90 per 30 days); MO
LIBERVANT	4	QL (10 per 30 days)	methylphenidate hcl oral tablet 10 mg, 20 mg	4	PA; QL (90 per 30 days); MO
lithium	4	MO	methylphenidate hcl oral tablet 5 mg	3	PA; QL (90 per 30 days); MO
lithium carbonate er	2	MO	mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	2	MO
lithium carbonate oral capsule	1	MO	mirtazapine oral tablet 45 mg	2	QL (30 per 30 days); MO
lithium carbonate oral tablet	2	MO	mirtazapine oral tablet dispersible	2	QL (30 per 30 days); MO
			modafinil oral tablet 100 mg	4	PA; QL (30 per 30 days); MO
			modafinil oral tablet 200 mg	4	PA; QL (60 per 30 days); MO
			molindone hcl	4	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
naloxone hcl injection solution 0.4 mg/ml	2		olanzapine-fluoxetine hcl oral capsule 12-25 mg	4	QL (30 per 30 days); MO
naloxone hcl injection solution 4 mg/10ml	4		olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	QL (90 per 30 days); MO
naloxone hcl injection solution cartridge	2		OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days); MO
naloxone hcl injection solution prefilled syringe	2		OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days); MO
naloxone hcl nasal	4		oxazepam	4	QL (120 per 30 days)
naltrexone hcl oral	4		oxcarbazepine oral suspension	4	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	MO	oxcarbazepine oral tablet	2	MO
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	MO	paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days); MO
naratriptan hcl	2	QL (9 per 30 days)	paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 per 30 days); MO
NAYZILAM	4	PA	paroxetine hcl oral suspension	4	QL (900 per 30 days); MO
nefazodone hcl	4	MO	paroxetine hcl oral tablet 10 mg, 40 mg	2	QL (45 per 30 days); MO
NICOTROL	4		paroxetine hcl oral tablet 20 mg	2	QL (30 per 30 days); MO
NICOTROL NS	4	QL (120 per 30 days)	paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days); MO
nortriptyline hcl oral	2	MO	perphenazine oral	4	MO
NUEDEXTA	4	PA; QL (60 per 30 days); MO	perphenazine-amitriptyline	4	PA; MO
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA	PERSERIS	4	QL (1 per 28 days); MO
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA	phenelzine sulfate oral	3	MO
NURTEC	4	PA; QL (16 per 30 days)	phenobarbital oral elixir	4	PA; QL (3000 per 30 days); MO
olanzapine intramuscular	4	QL (90 per 30 days)	phenobarbital oral	4	PA; QL (120 per 30 days); MO
olanzapine oral tablet 10 mg, 15 mg, 25 mg, 5 mg, 7.5 mg	4	MO	phenobarbital oral	4	PA; QL (210 per 30 days); MO
olanzapine oral tablet 20 mg	4	QL (30 per 30 days); MO			
olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	4	MO			
olanzapine oral tablet dispersible 20 mg	4	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 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PHENYTEK	2	MO	rasagiline mesylate oral	4	MO
PHENYTOIN INFATABS	2	MO	REGONOL	4	
phenytoin oral	2	MO	INTRAVENOUS		
phenytoin sodium extended	2	MO	REXULTI	4	QL (30 per 30 days); MO
pimozide	4	MO	riluzole	4	
pramipexole	1	MO	risperidone microspheres er	4	QL (2 per 28 days)
dihydrochloride			risperidone oral solution	4	QL (480 per 30 days); MO
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	MO	risperidone oral tablet 0.25 mg	2	QL (1920 per 30 days); MO
pregabalin oral capsule 200 mg	4	QL (90 per 30 days); MO	risperidone oral tablet 0.5 mg	2	QL (960 per 30 days); MO
pregabalin oral capsule 225 mg, 300 mg	4	QL (60 per 30 days); MO	risperidone oral tablet 1 mg	2	QL (480 per 30 days); MO
pregabalin oral solution	4	QL (900 per 30 days); MO	risperidone oral tablet 2 mg	2	QL (240 per 30 days); MO
primidone oral	2	MO	risperidone oral tablet 3 mg, 4 mg	2	QL (120 per 30 days); MO
protriptyline hcl	4	PA; MO	risperidone oral tablet dispersible 0.25 mg	4	QL (1920 per 30 days); MO
pyridostigmine	3		risperidone oral tablet dispersible 0.5 mg	4	QL (960 per 30 days); MO
bromide oral tablet 60 mg			risperidone oral tablet dispersible 1 mg	4	QL (480 per 30 days); MO
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	QL (30 per 30 days); MO	risperidone oral tablet dispersible 2 mg	4	QL (240 per 30 days); MO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	4	QL (60 per 30 days); MO	risperidone oral tablet dispersible 3 mg	4	QL (150 per 30 days); MO
quetiapine fumarate oral tablet 100 mg	2	QL (240 per 30 days); MO	risperidone oral tablet dispersible 4 mg	4	QL (120 per 30 days); MO
quetiapine fumarate oral tablet 150 mg	2	QL (150 per 30 days); MO	rivastigmine	4	QL (30 per 30 days); MO
quetiapine fumarate oral tablet 200 mg	2	QL (120 per 30 days); MO	rivastigmine tartrate	4	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 25 mg	2	QL (960 per 30 days); MO	rizatriptan benzoate	4	QL (12 per 30 days)
quetiapine fumarate oral tablet 300 mg	2	QL (80 per 30 days); MO	ropinirole hcl	2	MO
quetiapine fumarate oral tablet 400 mg	2	QL (60 per 30 days); MO	ROWEEPRA ORAL TABLET 500 MG	2	MO
quetiapine fumarate oral tablet 50 mg	2	QL (480 per 30 days); MO	rufinamide oral suspension	4	PA; QL (2400 per 30 days); MO
RALDESY	5	MO			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
rufinamide oral tablet 200 mg	4	PA; QL (480 per 30 days); MO	teriflunomide	5	PA; QL (30 per 30 days)
rufinamide oral tablet 400 mg	4	PA; QL (240 per 30 days); MO	tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)
RYKINDO	5	QL (2 per 28 days)	tetrabenazine oral tablet 25 mg	4	PA; QL (120 per 30 days)
RYTARY	4	MO	thioridazine hcl oral	2	MO
SAVELLA	4	PA; QL (60 per 30 days); MO	thiothixene oral	4	MO
SAVELLA TITRATION PACK	4	PA	tiagabine hcl	4	MO
SECUADO	4	QL (30 per 30 days); MO	tizanidine hcl oral tablet	2	
selegiline hcl oral	3	MO	topiramate oral capsule sprinkle	2	MO
sertraline hcl oral concentrate	4	QL (300 per 30 days); MO	topiramate oral solution	4	MO
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO	topiramate oral tablet	2	MO
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO	tranylcypromine sulfate	4	MO
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO	trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO
sodium oxybate	5	PA; QL (540 per 30 days); LA	trazodone hcl oral tablet 300 mg	2	MO
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)	trifluoperazine hcl oral	2	MO
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)	trihexyphenidyl hcl oral solution	4	PA; MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO	trihexyphenidyl hcl oral tablet	2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO	trimipramine maleate oral	4	MO
SUBVENITE	2	MO	TRINTELLIX	4	QL (30 per 30 days); MO
sumatriptan succinate oral	2	QL (9 per 30 days)	valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO	valproic acid oral capsule	2	MO
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO	valproic acid oral solution	2	MO
tasimelteon	5	PA; QL (30 per 30 days)	VALTOCO 10 MG DOSE	4	
temazepam oral capsule 15 mg, 30 mg	2	QL (30 per 30 days)	VALTOCO 15 MG DOSE	4	
VALTOCO 2 X 7.5 MG/0.1ML			NASAL LIQUID THERAPY		
VALTOCO 20 MG DOSE			PACK 2 X 7.5 MG/0.1ML		
NASAL LIQUID THERAPY			VALTOCO 20 MG DOSE	4	
PACK 2 X 10 MG/0.1ML			NASAL LIQUID THERAPY		
VALTOCO 5 MG DOSE			PACK 2 X 10 MG/0.1ML		
VALTOCO 5 MG DOSE			VALTOCO 5 MG DOSE	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate (starter)	4	PA	XCOPRI ORAL TABLET THERAPY PACK	4	PA; QL (56 per 365 days)
varenicline tartrate oral tablet 0.5 mg	4	PA; QL (60 per 30 days)	zaleplon oral capsule 10 mg	2	QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	4	PA; QL (56 per 28 days)	zaleplon oral capsule 5 mg	2	QL (30 per 30 days)
varenicline tartrate(continue)	4	PA; QL (56 per 28 days)	ziprasidone hcl oral capsule 20 mg	4	QL (240 per 30 days); MO
venlafaxine hcl	2	QL (90 per 30 days); MO	ziprasidone hcl oral capsule 40 mg	4	QL (120 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO	ziprasidone hcl oral capsule 60 mg, 80 mg	4	QL (60 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO	ziprasidone mesylate	4	QL (6 per 3 days)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO	zolpidem tartrate oral tablet	2	QL (30 per 30 days)
VERSACLOZ	4	QL (600 per 30 days)	ZONISADE	4	PA; MO
vigabatrin oral packet	5	PA; QL (150 per 25 days); LA	zonisamide oral	2	MO
vigabatrin oral tablet	5	PA; QL (180 per 30 days); LA	ZTALMY	5	QL (1100 per 30 days)
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); LA	ZURZUVAE	5	
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)	ZYPREXA RELPREVV	4	QL (2 per 28 days)
VIGPODER	5	PA; QL (150 per 25 days)	Dermatological Agents		
vilazodone hcl	4	QL (30 per 30 days); MO	ACCUTANE	4	
VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO	acitretin	4	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO	acyclovir external ointment	4	PA; QL (30 per 30 days)
XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO	ala-cort external cream	1	
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO	alclometasone	4	
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 per 30 days); MO	dipropionate external cream		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
betamethasone valerate external cream	2		clindamycin phosphate external swab	2	
betamethasone valerate external lotion	2		CLINPRO 5000	3	MO
betamethasone valerate external ointment	2		clobetasol propionate 0.05 %	4	QL (120 per 30 days)
bexarotene external	5	PA; QL (60 per 30 days)	clobetasol propionate external foam	4	QL (120 per 30 days)
calcipotriene external cream	3	QL (120 per 30 days)	clobetasol propionate external gel	4	QL (60 per 30 days)
calcipotriene external ointment	4	QL (120 per 30 days)	clobetasol propionate external ointment	4	QL (120 per 30 days)
calcipotriene external solution	4	QL (60 per 30 days)	clobetasol propionate external shampoo	4	
CALCITRENE	4	QL (120 per 30 days)	clobetasol propionate external solution	4	QL (50 per 30 days)
calcitriol external	4	QL (800 per 28 days)	CLODAN EXTERNAL SHAMPOO	4	
CAVAREST	3	MO	clotrimazole external cream	2	
chlorhexidine gluconate mouth/throat	2		clotrimazole external solution	2	
CICLODAN EXTERNAL SOLUTION	4		clotrimazole mouth/throat troche	2	QL (150 per 30 days)
ciclopirox external	4		clotrimazole- betamethasone external cream	2	QL (120 per 30 days)
ciclopirox olamine external cream	2	QL (90 per 30 days)	clotrimazole- betamethasone external lotion	4	QL (120 per 30 days)
ciclopirox olamine external suspension	4		DENTA 5000 PLUS	3	MO
CLARAVIS	4		DENTAGEL	3	MO
clindamycin phos (once-daily)	4		desonide external cream	4	
clindamycin phos (twice-daily)	4		desonide external lotion	4	
clindamycin phos- benzoyl perox external gel 1-5 %	4		desonide external ointment	4	
clindamycin phosphate external gel	4		desoximetasone external cream 0.25 %	4	QL (100 per 30 days)
clindamycin phosphate external lotion	4	QL (120 per 30 days)	desoximetasone external ointment 0.25 %	4	
clindamycin phosphate external solution	4	QL (120 per 30 days)	diclofenac sodium external gel 3 %	4	PA; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-Injector 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)	FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	MO
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-Injector 300 MG/2ML	5	PA; QL (8 per 28 days)	FLUORIMAX 5000	3	MO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days)	fluorouracil external cream 5 %	4	QL (40 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)	fluorouracil external solution	2	QL (10 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days)	fluticasone propionate external cream	2	
econazole nitrate external	4	QL (90 per 30 days)	fluticasone propionate external ointment	2	
ery	2		gentamicin sulfate external cream	4	QL (30 per 30 days)
erythromycin external gel	4		gentamicin sulfate external ointment	2	QL (30 per 30 days)
erythromycin external solution	4		halobetasol propionate external cream	4	
fluocinolone acetonide body	3	QL (120 per 30 days)	halobetasol propionate external ointment	4	
fluocinolone acetonide external	4	QL (120 per 30 days)	hydrocortisone (perianal)	2	
fluocinolone acetonide scalp	4	QL (120 per 30 days)	hydrocortisone butyrate external ointment	4	
fluocinonide emulsified base	4	QL (240 per 30 days)	hydrocortisone butyrate external solution	4	
fluocinonide external cream 0.05 %	4	QL (240 per 30 days)	hydrocortisone external cream 1 %	1	
fluocinonide external gel	4	QL (240 per 30 days)	hydrocortisone external cream 2.5 %	2	
fluocinonide external ointment	4	QL (240 per 30 days)	hydrocortisone external lotion 2.5 %	2	
fluocinonide external solution	4	QL (240 per 30 days)	hydrocortisone external ointment 1 %, 2.5 %	2	
FLUORIDEX	3	MO	imiquimod external cream 5 %	2	QL (24 per 28 days)
			isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
			JUST RIGHT 5000 DENTAL PASTE	3	MO
			ketoconazole external cream	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ketoconazole external shampoo 2 %	2	QL (120 per 30 days)	SANTYL	4	QL (30 per 30 days)
KLAYESTA	2		selenium sulfide external lotion	2	
KOURZEQ	2		sf	3	MO
malathion external	4		sf 5000 plus	3	MO
metronidazole external cream	4		silver sulfadiazine external	2	
metronidazole external gel 0.75 %	2		sodium fluoride 5000 plus	3	MO
metronidazole external lotion	4		sodium fluoride 5000 ppm	3	MO
mometasone furoate external	2		sodium fluoride dental cream	3	MO
mupirocin calcium	4	QL (30 per 30 days)	sodium fluoride dental gel 1.1 %	3	MO
mupirocin external	2	QL (120 per 30 days)	SSD (SILVER SULFADIAZINE)	2	
nitroglycerin rectal	4	QL (30 per 30 days)	sulfacetamide sodium (acne)	4	
NYAMYC	2		tacrolimus external ointment	4	PA; QL (100 per 30 days)
nystatin external cream	1		tazarotene external cream	4	PA
nystatin external ointment	2		tretinoin external cream 0.05 %, 0.1 %	4	PA; QL (45 per 30 days)
nystatin external powder	2		tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 per 30 days)
nystatin mouth/throat	2		triamicinolone acetonide external cream	2	QL (454 per 30 days)
nystatin-triamcinolone external ointment	4	QL (120 per 30 days)	triamicinolone acetonide external lotion	2	
NYSTOP	2		triamicinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
ORALONE	2		triamicinolone acetonide mouth/throat	2	
PANRETIN	5		VALCHLOR	5	PA; LA
PERIOGARD	2		ZENATANE	4	
permethrin external cream	2		Electrolytes / Minerals / Metals / Vitamins		
pilocarpine hcl oral	4	MO	carglumic acid oral tablet soluble	5	PA; LA
pimecrolimus	4	PA; QL (100 per 30 days)			
podofilox external solution	4				
PROCTO-MED HC EXTERNAL	2				
PROCTOSOL HC EXTERNAL	2				
PROCTOZONE-HC EXTERNAL	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clinimix e/dextrose (8/10)	4	B/D PA	kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9	4	
clinimix e/dextrose (8/14)	4	B/D PA	meq/l-%-%, 30-5-0.45		
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA	meq/l-%-%, 40-5-0.45		
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA	meq/l-%-%, 40-5-0.9		
CLINIMIX/DEXTROSE (5/15)	4	B/D PA	meq/l-%-%		
CLINIMIX/DEXTROSE (5/20)	4	B/D PA	KLOR-CON 10	2	MO
clinimix/dextrose (6/5)	4	B/D PA	KLOR-CON M10	2	MO
clinimix/dextrose (8/10)	4	B/D PA	KLOR-CON M15	2	MO
clinimix/dextrose (8/14)	4	B/D PA	KLOR-CON M20	2	MO
CLINISOL SF	4	B/D PA	KLOR-CON ORAL	4	MO
CLINOLIPID	4	B/D PA	PACKET 20 MEQ		
dextrose in lactated ringers	4		KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO
dextrose intravenous solution 10 %, 5 %	2		KLOR-CON/EF	2	MO
dextrose intravenous solution 250 mg/ml, 50 %, 70 %	4		lactated ringers intravenous	4	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	4		levocarnitine oral solution	4	B/D PA; MO
EFFER-K ORAL TABLET	2	MO	levocarnitine oral tablet	4	B/D PA; MO
EFFERVESCENT 25 MEQ			levocarnitine sf	4	B/D PA; MO
glucose (dextrose) intravenous solution 50 %	4		magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	4	
INTRALIPID	4	B/D PA	magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	4	
ISOLYTE-P IN D5W	4		multiple electro type 1 ph 5.5	4	
ISOLYTE-S	4		multiple electro type 1 ph 7.4	4	
ISOLYTE-S PH 7.4	4		NUTRILIPID	4	B/D PA
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	4		PLENAMINE	4	B/D PA
			pnv-dha	3	
			potassium chloride crys er	2	MO
			potassium chloride er	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	4	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml	4	
potassium chloride oral packet	4	MO
potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/ 15ml (20%)	4	MO
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	4	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
prenatal oral tablet 27- 1 mg	3	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	4	B/D PA
ringers	4	
sodium chloride injection solution 2.5 meq/ml	4	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride intravenous solution 4 meq/ml	4	
sodium fluoride oral tablet 2.2 (1 f) mg	2	MO
sodium fluoride oral tablet chewable	2	MO

Drug Name	Drug Tier	Requirements/ Limits
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	
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	4	QL (300 per 28 days); MO
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO
calcitonin (salmon) injection	4	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	4	B/D PA; MO
cinacalcet hcl oral tablet 30 mg, 60 mg	4	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	4	B/D PA; QL (120 per 30 days)
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet soluble 125 mg	4	PA
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA
diazoxide oral	4	MO
doxercalciferol intravenous	4	B/D PA
FARXIGA	3	QL (30 per 30 days); MO
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 560 MCG/ 2.24ML	5	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO	HUMALOG INJECTION	3	MO
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO	HUMALOG JUNIOR	3	MO
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO	KWIKPEN		
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN	3	MO
glipizide oral tablet 2.5 mg	1	MO	HUMALOG MIX 75/25 KWIKPEN	3	MO
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO	HUMALOG SUBCUTANEOUS	3	MO
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO	SOLUTION CARTRIDGE		
glucagon emergency injection kit	4		HUMULIN 70/30 KWIKPEN	3	MO
glyburide oral tablet 1.25 mg	2	QL (480 per 30 days); MO	HUMULIN 70/30 KWIKPEN	3	MO
glyburide oral tablet 2.5 mg	2	QL (240 per 30 days); MO	KWIKPEN		
glyburide oral tablet 5 mg	2	QL (120 per 30 days); MO	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glyburide-metformin oral tablet 1.25-250 mg	2	QL (240 per 30 days); MO	HUMULIN N KWIKPEN	3	MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	QL (120 per 30 days); MO	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
GLYXAMBI	3	QL (30 per 30 days); MO	HUMULIN R	3	MO
GVOKE HYPOPEN 1-PACK	3		ibandronate sodium intravenous	4	B/D PA
GVOKE HYPOPEN 2-PACK	3		ibandronate sodium oral	2	QL (1 per 28 days); MO
GVOKE KIT	3		INVOKANA	4	QL (30 per 30 days); MO
			JANUMET	3	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days); MO	MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days); MO	nateglinide oral tablet 120 mg	2	QL (90 per 30 days); MO
JANUVIA	3	QL (30 per 30 days); MO	nateglinide oral tablet 60 mg	2	QL (180 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO	OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	PA; QL (3 per 28 days)
JENTADUETO	3	QL (60 per 30 days); MO	SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days); MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days); MO	OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
KERENDIA	3	QL (30 per 30 days); MO	paricalcitol oral	4	B/D PA; MO
KIONEX COMBINATION	3		pioglitazone hcl oral tablet 15 mg	1	QL (90 per 30 days); MO
LANTUS	3	QL (30 per 30 days); MO	pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days); MO	pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days); MO
LYUMJEV	3	MO	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
LYUMJEV KWIKPEN	3	MO	repaglinide oral tablet 0.5 mg	2	QL (960 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO	repaglinide oral tablet 1 mg	2	QL (480 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO	repaglinide oral tablet 2 mg	2	QL (240 per 30 days); MO
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO	RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO	RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO	RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
			RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	2		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
SOLIQUA	3	QL (15 per 25 days); MO	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
SPS (SODIUM POLYSTYRENE SULF)	3		VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO
SYNJARDY	3	QL (60 per 30 days); MO	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 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	VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days); MO	XGEVA	5	PA; QL (5.1 per 28 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA; QL (3 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
TOUJEO MAX SOLOSTAR	3	QL (12 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
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO	zoledronic acid intravenous concentrate	4	PA
TRADJENTA	3	QL (30 per 30 days); MO	zoledronic acid intravenous solution	4	PA
TRESIBA	3	QL (30 per 30 days); MO	Gastrointestinal Agents		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-Injector 100 UNIT/ML	3	QL (30 per 30 days); MO	alosetron hcl	4	PA; QL (60 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-Injector 200 UNIT/ML	3	QL (18 per 30 days); MO	aprepitant oral	4	B/D PA; QL (15 per 30 days)
trientine hcl	5	PA	aprepitant oral capsule	4	B/D PA; QL (5 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days); MO	aprepitant oral capsule	4	B/D PA; QL (1 per 28 days)
			aprepitant oral capsule	4	B/D PA; QL (15 per 30 days)
			aprepitant oral capsule	4	B/D PA; QL (10 per 30 days)
			balsalazide disodium	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
budesonide er oral tablet extended release 24 hour	4	PA	glycopyrrolate oral tablet 1 mg, 2 mg	2	
budesonide oral	4		granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	4	
COMPRO	4		granisetron hcl oral	4	B/D PA; QL (30 per 30 days)
constulose	2	MO	hydrocortisone oral	2	
dexlansoprazole	4	QL (30 per 30 days); MO	hydrocortisone rectal enema	4	
dicyclomine hcl oral capsule	2		lactulose encephalopathy oral solution 10 gm/15ml	2	MO
dicyclomine hcl oral solution 10 mg/5ml	4		lactulose oral solution	2	MO
dicyclomine hcl oral tablet 20 mg	2		lansoprazole oral capsule delayed release 15 mg	2	MO
diphenoxylate-atropine oral liquid	4		lansoprazole oral capsule delayed release 30 mg	2	QL (30 per 30 days); MO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2		LINZESS	4	QL (30 per 30 days); MO
dronabinol	4	B/D PA; QL (120 per 30 days)	loperamide hcl oral capsule	2	
enulose	2	MO	lubiprostone	4	QL (60 per 30 days); MO
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	4	QL (30 per 30 days); MO	meclizine hcl oral tablet 12.5 mg, 25 mg	1	
esomeprazole sodium intravenous solution reconstituted 40 mg	4		mesalamine er	4	MO
famotidine (pf)	4		mesalamine oral tablet delayed release 1.2 gm	4	MO
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	4		mesalamine rectal	4	
famotidine oral suspension reconstituted	4	MO	mesalamine-cleanser	4	
famotidine oral tablet 20 mg, 40 mg	2	MO	metoclopramide hcl injection	4	
famotidine premixed	4		metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	2	
GATTEX	5	PA; LA	metoclopramide hcl oral tablet	1	
GAVILYTE-C	2		misoprostol oral	2	MO
GAVILYTE-G	2		MOVANTIK	4	QL (30 per 30 days)
GAVILYTE-N WITH FLAVOR PACK	2		na sulfate-k sulfate-mg sulf	4	
generlac	2	MO	nizatidine oral capsule	2	MO
glycopyrrolate injection solution	4				

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule delayed release	1	MO
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	2	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	2	B/D PA; QL (90 per 30 days)
opium	2	
pantoprazole sodium intravenous	4	
pantoprazole sodium oral tablet delayed release	2	MO
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
prochlorperazine	4	
prochlorperazine maleate oral	2	MO
promethazine hcl oral solution	4	
promethazine hcl oral tablet	2	
scopolamine	4	QL (10 per 28 days)
sucralfate oral tablet	2	MO
sulfasalazine oral	2	MO
ursodiol oral capsule 300 mg	4	MO
ursodiol oral tablet 250 mg	3	MO
ursodiol oral tablet 500 mg	4	MO
VOWST	4	PA; QL (12 per 30 days)
XERMELO	5	PA; QL (90 per 30 days); LA

Genetic Or Enzyme Or Protein Disorder:

Replacement, Modifiers, Treatment

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits
betaine	5	LA
CREON	3	MO
cromolyn sodium oral	4	MO
CYSTAGON	4	PA; LA
nitisinone	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
sapropterin dihydrochloride oral tablet	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA
sodium phenylbutyrate oral tablet	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, 60000-189600 UNIT	4	MO
Genitourinary Agents		
alfuzosin hcl er	2	MO
bethanechol chloride oral	2	
clindamycin phosphate vaginal	2	
dutasteride oral	2	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	4	QL (30 per 30 days); MO
fesoterodine fumarate er	4	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	2	MO
GEMTESA	4	QL (30 per 30 days); MO
metronidazole vaginal	2	
miconazole 3 vaginal suppository	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days); MO	APRI	2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days); MO	ARANELLE	2	MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	2	QL (60 per 30 days); MO	ASHLYNA	2	MO
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	2	QL (30 per 30 days); MO	AUBRA EQ	2	MO
oxybutynin chloride oral solution	2	QL (600 per 30 days); MO	AUROVELA 1.5/30	2	MO
oxybutynin chloride oral tablet 2.5 mg	2	QL (90 per 30 days); MO	AUROVELA 1/20	2	MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO	AUROVELA 24 FE	2	MO
penicillamine oral tablet	5		AUROVELA FE 1.5/30	2	MO
potassium citrate er	4		AUROVELA FE 1/20	2	MO
silodosin	4	MO	AVIANE	2	MO
solifenacain succinate	2	QL (30 per 30 days); MO	AYUNA	2	MO
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days); MO	AZURETTE	2	MO
tamsulosin hcl	2	MO	BALZIVA	2	MO
terconazole vaginal cream	2		BIJUVA	4	PA; MO
terconazole vaginal suppository	4		BLISOVI 24 FE	2	MO
tolterodine tartrate	4	QL (60 per 30 days); MO	BLISOVI FE 1.5/30	2	MO
tolterodine tartrate er	4	QL (30 per 30 days); MO	BLISOVI FE 1/20	2	MO
trospium chloride	2	QL (60 per 30 days); MO	briellyn	2	MO
VANDAZOLE	4		cabergoline	3	
Hormonal Agents					
AFIRMELLE	2	MO	CAMILA	2	MO
ALTAVERA	2	MO	CAMRESE	2	MO
alyacen 1/35	2	MO	CAMRESE LO	2	MO
alyacen 7/7/7	2	MO	CHARLOTTE 24 FE	2	MO
AMETHIA	2	MO	CHATEAL EQ	2	MO
AMETHYST	2	MO	CRYSELLE-28	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE					
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML					
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML					
desmopressin ace spray refrig					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
desmopressin acetate injection	4		ERRIN	2	MO
desmopressin acetate oral	2	MO	ESTARYLLA	2	MO
desmopressin acetate pf	4		estradiol oral	1	MO
desmopressin acetate spray	4	MO	estradiol transdermal patch twice weekly	4	PA; QL (8 per 28 days); MO
desogestrel-ethynodiol estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	MO	estradiol transdermal patch weekly	4	PA; QL (4 per 28 days); MO
DEXAMETHASONE INTENSOL	4		estradiol vaginal	4	MO
dexamethasone oral elixir	3		estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
dexamethasone oral solution	2		ethynodiol diac-eth estradiol	2	MO
dexamethasone oral tablet	2		FALMINA	2	MO
dexamethasone sod phos +rfid	4		FEIRZA 1.5/30	2	MO
dexamethasone sod phosphate pf injection solution	4		FEIRZA 1/20	2	MO
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 4 mg/ml	4		FINZALA	2	MO
dexamethasone sodium phosphate injection solution prefilled syringe	4		fludrocortisone acetate oral	2	MO
DOLISHALE	2	MO	FYAVOLV ORAL TABLET 1-5 MG-MCG	2	PA; MO
DOTTI	4	PA; QL (8 per 28 days); MO	GALBRIELA	2	MO
drospirene-eth estrad-levomefol	2	MO	GALLIFREY	2	MO
drospirenone-ethynodiol estradiol	2	MO	GEMMILY	2	MO
ELINEST	2	MO	HAILEY 1.5/30	2	MO
ELURYNG	3	MO	HAILEY 24 FE	2	MO
EMZAHH	2	MO	HAILEY FE 1.5/30	2	MO
ENPRESSE-28	2	MO	HAILEY FE 1/20	2	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	MO	HEATHER	2	MO
			ICLEVIA	2	MO
			INCASSIA	2	MO
			INCRELEX	5	PA; LA
			INTROVALE	2	MO
			ISIBLOOM	2	MO
			JAIMIESS	2	MO
			JASMIEL	2	MO
			JENCYCLA	2	MO
			JINTELI	2	PA; MO
			JOLESSA	2	MO
			JOYEUX	2	MO
			JULEBER	2	MO
			JUNEL 1.5/30	2	MO
			JUNEL 1/20	2	MO
			JUNEL FE 1.5/30	2	MO
			JUNEL FE 1/20	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JUNEL FE 24	2	MO	LUTERA	2	MO
KAITLIB FE	2	MO	LYLEQ	2	MO
KALLIGA	2	MO	LYLLANA	4	PA; QL (8 per 28 days); MO
KARIVA	2	MO	LYZA	2	MO
KELNOR 1/35	2	MO	marlissa	2	MO
KELNOR 1/50	2	MO	medroxyprogesterone acetate intramuscular	2	
KURVELO	2	MO	medroxyprogesterone acetate oral	2	MO
<i>lanreotide acetate</i>	5	PA	MELEYA	2	MO
LARIN 1.5/30	2	MO	MENEST	3	PA; MO
LARIN 1/20	2	MO	MERZEE	2	MO
LARIN 24 FE	2	MO	<i>methimazole oral</i>	1	MO
LARIN FE 1.5/30	2	MO	<i>methylprednisolone oral</i>	2	
LARIN FE 1/20	2	MO	MIBELAS 24 FE	2	MO
LAYOLIS FE	2	MO	MICROGESTIN 1.5/30	2	MO
LEENA	2	MO	MICROGESTIN 1/20	2	MO
LESSINA	2	MO	MICROGESTIN FE 1.5/30	2	MO
<i>levo-t</i>	1	MO	MICROGESTIN FE 1/20	2	MO
LEVONEST	2	MO	<i>mifepristone oral tablet 300 mg</i>	5	PA; LA
<i>levonorg-eth estrad triphasic oral tablet 50- 30/75-40/ 125-30 mcg</i>	2	MO	MILI	2	MO
<i>levonorgest-eth est & eth est</i>	2	MO	MINZOYA	2	MO
<i>levonorgest-eth estrad 91-day</i>	2	MO	MONO-LINYAH	2	MO
<i>levonorgest-eth estradiol-iron</i>	2	MO	NECON 0.5/35 (28)	2	MO
<i>levonorgestrel-ethinyl estradiol</i>	2	MO	NEXPLANON	3	
LEVORA 0.15/30 (28)	2	MO	NIKKI	2	MO
<i>levothyroxine sodium oral tablet</i>	1	MO	NORA-BE	2	MO
LEVOXYL	1	MO	NORDITROPIN FLEXPRO	5	PA
<i>liothyronine sodium intravenous</i>	5		SUBCUTANEOUS SOLUTION PEN- INJECTOR		
<i>liothyronine sodium oral</i>	2	MO	<i>norelgestromin-eth estradiol</i>	2	MO
LO-ZUMANDIMINE	2	MO	<i>norethin ace-eth estradiol-fe oral capsule</i>	2	MO
LOESTRIN 1.5/30 (21)	2	MO	<i>norethin ace-eth estradiol-fe oral tablet 1- 20 mg-mcg, 1.5-30 mg- mcg</i>	2	MO
LOESTRIN 1/20 (21)	2	MO	<i>norethin ace-eth estradiol-fe oral tablet chewable</i>	2	MO
LOESTRIN FE 1.5/30	2	MO			
LOESTRIN FE 1/20	2	MO			
LOJAIMIESS	2	MO			
LORYNA	2	MO			
LOW-OGESTREL	2	MO			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
norethrin-eth estradiol-fe	2	MO	prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	4	
norethindron-ethinyl estrad-fe	2	MO	PREDNISONE INTENSOL	4	
norethindrone acet-ethinyl est oral tablet	2	MO	prednisone oral solution	4	
norethindrone acetate oral	2	MO	prednisone oral tablet	2	
norethindrone oral	2	MO	prednisone oral tablet therapy pack	2	
norethindrone-eth estradiol	2	PA; MO	PREMARIN ORAL	3	PA; MO
norgestim-eth estrad triphasic	2	MO	PREMARIN VAGINAL	3	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	MO	PREMPRO	4	PA; MO
NORLYROC	2	MO	progesterone oral	2	MO
NORTREL 0.5/35 (28)	2	MO	propylthiouracil oral	2	MO
NORTREL 1/35 (21)	2	MO	raloxifene hcl	2	QL (30 per 30 days); MO
NORTREL 1/35 (28)	2	MO	RECLIPSEN	2	MO
NORTREL 7/7/7	2	MO	RIVELSA	2	MO
NYLIA 1/35	2	MO	ROSYRAH	2	MO
NYLIA 7/7/7	2	MO	SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG	5	PA
OCELLA	2	MO	SETLAKIN	2	MO
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA	SHAROBEL	2	MO
octreotide acetate intramuscular kit 10 mg, 20 mg	5	PA	SIGNIFOR	5	PA; LA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	4	PA	SIMLIYA	2	MO
ORQUIDEA	2	MO	SIMPESSE	2	MO
ORSYTHIA	2	MO	SKYLA	3	
PHILITH	2	MO	SOMATULINE DEPOT	5	PA
PIMTREA	2	MO	SOMAVERT	5	PA; LA
PORTIA-28	2	MO	SPRINTEC 28	2	MO
prednisolone oral solution	2		SRONYX	2	MO
prednisolone sodium phosphate oral solution 15 mg/5ml	2		SYEDA	2	MO
			SYNTROID	3	MO
			TARINA 24 FE	2	MO
			TARINA FE 1/20 EQ	2	MO
			TAYSOFY	2	MO
			testosterone cypionate intramuscular solution 100 mg/ml	2	PA; MO
			testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	2	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
testosterone enanthate <i>intramuscular solution</i>	4	PA; MO	ABRYSO	3	
testosterone <i>transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 per 30 days); MO	ACTHIB	3	
TILIA FE	2	MO	ACTIMMUNE	5	PA; LA
TRI-ESTARYLLA	2	MO	ADACEL	3	
TRI-LEGEST FE	2	MO	ARCALYST	5	PA
TRI-LINYAH	2	MO	AREXVY	3	
TRI-LO-ESTARYLLA	2	MO	azathioprine oral <i>tablet 50 mg</i>	2	B/D PA
TRI-LO-MARZIA	2	MO	bcg vaccine injection <i>solution reconstituted</i>	4	
TRI-LO-MILI	2	MO	BENLYSTA	5	PA
TRI-LO-SPRINTEC	2	MO	BEXZERO	3	
TRI-MILI	2	MO	BOOSTRIX	3	
TRI-NYMYO	2	MO	INTRAMUSCULAR <i>SUSPENSION 5-2.5-18.5 LF-MCG/0.5</i>		
TRI-SPRINTEC	2	MO	BOOSTRIX	3	
TRI-VYLIBRA	2	MO	INTRAMUSCULAR <i>SUSPENSION PREFILLED SYRINGE</i>		
TRI-VYLIBRA LO	2	MO	COSENTYX (300 MG <i>DOSE</i>)	5	PA; QL (8 per 28 days); LA
triamcinolone <i>acetonide injection suspension 40 mg/ml</i>	4		COSENTYX	5	PA; QL (8 per 28 days); LA
TRIVORA (28)	2	MO	COSENTYX <i>SENSOREADY (300 MG)</i>	5	PA; QL (8 per 28 days); LA
TURQOZ	2	MO	COSENTYX <i>SENSOREADY PEN</i>	5	PA; QL (8 per 28 days); LA
TYDEMY	2	MO	COSENTYX <i>SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</i>	5	PA; QL (8 per 28 days); LA
UNITHROID	1	MO	COSENTYX <i>SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML</i>		
VALTYA 1/50	2	MO	COSENTYX UNREADY	5	PA; QL (8 per 28 days)
VELIVET	2	MO	cyclosporine modified	4	B/D PA
VESTURA	2	MO	cyclosporine oral <i>capsule</i>	4	B/D PA
VIENVA	2	MO	DAPTACEL	3	
viorele	2	MO	INTRAMUSCULAR <i>SUSPENSION 23-15-5</i>		
VOLNEA	2	MO	diphtheria-tetanus <i>toxoids dt</i>	3	
VYFEMLA	2	MO	ENBREL MINI	5	PA; QL (8 per 28 days)
VYLIBRA	2	MO			
WERA	2	MO			
WYMYZA FE	2	MO			
XARAH FE	2	MO			
XELRIA FE	2	MO			
XULANE	2	MO			
yuvafem	4	MO			
ZAFEMY	2	MO			
ZOVIA 1/35 (28)	2	MO			
ZUMANDIMINE	2	MO			
Immunological Agents					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days)	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days)	HIBERIX INJECTION	3	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days)	HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (8 per 28 days)	HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (2 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ ML	3	B/D PA	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	5	PA; QL (2 per 28 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	5	PA; QL (4 per 28 days)
ENVARSUS XR everolimus oral tablet 0.25 mg, 0.75 mg	4	B/D PA	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO- INJECTOR KIT	5	PA; QL (8 per 365 days)
everolimus oral tablet 0.5 mg, 1 mg	5	B/D PA	HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (6 per 365 days)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/ 200ML, 40 GM/400ML, 5 GM/50ML	5	PA	HUMIRA-PSORIASIS/ UVEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	5	PA; QL (6 per 365 days)
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PA	HYPERRAB	5	
GARDASIL 9	4		IMOgam RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D PA	IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
GENGRAF ORAL SOLUTION	4	B/D PA	INFANRIX	3	
HAVRIX	3		IPOL	3	
INTRAMUSCULAR SUSPENSION 1440 EL U/ ML					
HAVRIX	3				
INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE					

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IXCHIQ	3		OCTAGAM	5	PA
IXIARO	4		INTRAVENOUS		
JYLAMVO	4	ST	SOLUTION 1 GM/20ML, 2		
JYNNEOS	3		GM/20ML, 2.5 GM/50ML,		
<i>kedrab injection</i>	3		30 GM/300ML, 5 GM/		
KINRIX INTRAMUSCULAR	3		100ML		
SUSPENSION PREFILLED			OTEZLA ORAL TABLET	5	PA; QL (60 per
SYRINGE					30 days)
leflunomide oral	4	QL (30 per 30 days); MO	OTEZLA ORAL TABLET	5	PA
M-M-R II INJECTION	3		THERAPY PACK		
MENACTRA	3		PEDIARIX	3	
INTRAMUSCULAR			INTRAMUSCULAR		
SOLUTION			SUSPENSION PREFILLED		
MENQUADFI	4		SYRINGE		
INTRAMUSCULAR			PEDVAX HIB	3	
SOLUTION			INTRAMUSCULAR		
MENVEO	3		SUSPENSION		
methotrexate sodium	4		PEGASYS	5	
(pf) injection solution 1			SUBCUTANEOUS		
gm/40ml, 1000 mg/			SOLUTION 180 MCG/ML		
40ml, 250 mg/10ml			PEGASYS	5	
methotrexate sodium	2		SUBCUTANEOUS		
(pf) injection solution			SOLUTION PREFILLED		
50 mg/2ml			SYRINGE		
methotrexate sodium	4		PENBRAYA	3	
injection solution 250			penmenvy	3	
mg/10ml			PENTACEL	4	
methotrexate sodium	2		PRIORIX	3	
injection solution 50			PROGRAF	4	B/D PA
mg/2ml			INTRAVENOUS		
methotrexate sodium	4		PROGRAF ORAL PACKET	4	B/D PA
injection solution			PROQUAD	4	
reconstituted			SUBCUTANEOUS		
methotrexate sodium	2		SUSPENSION		
oral			RECONSTITUTED		
MRESVIA	3		QUADRACEL	3	
mycophenolate mofetil	4	B/D PA	RABAVERT	4	
oral			RECOMBIVAX HB	3	B/D PA
mycophenolate sodium	4	B/D PA	REZUROCK	4	PA; LA
mycophenolic acid oral	4	B/D PA	RINVOQ	5	PA; QL (30 per
tablet delayed release					30 days)
180 mg, 360 mg			RINVOQ LQ	5	PA; QL (360 per
					30 days)
MYHIBBIN	4	B/D PA	ROTARIX ORAL	3	
			SUSPENSION		

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROTATEQ ORAL SOLUTION	3		TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 per 28 days)
SANDIMMUNE ORAL SOLUTION	4	B/D PA	TRUMENBA	3	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)	TWINRIX	4	
SHINGRIX	3		INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML			TYPHIM VI	4	
<i>sirolimus oral</i>	4	B/D PA	VAQTA	3	
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)	VARIVAX	3	
SKYRIZI PEN	5	PA; QL (6 per 365 days)	VAXCHORA	3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days)	VIMKUNYA	3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days)	VIVOTIF	3	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days)	XATMEP	4	ST
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); LA	XELJANZ ORAL TABLET	5	PA; QL (60 per 30 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days)	XELJANZ XR	5	PA; QL (30 per 30 days)
<i>tacrolimus oral</i>	4	B/D PA	YF-VAX	4	
TENIVAC	3		Infectious Disease Agents		
TICOVAC	4		<i>abacavir sulfate oral</i>	4	QL (960 per 30 days)
TREMFYA CROHNS INDUCTION	5	PA; QL (4 per 28 days)	<i>abacavir sulfate oral</i>	4	QL (60 per 30 days)
TREMFYA ONE-PRESS	5	PA; QL (2 per 28 days)	<i>abacavir sulfate- lamivudine</i>	4	QL (30 per 30 days)
TREMFYA PEN	5	PA; QL (2 per 28 days)	ABELCET	4	B/D PA
			<i>acyclovir oral capsule</i>	2	MO
			<i>acyclovir oral suspension 200 mg/5ml</i>	4	MO
			<i>acyclovir oral suspension 800 mg/ 20ml</i>	4	
			<i>acyclovir oral tablet</i>	2	MO
			<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>	2	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
amoxicillin oral suspension reconstituted	2		azithromycin oral packet	2	
amoxicillin oral tablet	2		azithromycin oral suspension reconstituted 100 mg/ 5ml	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2		azithromycin oral suspension reconstituted 200 mg/ 5ml	4	
amoxicillin-pot clavulanate er	4		azithromycin oral tablet	1	
amoxicillin-pot clavulanate oral suspension reconstituted	2		aztreonam	4	
amoxicillin-pot clavulanate oral tablet	2		BARACLODE ORAL SOLUTION	4	PA
amphotericin b intravenous	4	B/D PA	BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
amphotericin b liposome	4	B/D PA	BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
ampicillin oral capsule 500 mg	2		BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4		caspofungin acetate	4	B/D PA
ampicillin sodium intravenous	4		cefaclor oral capsule	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4		cefaclor oral suspension	4	
ampicillin-sulbactam sodium intravenous	4		reconstituted 250 mg/ 5ml		
APТИВUS ORAL CAPSULE	5	QL (120 per 30 days)	cefadroxil	2	
ARIKAYCE	4	LA	cefazolin sodium injection solution	4	
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days)	reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg		
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days)	cefaezolin sodium intravenous solution	4	
atovaquone oral	4	PA	reconstituted		
atovaquone-proguanil hcl	4		cefdinir	2	
azithromycin intravenous	4		cefepime hcl injection solution reconstituted 1 gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4		clindamycin palmitate hcl	4	
cefoxitin sodium intravenous	4		clindamycin phosphate in d5w	4	
cefpodoxime proxetil	4		clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
cefprozil	2		COARTEM	4	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4		colistimethate sodium (cba)	4	
ceftazidime intravenous	4		COMPLERA	5	QL (30 per 30 days)
ceftriaxone sodium in dextrose	4		dapsone oral	3	MO
ceftriaxone sodium injection	4		daptomycin intravenous solution reconstituted 350 mg	5	
ceftriaxone sodium intravenous	4		daptomycin intravenous solution reconstituted 500 mg	4	
cefuroxime axetil oral tablet	2		darunavir oral tablet 600 mg	4	QL (60 per 30 days)
cefuroxime sodium injection solution reconstituted 750 mg	4		darunavir oral tablet 800 mg	5	QL (60 per 30 days)
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4		DELSTRIGO	5	QL (30 per 30 days)
cephalexin oral capsule	1		DESCOVY	5	QL (30 per 30 days)
cephalexin oral suspension reconstituted	2		dicloxacillin sodium	2	
chloroquine phosphate oral	4	MO	DIFICID ORAL TABLET	5	PA
CIMDUO	5	QL (30 per 30 days)	DOVATO	5	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1		DOXY 100	4	
ciprofloxacin in d5w	4		doxycycline hyclate intravenous	4	
clarithromycin er	4		doxycycline hyclate oral capsule	2	
clarithromycin oral suspension reconstituted	4		doxycycline hyclate oral tablet 100 mg, 20 mg	2	
clarithromycin oral tablet	2		doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
clindamycin hcl oral	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2		famciclovir oral tablet 125 mg, 250 mg	4	QL (60 per 30 days)
EDURANT	5	QL (30 per 30 days)	famciclovir oral tablet 500 mg	4	QL (21 per 7 days)
EDURANT PED	5	QL (180 per 30 days)	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4	
efavirenz oral tablet	4	QL (30 per 30 days)	fluconazole oral	2	
efavirenz-emtricitab-tenofo df	4	QL (30 per 30 days)	flucytosine oral capsule 250 mg	4	
efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days)	flucytosine oral capsule 500 mg	5	
emtricitab-rilpivir-tenofov df	5	QL (30 per 30 days)	fosamprenavir calcium	4	QL (120 per 30 days)
emtricitabine	4	QL (30 per 30 days)	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days)
emtricitabine-tenofovir df	4	QL (30 per 30 days)	gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4	
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)	gentamicin sulfate injection	4	
entecavir	4	PA	GENVOYA	5	QL (30 per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)	griseofulvin microsize oral	4	
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days)	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days)	HARVONI	5	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days)	hydroxychloroquine sulfate oral	2	MO
ertapenem sodium	4		imipenem-cilastatin	4	
erythromycin base oral	4		INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
erythromycin ethylsuccinate oral tablet	4		ISENTRESS HD	5	QL (60 per 30 days)
erythromycin lactobionate	4		ISENTRESS ORAL PACKET	4	QL (180 per 30 days)
erythromycin oral	4				
ethambutol hcl oral	2				
etravirine oral tablet 100 mg	4	QL (120 per 30 days)			
etravirine oral tablet 200 mg	4	QL (60 per 30 days)			
EVOTAZ	5	QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS ORAL TABLET	5	QL (120 per 30 days)	lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)	lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (720 per 30 days)	maraviroc	4	QL (120 per 30 days)
<i>isoniazid injection</i>	4		<i>mefloquine hcl</i>	2	MO
<i>isoniazid oral syrup</i>	4	MO	<i>meropenem intravenous solution reconstituted 1 gm</i>	4	
<i>isoniazid oral tablet</i>	1	MO	<i>meropenem intravenous solution reconstituted 500 mg</i>	3	
<i>itraconazole oral capsule</i>	4	PA	<i>methenamine hippurate</i>	2	
<i>ivermectin oral</i>	2	PA	<i>methenamine mandelate oral</i>	2	
JULUCA	5	QL (30 per 30 days)	<i>metronidazole intravenous solution 500 mg/100ml</i>	3	
KALETRA ORAL SOLUTION	4	QL (480 per 30 days)	<i>metronidazole oral tablet</i>	2	
<i>ketoconazole oral</i>	2		<i>micafungin sodium</i>	4	
<i>lamivudine oral solution</i>	4	QL (960 per 30 days)	<i>minocycline hcl oral capsule</i>	2	
<i>lamivudine oral tablet 100 mg</i>	3		MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>lamivudine oral tablet 150 mg</i>	4	QL (60 per 30 days)	<i>moxifloxacin hcl in nacl</i>	4	
<i>lamivudine oral tablet 300 mg</i>	4	QL (30 per 30 days)	<i>moxifloxacin hcl oral</i>	4	
<i>lamivudine-zidovudine</i>	4	QL (60 per 30 days)	<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>levofloxacin in d5w</i>	4		<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>levofloxacin intravenous</i>	4		<i>neomycin sulfate oral</i>	2	
<i>levofloxacin oral solution</i>	4		<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 per 30 days)
<i>levofloxacin oral tablet</i>	2		<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>linezolid in sodium chloride</i>	4		<i>nevirapine oral tablet</i>	2	QL (60 per 30 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	4		<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days)			
<i>linezolid oral tablet</i>	4	PA; QL (56 per 28 days)			
LIVTENCITY	5	PA			
<i>lopinavir-ritonavir oral solution</i>	4	QL (480 per 30 days)			

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2		piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	
nitrofurantoin monohyd macro NORVIR ORAL PACKET	2 4	QL (360 per 30 days)	posaconazole oral praziquantel oral PREVYMIS ORAL PACKET	5 4 5	PA; MO PA; QL (120 per 30 days)
nystatin oral tablet ODEFSEY	2 5	QL (30 per 30 days)	PREVYMIS ORAL TABLET PREZCOBIX	5 5	PA; QL (30 per 30 days) QL (30 per 30 days)
oseltamivir phosphate oral capsule 30 mg oseltamivir phosphate oral capsule 45 mg	4 3	QL (168 per 365 days) QL (84 per 365 days)	PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)
oseltamivir phosphate oral capsule 75 mg oseltamivir phosphate oral suspension reconstituted	4 2	QL (84 per 365 days) QL (1080 per 365 days)	PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4		PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)
PAXLOVID (150/100)	3	QL (20 per 90 days)	PRIFTIN	4	
PAXLOVID (300/100 & 150/100)	3	QL (11 per 90 days)	primaquine phosphate oral tablet 26.3 (15 base) mg	2	
PAXLOVID (300/100)	3	QL (30 per 90 days)	pyrazinamide oral	4	
penicillin g potassium penicillin g sodium	4 4		pyrimethamine oral	5	PA
penicillin v potassium pentamidine	2 4		quinine sulfate oral	4	PA
pentamidine isethionate inhalation	4	B/D PA	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
pentamidine isethionate injection	4		RETROVIR INTRAVENOUS	4	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	4		REYATAZ ORAL PACKET	4	QL (240 per 30 days)
PIFELTRO	5	QL (30 per 30 days)	ribavirin oral capsule	3	
			ribavirin oral tablet 200 mg	4	
			rifabutin	4	
			rifampin intravenous	4	
			rifampin oral	2	
			rimantadine hcl	4	
			ritonavir	3	QL (360 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	4	QL (1840 per 30 days)
SIRTURO	5	PA; LA
SOVALDI ORAL TABLET 400 MG	5	PA; QL (30 per 30 days)
streptomycin sulfate intramuscular	4	
STRIBILD	5	QL (30 per 30 days)
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral	2	
SUNLENCA ORAL TABLET	5	
SUNLENCA ORAL TABLET THERAPY PACK	5	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYMTUZA	4	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
TEFLARO	4	
tenofovir disoproxil fumarate	4	QL (30 per 30 days)
terbinafine hcl oral	1	
tetracycline hcl oral capsule	4	
tigecycline	5	
tinidazole oral	4	
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days)
TIVICAY PD	4	QL (360 per 30 days)
tobramycin sulfate injection	4	
TRECATOR	4	

Drug Name	Drug Tier	Requirements/Limits
trifluridine ophthalmic	4	
trimethoprim oral	2	
TRIUMEQ	5	QL (30 per 30 days)
TRIUMEQ PD	5	QL (180 per 30 days)
TYBOST	3	QL (30 per 30 days)
valacyclovir hcl oral tablet 1 gm	2	QL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	2	QL (60 per 30 days)
valganciclovir hcl oral tablet	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule	4	PA; QL (240 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER	5	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days)
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days)
voriconazole intravenous	4	PA
voriconazole oral suspension reconstituted	4	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)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
zidovudine oral capsule	2	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 9.

Drug Name	Drug Tier	Requirements/Limits
zidovudine oral syrup	2	QL (1920 per 30 days)
zidovudine oral tablet	2	QL (60 per 30 days)
ZIRGAN	4	
Miscellaneous Therapeutic Agents		
acetic acid irrigation	2	
ALCOHOL SWABS	2	MO
GAUZE STERILE PADS 2	1	MO
IGALMI	4	QL (30 per 30 days)
INSULIN PEN NEEDLE	3	QL (200 per 30 days); MO
INSULIN SYRINGE	3	QL (200 per 30 days); MO
KOSELUGO	5	PA
<i>lactated ringers irrigation</i>	4	
neomycin-polymyxin b	2	gu
OMNIPOD 5 DEXG7G6	4	
INTRO GEN 5		
OMNIPOD 5 DEXG7G6	4	
PODS GEN 5		
OMNIPOD 5 G7 INTRO (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 G6	4	
INTRO G5		
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
<i>ringers irrigation</i>	4	
sodium chloride	2	
<i>irrigation solution 0.9 %</i>		
sterile water for irrigation	4	
SYNAGIS	5	PA
TIS-U-SOL	4	
Ophthalmic Agents		

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

PLUS_PDP_25074_v18_2509_2

Drug Name	Drug Tier	Requirements/Limits
acetazolamide er	4	MO
apraclonidine hcl	4	
atropine sulfate ophthalmic ointment	4	MO
atropine sulfate ophthalmic solution 1 %	4	MO
azelastine hcl ophthalmic	2	
bacitracin-neomycin-polymyxin-hc	2	
bacitracin ophthalmic	4	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
BESIVANCE	4	
betaxolol hcl ophthalmic	2	MO
BETOPTIC-S	4	MO
brimonidine tartrate ophthalmic solution 0.15 %	4	MO
brimonidine tartrate ophthalmic solution 0.2 %	1	MO
brimonidine tartrate-timolol	4	MO
brinzolamide	4	MO
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	4	
carteolol hcl	1	MO
ciprofloxacin hcl ophthalmic	2	
cromolyn sodium ophthalmic	2	
CYSTARAN	5	LA
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
dorzolamide hcl ophthalmic	2	MO
dorzolamide hcl-timolol mal	1	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
epinastine hcl	2		polymyxin b-	1	
erythromycin	2	QL (3.5 per 30 days)	trimethoprim		
ophthalmic			prednisolone acetate	2	
fluorometholone	4		ophthalmic		
ophthalmic			proparacaine hcl	3	
flurbiprofen sodium	2		ophthalmic		
gatifloxacin ophthalmic	2		RESTASIS	3	QL (60 per 30 days); MO
gentamicin sulfate	2		RESTASIS MULTIDOSE	3	QL (5.5 per 28 days); MO
ophthalmic solution			OPHTHALMIC EMULSION 0.05 %		
ILEVRO	4		RHOPRESSA	4	MO
ketorolac	1		ROCKLATAN	4	MO
tromethamine			SIMBRINZA	4	MO
ophthalmic			sulfacetamide sodium	2	
latanoprost ophthalmic	1	MO	ophthalmic		
levobunolol hcl	2	MO	sulfacetamide-	2	
ophthalmic solution 0.5 %			prednisolone		
levofloxacin	4		ophthalmic solution		
ophthalmic solution 1.5 %			timolol maleate (once-daily)	4	MO
LUMIGAN OPHTHALMIC	3	MO	timolol maleate	4	MO
SOLUTION 0.01 %			ophthalmic gel forming solution		
methazolamide oral	4	MO	timolol maleate	1	MO
moxifloxacin hcl	4		ophthalmic solution		
ophthalmic solution			TOBRADEX	4	
NATACYN	4		OPHTHALMIC OINTMENT		
NEO-POLYCIN	2		TOBRADEX ST	4	
NEO-POLYCIN HC	2		tobramycin ophthalmic	2	
neomycin-bacitracin	2		tobramycin-	4	
zn-polymyx			dexamethasone		
neomycin-polymyxin-dexameth	2		travoprost (bak free)	4	MO
neomycin-polymyxin-gramicidin ophthalmic	2		VYZULTA	4	MO
solution 1.75-10000-.025			XDEMVY	4	LA
neomycin-polymyxin-hc	4		Otic Agents		
ophthalmic suspension			acetic acid otic	2	
3.5-10000-1			ciprofloxacin-	4	
ofloxacin ophthalmic	2		dexamethasone		
olopatadine hcl	3		FLAC	4	
ophthalmic			fluocinolone acetonide	4	
pilocarpine hcl	2	MO	otic		
ophthalmic solution 1 %, 2 %, 4 %			hydrocortisone-acetic acid	4	
POLYCIN	2				

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-hc otic	4		BRONCHITOL	5	PA; LA
ofloxacin otic	2		budesonide inhalation suspension 0.25 mg/ 2ml, 0.5 mg/2ml	4	B/D PA; QL (120 per 30 days); MO
Respiratory Tract/Pulmonary Agents			budesonide inhalation suspension 1 mg/2ml	4	B/D PA; QL (60 per 30 days); MO
acetylcysteine inhalation	4	B/D PA	budesonide-formoterol fumarate	4	QL (30.6 per 30 days); MO
ADEMPAS	5	PA; QL (90 per 30 days); LA	CAYSTON	5	PA; LA
ADVAIR HFA	3	QL (12 per 30 days); MO	cetirizine hcl oral solution	2	
albuterol sulfate hfa	2	MO	COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	2	B/D PA; QL (360 per 30 days); MO	cromolyn sodium inhalation	3	B/D PA; MO
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	2	B/D PA; MO	cyproheptadine hcl oral syrup	2	PA
albuterol sulfate oral syrup	2	MO	cyproheptadine hcl oral tablet	4	
albuterol sulfate oral tablet	4	MO	desloratadine oral tablet	2	
ambrisentan	5	PA; QL (30 per 30 days); LA	ELIXOPHYLLIN	3	MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ ACT	3	QL (60 per 30 days); MO	epinephrine (anaphylaxis) injection solution 30 mg/30ml	4	
ARNUITY ELLIPTA	3	QL (30 per 30 days); MO	epinephrine injection solution 0.3 mg/0.3ml	3	QL (2 per 28 days)
ATROVENT HFA	4	QL (26 per 30 days); MO	epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/ 0.3ml	4	QL (2 per 28 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/ spray	2	QL (30 per 25 days)	epinephrine injection solution auto-injector 0.3 mg/0.3ml	3	QL (2 per 28 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days); MO	flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (75 per 30 days)
breyna	4	QL (30.9 per 30 days); MO	fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	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 9.

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
fluticasone propionate diskus inhalation	4	QL (240 per 30 days); MO	levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PA; QL (540 per 30 days); MO
aerosol powder breath activated 250 mcg/act			levalbuterol tartrate	4	QL (45 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 110 mcg/act	4	QL (12 per 30 days); MO	levocetirizine dihydrochloride oral tablet	2	QL (30 per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	4	QL (24 per 30 days); MO	mometasone furoate nasal	4	
fluticasone propionate hfa inhalation aerosol 44 mcg/act	4	QL (11 per 30 days); MO	montelukast sodium oral packet	4	MO
fluticasone propionate nasal	2	QL (16 per 30 days)	montelukast sodium oral tablet	2	MO
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	4	QL (60 per 30 days); MO	montelukast sodium oral tablet chewable	2	MO
hydroxyzine hcl intramuscular	4		OFEV	5	PA; QL (60 per 30 days)
hydroxyzine hcl oral syrup	4	QL (2880 per 28 days)	olopatadine hcl nasal	4	QL (31 per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg	2	QL (120 per 30 days)	OPSUMIT	5	PA; QL (30 per 30 days); LA
hydroxyzine hcl oral tablet 50 mg	2	QL (240 per 30 days)	ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)
hydroxyzine pamoate oral	4	QL (120 per 30 days)	pirfenidone oral tablet	5	PA; QL (270 per 267 mg 30 days)
ipratropium bromide inhalation	2	B/D PA; MO	pirfenidone oral tablet	5	PA; QL (90 per 534 mg, 801 mg 30 days)
ipratropium bromide nasal	2	QL (30 per 30 days); MO	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	B/D PA; QL (540 per 30 days); MO	roflumilast oral tablet	4	PA; QL (30 per 500 mcg 30 days); MO
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D PA; QL (270 per 30 days); MO	sildenafil citrate oral tablet 20 mg	3	PA; QL (360 per 30 days)
			SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO
			SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
			STIOLTO RESPIMAT	4	QL (4 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 9.

Drug Name	Drug Tier	Requirements/Limits
tadalafil (pah)	4	PA; QL (60 per 30 days)
terbutaline sulfate injection	4	
terbutaline sulfate oral	4	MO
theophylline er oral tablet extended release 12 hour	4	MO
theophylline er oral tablet extended release 24 hour	2	MO
theophylline oral elixir	3	MO
theophylline oral solution	2	MO
tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PA; QL (280 per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
umeclidinium-vilanterol	3	QL (60 per 30 days); MO
VENTAVIS	5	PA; QL (270 per 30 days)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	4	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-Injector 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); LA
zafirlukast	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

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.

A	ALCOHOL SWABS.....	57
abacavir sulfate.....	ALECENSA.....	11
abacavir sulfate-lamivudine.....	alendronate sodium.....	37
ABELCET.....	alfuzosin hcl er.....	42
ABILIFY MAINTENA.....	aliskiren fumarate.....	18
abiraterone acetate.....	allopurinol.....	9
ABIRTEGA.....	alosetron hcl.....	40
ABRYNSVO.....	alprazolam.....	22
acamprosate calcium.....	ALTAVERA.....	43
acarbose.....	ALUNBRIG.....	11
ACCUTANE.....	alyacen 1/35.....	43
acebutolol hcl.....	alyacen 7/7/7.....	43
acetaminophen-codeine.....	amantadine hcl.....	22
acetazolamide.....	ambrisentan.....	59
acetazolamide er.....	AMETHIA.....	43
acetic acid.....	AMETHYST.....	43
acetylcysteine.....	amikacin sulfate.....	50
acitretin.....	amiloride hcl.....	18
ACTHIB.....	amiloride-hydrochlorothiazide.....	18
ACTIMMUNE.....	amiodarone hcl.....	18
acyclovir.....	amitriptyline hcl.....	22
acyclovir sodium.....	amlodipine besylate-be-nazepril hcl.....	18
ADACEL.....	amlodipine besylate.....	18
adefovir dipivoxil.....	amlodipine besylate-val-sartan.....	18
ADEMPAS.....	amlodipine-olmesartan.....	18
ADVAIR HFA.....	amlodipine-valsartan-hctz.....	18
AFIRMELLE.....	ammonium lactate.....	32
AIMOVIG.....	AMNESTEEM.....	32
AKEEGA.....	amoxapine.....	22
ala-cort.....	amoxicillin.....	50, 51
albendazole.....	amoxicillin-pot clavulanate.....	51
albuterol sulfate.....		
albuterol sulfate hfa.....		
alclometasone dipropionate.....		

atorvastatin calcium.....	18
atovaquone.....	51
atovaquone-proguanil hcl.....	51
atropine sulfate.....	57
ATROVENT HFA.....	59
AUBRA EQ.....	43
AUGTYRO.....	11
AUROVELA 1.5/30.....	43
AUROVELA 1/20.....	43
AUROVELA 24 FE.....	43
AUROVELA FE 1.5/30.....	43
AUROVELA FE 1/20.....	43
AUSTEDO.....	23
AUSTEDO XR.....	23
AUSTEDO XR PATIENT TITRATION.....	23
AUVELITY.....	23
AVIANE.....	43
AVMAPKI FAKZYNJA CO- PACK.....	11
AYUNA.....	43
AYVAKIT.....	11
azacitidine.....	11
azathioprine.....	47
azelaic acid.....	32
azelastine hcl.....	57, 59
azithromycin.....	51
aztreonam.....	51
AZURETTE.....	43
B	
bacitra-neomycin- polymyxin-hc.....	57
bacitracin.....	57
bacitracin-polymyxin b.....	57
baclofen.....	23
balsalazide disodi- um.....	40
BALVERSA.....	11
BALZIVA.....	43
BARACLUDE.....	51
bcg vaccine.....	47
benazepril hcl.....	18
benazepril-hydrochloroth- iazide.....	18
BENLYSTA.....	47
benzoyl peroxide- erythromycin.....	32
benztropine mesy- late.....	23
BESIVANCE.....	57
BESREMI.....	11
betaine.....	42
betamethasone dipropi- onate.....	32
betamethasone dipropi- onate aug.....	32
betamethasone valer- ate.....	33
BETASERON.....	23
betaxolol hcl.....	18, 57
bethanechol chlo- ride.....	42
BETOPTIC-S.....	57
bexarotene.....	11, 33
BEXSERO.....	47
bicalutamide.....	11
BICILLIN L-A.....	51
BIJUVA.....	43
BIKTARVY.....	51
bisoprolol fumarate.....	18
bisoprolol-hydrochloroth- iazide.....	18
BLISOVI 24 FE.....	43
BLISOVI FE 1.5/30.....	43
BLISOVI FE 1/20.....	43
BOOSTRIX.....	47
bortezomib.....	11
BOSULIF.....	11, 12
BRAFTOVI.....	12
BREO ELLIPTA.....	59
breyna.....	59
briellyn.....	43
brimonidine tartrate.....	57
brimonidine tartrate- timolol.....	57
brinzolamide.....	57
BRIVIACT.....	23
bromfenac sodium.....	57
bromocriptine mesy- late.....	23
BRONCHITOL.....	59
BRUKINSA.....	12
budesonide.....	41, 59
budesonide er.....	41
budesonide-formoterol fumarate.....	59
bumetanide.....	18
buprenorphine hcl.....	23
buprenorphine hcl- naloxone hcl.....	23, 24
bupropion hcl.....	24
bupropion hcl er (smok- ing det).....	24
bupropion hcl er (sr).....	24
bupropion hcl er (xl).....	24
buspirone hcl.....	24
butorphanol tartrate.....	9
C	
cabergoline.....	43
CABOMETYX.....	12
calcipotriene.....	33
calcitonin (salmon).....	37
CALCITRENE.....	33
calcitriol.....	33, 37
CALQUENCE.....	12
CAMILA.....	43
CAMRESE.....	43
CAMRESE LO.....	43
candesartan cilexetil.....	18
candesartan cilexetil- hctz.....	19
CAPLYTA.....	24
CAPRELSA.....	12
captotril.....	19
captotril-hydrochloroth- iazide.....	19
carbamazepine.....	24
carbamazepine er.....	24
carbidopa.....	24
carbidopa-levodopa.....	24
carbidopa-levodopa er.....	24
carglumic acid.....	35
carisoprodol.....	24
carteolol hcl.....	57
CARTIA XT.....	19
carvedilol.....	19
caspofungin acetate.....	51
CAVAREST.....	33
CAYSTON.....	59
cefaclor.....	51
cefadroxil.....	51
cefazolin sodium.....	51
cefdinir.....	51
cefepime hcl.....	51

cefixime.....	51
cefotetan disodium.....	52
cefoxitin sodium.....	52
cefpodoxime prox- etyl.....	52
cefprozil.....	52
ceftazidime.....	52
ceftriaxone sodium.....	52
ceftriaxone sodium in dextrose.....	52
cefuroxime axetil.....	52
cefuroxime sodium.....	52
celecoxib.....	9
cephalexin.....	52
cetirizine hcl.....	59
CHARLOTTE 24 FE.....	43
CHATEAL EQ.....	43
chlordiazepoxide hcl.....	24
chlorhexidine glu- conate.....	33
chloroquine phos- phate.....	52
chlorpromazine hcl.....	24
chlorthalidone.....	19
cholestyramine.....	19
cholestyramine light.....	19
CICLODAN.....	33
ciclopirox.....	33
ciclopirox olamine.....	33
cilostazol.....	16
CIMDUO.....	52
cinacalcet hcl.....	37
ciprofloxacin hcl.....	52, 57
ciprofloxacin in d5w.....	52
ciprofloxacin-dexametha- sone.....	58
citalopram hydrobro- mide.....	24
CLARAVIS.....	33
clarithromycin.....	52
clarithromycin er.....	52
clindamycin hcl.....	52
clindamycin palmitate hcl.....	52
clindamycin phos (once- daily).....	33
clindamycin phos (twice- daily).....	33
clindamycin phos-ben- zoyle peroxy.....	33
clindamycin phos- phate.....	33, 42, 52
clindamycin phosphate in d5w.....	52
clinimix e/dextrose (8/ 10).....	36
clinimix e/dextrose (8/ 14).....	36
CLINIMIX/DEXTROSE (4.25/ 10).....	36
CLINIMIX/DEXTROSE (4.25/ 5).....	36
CLINIMIX/DEXTROSE (5/ 15).....	36
CLINIMIX/DEXTROSE (5/ 20).....	36
clinimix/dextrose (6/ 5).....	36
clinimix/dextrose (8/ 10).....	36
clinimix/dextrose (8/ 14).....	36
CLINISOL SF.....	36
CLINOLIPID.....	36
CLINPRO 5000.....	33
clobazam.....	24
clobetasol propi- onate.....	33
clobetasol propionate e.....	33
CLODAN.....	33
clomipramine hcl.....	24
clonazepam.....	24, 25
clonidine.....	19
clonidine hcl.....	19
clonidine hcl er.....	25
clopидogrel bisulfate.....	17
clorazepate dipotassi- um.....	25
clotrimazole.....	33
clotrimazole-betametha- sone.....	33
clozapine.....	25
COARTEM.....	52
COBENFY.....	25
COBENFY STARTER PACK.....	25
colchicine.....	9
colchicine-probenecid.....	9
colesevelam hcl.....	19
colestipol hcl.....	19
colistimethate sodium (cba).....	52
COMBIVENT RESPI- MAT.....	59
COMETRIQ (100 MG DAILY DOSE).....	12
COMETRIQ (140 MG DAILY DOSE).....	12
COMETRIQ (60 MG DAILY DOSE).....	12
COMPLERA.....	52
COMPROMA.....	41
constulose.....	41
COPIKTRA.....	12
COSENTYX.....	47
COSENTYX (300 MG DOSE).....	47
COSENTYX SENSOREADY (300 MG).....	47
COSENTYX SENSOREADY PEN.....	47
COSENTYX UNORE- ADY.....	47
COTELLIC.....	12
CREON.....	42
cromolyn sodi- um.....	42, 57, 59
CRYSELLE-28.....	43
cyclobenzaprine hcl.....	25
cyclophosphamide.....	12
cyclosporine.....	47
cyclosporine modi- fied.....	47
cyproheptadine hcl.....	59
CYRED EQ.....	43
CYSTAGON.....	42
CYSTARAN.....	57
D	
dabigatran etexilate mesylate.....	17
dalfampridine er.....	25
danazol.....	43
dantrolene sodium.....	25
DANZITEN.....	12
dapsone.....	52

DAPTACEL	47	dextrose in lactated ringers	36	DOVATO	52
daptomycin	52	dextrose-sodium chlo- ride	36	doxazosin mesylate	19
darunavir	52	DIACOMIT	25	doxepin hcl	26
dasatinib	12	diazepam	25	doxercalciferol	37
DASETTA 1/35 (28)	43	DIAZEPAM INTENSOL	25	doxorubicin hcl	12
DASETTA 7/7/7	43	diazoxide	37	DOXY 100	52
DAURISMO	12	diclofenac potassium	9	doxycycline hydiate	52
DAYSEE	43	diclofenac sodium	9, 33, 57	doxycycline monohy- drate	52, 53
DEBLITANE	43	diclofenac sodium er	9	DRIZALMA SPRINKLE	26
deferasirox	37	dicloxacillin sodium	52	dronabinol	41
DELSTRIGO	52	dicyclomine hcl	41	drospirenen-eth estrad-lev- omefol	44
DELYLA	43	DIFICID	52	drospirenone-ethinyl estradiol	44
DENTA 5000 PLUS	33	diflunisal	9	DROXIA	17
DENTAGEL	33	diluprednate	57	droxidopa	19
DEPO-SUBQ PROVERA 104	43	digox	19	duloxetine hcl	26
DEPO-TESTOSTERONE	43	digoxin	19	DUPIXENT	34
DESCOVY	52	dihydroergotamine mesy- late	25	dutasteride	42
desipramine hcl	25	DILANTIN	25	dutasteride-tamsulosin hcl	42
desloratadine	59	DILANTIN INFATABS	25	E	
desmopressin ace spray refrig	43	dilt-xr	19	econazole nitrate	34
desmopressin ace- tate	44	diltiazem hcl	19	EDURANT	53
desmopressin acetate pf	44	diltiazem hcl er	19	EDURANT PED	53
desmopressin acetate spray	44	diltiazem hcl er beads	19	efavirenz	53
desogestrel-ethinyl estradiol	44	diltiazem hcl er coated beads	19	efavirenz-emtricitab- tenofo df	53
desonide	33	dimethyl fumarate	25	efavirenz-lamivudine- tenofovir	53
desoximetasone	33	dimethyl fumarate starter pack	25	EFFER-K	36
desvenlafaxine succinate er	25	diphenoxylate-at- ropine	41	ELINEST	44
dexamethasone	44	diphtheria-tetanus tox- oids dt	47	ELIQUIS	17
DEXAMETHASONE INTEN- SOL	44	dipyridamole	17	ELIQUIS DVT/PE STARTER PACK	17
dexamethasone sod phos +rfid	44	disulfiram	25, 26		
dexamethasone sod phosphate pf	44	divalproex sodium	26		
dexamethasone sodium phosphate	44, 57	divalproex sodium er	26		
dexlansoprazole	41	dofetilide	19		
dexamethylphenidate hcl	25	DOLISHALE	44		
dextroamphetamine sul- fate	25	donepezil hcl	26		
dextrose	36	dorzolamide hcl	57		
		dorzolamide hcl-timolol mal	57		
		DOTTI	44		

enalapril-hydrochlorothiazide.....	19	ethambutol hcl.....	53	FIRMAGON.....	12
ENBREL.....	48	ethosuximide.....	26	FIRMAGON (240 MG DOSE).....	12
ENBREL MINI.....	47	ethynodiol diac-eth estradiol.....	44	FLAC.....	58
ENBREL SURECLICK.....	48	etodolac.....	9	flecainide acetate.....	20
ENDOCET.....	9	etodolac er.....	9	fluconazole.....	53
ENGERIX-B.....	48	etravirine.....	53	fluconazole in sodium chloride.....	53
enoxaparin sodium.....	17	EULEXIN.....	12	flucytosine.....	53
ENPRESSE-28.....	44	everolimus.....	12, 48	fludrocortisone acetate.....	44
ENSKYCE.....	44	EVOTAZ.....	53	flunisolide.....	59
entacapone.....	26	exemestane.....	12	fluocinolone acetone body.....	34, 58
entecavir.....	53	ezetimibe.....	20	fluocinolone acetonide scalp.....	34
ENTRESTO.....	19, 20	ezetimibe-simvastatin.....	20	fluocinonide.....	34
enulose.....	41	F		fluocinonide emulsified base.....	34
ENVARSUS XR.....	48	FALMINA.....	44	FLUORIDEX.....	34
EPCLUSA.....	53	famciclovir.....	53	FLUORIDEX ENHANCED WHITENING.....	34
EPIDIOLEX.....	26	famotidine.....	41	FLUORIMAX 5000.....	34
epinastine hcl.....	58	famotidine (pf).....	41	fluorometholone.....	58
epinephrine.....	59	famotidine premixed.....	41	fluorouracil.....	34
epinephrine (anaphylaxis).....	59	FANAPT.....	26	fluoxetine hcl.....	26, 27
EPITOL.....	26	FANAPT TITRATION PACK A.....	26	fluphenazine decanoate.....	27
eplerenone.....	20	FANAPT TITRATION PACK B.....	26	fluphenazine hcl.....	27
EPRONTIA.....	26	FANAPT TITRATION PACK C.....	26	flurbiprofen.....	10
ERGOMAR.....	26	FARXIGA.....	37	flurbiprofen sodium.....	58
ergotamine-caffeine.....	26	febuxostat.....	9	fluticasone propionate diskus.....	34, 60
ERIVEDGE.....	12	FEIRZA 1.5/30.....	44	fluticasone propionate hfa.....	60
ERLEADA.....	12	FEIRZA 1/20.....	44	fluticasone-salmetrol.....	60
erlotinib hcl.....	12	felbamate.....	26	fluvastatin sodium.....	20
ERRIN.....	44	felodipine er.....	20	fluvoxamine maleate.....	27
ertapenem sodium.....	53	fenofibrate.....	20	fondaparinux sodium.....	17
ery.....	34	fenofibrate micronized.....	20	FORTEO.....	37
erythromycin.....	34, 53, 58	fenofibric acid.....	20	fosamprenavir calcium.....	53
erythromycin base.....	53	fentanyl.....	10	fosinopril sodium.....	20
erythromycin ethylsuccinate.....	53	fentanyl citrate.....	9, 10		
erythromycin lactobionate.....	53	fesoterodine fumarate er.....	42		
escitalopram oxalate.....	26	FETZIMA.....	26		
eslicarbazepine acetate.....	26	FETZIMA TITRATION.....	26		
esomeprazole magnesium.....	41	finasteride.....	42		
esomeprazole sodium.....	41	fingolimod hcl.....	26		
ESTARYLLA.....	44	FINTEPLA.....	26		
estradiol.....	44	FINZALA.....	44		
estradiol valerate.....	44				

fosinopril sodium-hctz.....	20	glyburide.....	38	HUMALOG MIX 50/50 KWIKPEN.....	38
FOTIVDA.....	12	glyburide-metformin.....	38	HUMALOG MIX 75/25.....	38
FRUZAQLA.....	12	glycopyrrolate.....	41	HUMALOG MIX 75/25 KWIKPEN.....	38
fulvestrant.....	12	GLYDO.....	10	HUMIRA (2 PEN).....	48
furosemide.....	20	GLYXAMBI.....	38	HUMIRA (2 SYRINGE).....	48
FUZEON.....	53	GOMEKLI.....	12	HUMIRA PEN-PEDIATRIC UC START.....	48
FYAVOLV.....	44	granisetron hcl.....	41	HUMIRA-CD/UC/HS STARTER.....	48
FYCOMPA.....	27	griseofulvin micro-size.....	53	HUMIRA-PSORIASIS/UVEIT STARTER.....	48
G gabapentin.....	27	griseofulvin ultramicro-size.....	53	HUMULIN 70/30.....	38
galantamine hydrobromide.....	27	guanfacine hcl.....	20	HUMULIN 70/30 KWIKPEN.....	38
galantamine hydrobromide er.....	27	guanfacine hcl er.....	27	HUMULIN N.....	38
GALBRIELA.....	44	GVOKE HYOPEN 1-PACK.....	38	HUMULIN N KWIKPEN.....	38
GALLIFREY.....	44	GVOKE HYOPEN 2-PACK.....	38	HUMULIN R.....	38
GAMUNEX-C.....	48	GVOKE KIT.....	38	hydralazine hcl.....	20
GARDASIL 9.....	48	GVOKE PFS.....	38	hydrochlorothiazide.....	20
gatifloxacin.....	58	H HAEGARDA.....	17	hydrocodone-acetaminophen.....	10
GATTEX.....	41	HAILEY 1.5/30.....	44	hydrocodone-ibuprofen.....	10
GAUZE STERILE PADS 2.....	57	HAILEY 24 FE.....	44	hydrocortisone.....	34, 41
GAVILYTE-C.....	41	HAILEY FE 1.5/30.....	44	hydrocortisone (perianal).....	34
GAVILYTE-G.....	41	HAILEY FE 1/20.....	44	hydrocortisone butyrate.....	34
GAVILYTE-N WITH FLAVOR PACK.....	41	halobetasol propionate.....	34	hydrocortisone-acetic acid.....	58
GAVRETO.....	12	haloperidol.....	27	hydromorphone hcl.....	10
gefitinib.....	12	haloperidol decanoate.....	27	hydromorphone hcl pf.....	10
gemfibrozil.....	20	HALOPROLINE.....	27	hydroxychloroquine sulfate.....	53
GEMMILY.....	44	HEARTBEAT.....	27	hydroxyurea.....	13
GEMTESA.....	42	HEARTBEAT.....	27	hydroxyzine hcl.....	60
generlac.....	41	HEATHER.....	44	hydroxyzine pamoate.....	60
GENGRAF.....	48	heparin (porcine) in na-cl.....	17	HYPERRAB.....	48
gentamicin in saline.....	53	heparin sod (porcine) in d5w.....	17	I ibandronate sodium.....	38
gentamicin sulfate.....	34, 53, 58	heparin sodium (porcine).....	17	IBRANCE.....	13
GENVOYA.....	53	heparin sodium (porcine) pf.....	17	ibu.....	10
GILOTrif.....	12	HEPLISAV-B.....	48	ibuprofen.....	10
glatiramer acetate.....	27	HIBERIX.....	48	icatibant acetate.....	17
GLATOPA.....	27	HUMALOG.....	38	ICLEVIA.....	44
GLEOSTINE.....	12	HUMALOG JUNIOR KWIKPEN.....	38		
glimepiride.....	38	HUMALOG KWIKPEN.....	38		
glipizide.....	38				
glipizide er.....	38				
glipizide-metformin hcl.....	38				
glucagon emergency.....	38				
glucose (dextrose).....	36				

ICLUSIG.....	13
icosapent ethyl.....	20
IDHIFA.....	13
IGALMI.....	57
ILEVRO.....	58
imatinib mesylate.....	13
IMBRUVICA.....	13
imipenem-cilastatin.....	53
imipramine hcl.....	27
imiquimod.....	34
imkeldi.....	13
IMO GAM RABIES-HT.....	48
IMO VAX RABIES.....	48
INCASSIA.....	44
INCRELEX.....	44
indapamide.....	20
INFANRIX.....	48
INLYTA.....	13
INQOVI.....	13
INREBIC.....	13
INSULIN PEN NEEDLE.....	57
INSULIN SYRINGE.....	57
INTELENCE.....	53
INTRALIPID.....	36
INTROVALE.....	44
INVEGA HAFYERA.....	27
INVEGA SUSTENNA.....	27
INVEGA TRINZA.....	28
INVOKANA.....	38
IPOL.....	48
ipratropium bro- mide.....	60
ipratropium-al- buterol.....	60
irbesartan.....	20
irbesartan-hydrochloroth- iazide.....	20
ISENTRESS.....	53, 54
ISENTRESS HD.....	53
ISIBLOOM.....	44
ISOLYTE-P IN D5W.....	36
ISOLYTE-S.....	36
ISOLYTE-S PH 7.4.....	36
isoniazid.....	54
isosorbide dinitrate.....	20
isosorbide mononi- trate.....	20
isosorbide mononitrate er.....	20
isotretinoin.....	34
isradipine.....	20
ITOVEBI.....	13
itraconazole.....	54
ivabradine hcl.....	20
ivermectin.....	54
IWLFIN.....	13
IXCHIQ.....	49
IXIARO.....	49
J	
JAIMESS.....	44
JAKAFI.....	13
jantoven.....	17
JANUMET.....	38
JANUMET XR.....	39
JANUVIA.....	39
JARDIANC.....	39
JASMIEL.....	44
JAYPIRCA.....	13
JENCYCLA.....	44
JENTADUETO.....	39
JENTADUETO XR.....	39
JINTELI.....	44
JOLESSA.....	44
JOYEUX.....	44
JULEBER.....	44
JULUCA.....	54
JUNEL 1.5/30.....	44
JUNEL 1/20.....	44
JUNEL FE 1.5/30.....	44
JUNEL FE 1/20.....	44
JUNEL FE 24.....	45
JUST RIGHT 5000.....	34
JYLAMVO.....	49
JYNNEOS.....	49
K	
KAITLIB FE.....	45
KALETRA.....	54
KALLIGA.....	45
KALYDECO.....	60
KARIVA.....	45
kcl (0.149%) in nacl.....	36
kcl in dextrose-nacl.....	36
kedrab.....	49
KELNOR 1/35.....	45
KELNOR 1/50.....	45
KERENDIA.....	39
ketococonazole.....	34, 35, 54
ketorolac trometh- amine.....	58
KINRIX.....	49
KIONEX.....	39
KISQALI (200 MG DOSE).....	13
KISQALI (400 MG DOSE).....	13
KISQALI (600 MG DOSE).....	13
KISQALI FEMARA (200 MG DOSE).....	13
KISQALI FEMARA (400 MG DOSE).....	13
KISQALI FEMARA (600 MG DOSE).....	13
KLAYESTA.....	35
KLOR-CON.....	36
KLOR-CON 10.....	36
KLOR-CON M10.....	36
KLOR-CON M15.....	36
KLOR-CON M20.....	36
KLOR-CON/EF.....	36
KOSELUGO.....	57
KOURZEQ.....	35
KRAZATI.....	13
KURVELO.....	45
L	
l-glutamine.....	17
labetalol hcl.....	20
lacosamide.....	28
lactated ringers.....	36, 57
lactulose.....	41
lactulose encephalopa- thy.....	41
lamivudine.....	54
lamivudine-zidovu- dine.....	54
lamotrigine.....	28
lanreotide acetate.....	45
lansoprazole.....	41
LANTUS.....	39
LANTUS SOLOSTAR.....	39
lapatinib ditosylate.....	13
LARIN 1.5/30.....	45
LARIN 1/20.....	45
LARIN 24 FE.....	45
LARIN FE 1.5/30.....	45
LARIN FE 1/20.....	45

latanoprost.....	58
LAYOLIS FE.....	45
LAZCLUZE.....	13
LEENA.....	45
leflunomide.....	49
lenalidomide.....	13
LENVIMA (10 MG DAILY DOSE).....	13
LENVIMA (12 MG DAILY DOSE).....	13
LENVIMA (14 MG DAILY DOSE).....	13
LENVIMA (18 MG DAILY DOSE).....	13
LENVIMA (20 MG DAILY DOSE).....	13
LENVIMA (24 MG DAILY DOSE).....	13
LENVIMA (4 MG DAILY DOSE).....	13
LENVIMA (8 MG DAILY DOSE).....	13
LESSINA.....	45
letrozole.....	13
leucovorin calcium.....	13, 14
LEUKERAN.....	14
leuprolide acetate.....	14
leuprolide acetate (3 month).....	14
levabuterol hcl.....	60
levabuterol tartrate.....	60
levetiracetam.....	28
levetiracetam er.....	28
levo-t.....	45
levobunolol hcl.....	58
levocarnitine.....	36
levocarnitine sf.....	36
levocetirizine dihydrochloride.....	60
levofloxacin.....	54, 58
levofloxacin in d5w.....	54
LEVONEST.....	45
levonorg-eth estrad triphasic.....	45
levonorgest-eth est & eth est.....	45
levonorgest-eth estrad 91-day.....	45
levonorgest-eth estradiol-iron.....	45
levonorgestrel-ethinylestrad.....	45
LEVORA 0.15/30 (28).....	45
levothyroxine sodium.....	45
LEVOXYL.....	45
LIBERVANT.....	28
lidocaine.....	10
lidocaine hcl.....	10
lidocaine hcl urethral/mucosal.....	10
lidocaine viscous hcl.....	10
lidocaine-prilocaine.....	10
linezolid.....	54
linezolid in sodium chloride.....	54
LINZESS.....	41
liothyronine sodium.....	45
lisinopril.....	20
lisinopril-hydrochlorothiazide.....	20
lithium.....	28
lithium carbonate.....	28
lithium carbonate er.....	28
LIVTENCY.....	54
LO-ZUMANDIMINE.....	45
LOESTRIN 1.5/30 (21).....	45
LOESTRIN 1/20 (21).....	45
LOESTRIN FE 1.5/30.....	45
LOESTRIN FE 1/20.....	45
LOJAIMIESS.....	45
LONSURF.....	14
loperamide hcl.....	41
lopinavir-ritonavir.....	54
lorazepam.....	28
LORAZEPAM INTENSOL.....	28
LORBRENA.....	14
LORYNA.....	45
losartan potassium.....	20
losartan potassium-hctz.....	20
lovastatin.....	20
LOW-OGESTREL.....	45
loxapine succinate.....	28
lubiprostone.....	41
LUMAKRAS.....	14
LUMIGAN.....	58
LUPRON DEPOT (1-MONTH).....	14
lurasidone hcl.....	28
LUTERA.....	45
LYLEQ.....	45
LYLLANA.....	45
LYNPARZA.....	14
LYSODREN.....	14
LYTGOBI (12 MG DAILY DOSE).....	14
LYTGOBI (16 MG DAILY DOSE).....	14
LYTGOBI (20 MG DAILY DOSE).....	14
LYUMJEV.....	39
LYUMJEV KWIKPEN.....	39
LYZA.....	45
M	
M-M-R II.....	49
magnesium sulfate.....	36
malathion.....	35
maraviroc.....	54
marlissa.....	45
MARPLAN.....	28
MATULANE.....	14
MATZIM LA.....	20
meclizine hcl.....	41
medroxyprogesterone acetate.....	45
mefloquine hcl.....	54
megestrol acetate.....	14
MEKINIST.....	14
MEKTOVI.....	14
MELEYA.....	45
meloxicam.....	10
memantine hcl.....	28
memantine hcl er.....	28
MENACTRA.....	49
MENEST.....	45
MENQUADFI.....	49
MENVEO.....	49
mercaptopurine.....	14
meropenem.....	54
MERZEE.....	45
mesalamine.....	41
mesalamine er.....	41
mesalamine-cleanser.....	41
mesna.....	14

metformin hcl.....	39
metformin hcl er.....	39
methadone hcl.....	10
METHADONE HCL INTEN- SOL.....	10
METHADOSE SUGAR- FREE.....	10
methazolamide.....	58
methenamine hippur- ate.....	54
methenamine mande- late.....	54
methimazole.....	45
methotrexate sodi- um.....	49
methotrexate sodium (pf).....	49
methsuximide.....	28
methyldopa.....	20
methylphenidate hcl.....	28
methylphenidate hcl er.....	28
methylprednisolone.....	45
metoclopramide hcl.....	41
metolazone.....	20
metoprolol succinate er.....	20
metoprolol tartrate.....	21
metoprolol-hydrochloroth- iazide.....	21
metronidazole.....	35, 42, 54
metyrosine.....	21
MIBELAS 24 FE.....	45
micafungin sodium.....	54
miconazole 3.....	42
MICROGESTIN 1.5/30.....	45
MICROGESTIN 1/20.....	45
MICROGESTIN FE 1.5/ 30.....	45
MICROGESTIN FE 1/20.....	45
midodrine hcl.....	21
mifepristone.....	45
MILI.....	45
minocycline hcl.....	54
minoxidil.....	21
MINZOYA.....	45
mirtazapine.....	28
misoprostol.....	41
modafinil.....	28
moexipril hcl.....	21
molindone hcl.....	28
mometasone furoate.....	35, 60
MONDOXYNE NL.....	54
MONO-LINYAH.....	45
montelukast sodium.....	60
morphine sulfate.....	10, 11
morphine sulfate (con- centrate).....	10
morphine sulfate (pf).....	10
morphine sulfate er.....	10
MOUNJARO.....	39
MOVANTIK.....	41
moxifloxacin hcl.....	54, 58
moxifloxacin hcl in na- cl.....	54
MRESVIA.....	49
MULTAQ.....	21
multiple electro type 1 ph 5.5.....	36
multiple electro type 1 ph 7.4.....	36
mupirocin.....	35
mupirocin calcium.....	35
mycophenolate mofetil.....	49
mycophenolate sodi- um.....	49
mycophenolic acid.....	49
MYHIBBIN.....	49
MYRBETRIQ.....	43
N	
na sulfate-k sulfate-mg sulf.....	41
nabumetone.....	11
nadolol.....	21
nafcillin sodium.....	54
naloxone hcl.....	29
naltrexone hcl.....	29
NAMZARIC.....	29
naproxen.....	11
naproxen dr.....	11
naproxen sodium.....	11
naratriptan hcl.....	29
NATACYN.....	58
nateglinide.....	39
NAYZILAM.....	29
nebivolol hcl.....	21
NECON 0.5/35 (28).....	45
nefazodone hcl.....	29
NEO-POLYCIN.....	58
NEO-POLYCIN HC.....	58
neomycin sulfate.....	54
neomycin-bacitracin zn- polymyx.....	58
neomycin-polymyxin b gu.....	57
neomycin-polymyxin- dexameth.....	58
neomycin-polymyxin- gramicidin.....	58
neomycin-polymyxin- hc.....	58, 59
NERLYNX.....	14
nevirapine.....	54
nevirapine er.....	54
NEXPLANON.....	45
niacin er (antihyperlipi- demic).....	21
nicardipine hcl.....	21
NICOTROL.....	29
NICOTROL NS.....	29
nifedipine er.....	21
nifedipine er osmotic re- lease.....	21
NIKKI.....	45
nilotinib hcl.....	14
nilutamide.....	14
nimodipine.....	21
NINLARO.....	14
nitazoxanide.....	54
nitisinone.....	42
NITRO-BID.....	21
nitrofurantoin macrocrys- tal.....	55
nitrofurantoin monohyd macro.....	55
nitroglycerin.....	21, 35
nizatidine.....	41
NORA-BE.....	45
NORDITROPIN FLEX- PRO.....	45
norelgestromin-eth estradiol.....	45
norethrin ace-eth estrad- fe.....	45

<i>norethin-eth estradiol-fe</i>	46
<i>norethindron-ethinyl estrad-fe</i>	46
<i>norethindrone</i>	46
<i>norethindrone acet-ethinyl est</i>	46
<i>norethindrone acetate</i>	46
<i>norethindrone-eth estradiol</i>	46
<i>norgestim-eth estrad triphasic</i>	46
<i>norgestimate-eth estradiol</i>	46
NORLYROC	46
NORTREL 0.5/35 (28)	46
NORTREL 1/35 (21)	46
NORTREL 1/35 (28)	46
NORTREL 7/7/7	46
<i>nortriptyline hcl</i>	29
NORVIR	55
NUBEQA	14
NUEDEXTA	29
NUPLAZID	29
NURTEC	29
NUTRILIPID	36
NYAMYC	35
NYLIA 1/35	46
NYLIA 7/7/7	46
<i>nystatin</i>	35, 55
<i>nystatin-triamcini-nolone</i>	35
NYSTOP	35
O	
OCELLA	46
OCTAGAM	49
octreotide acetate	46
ODEFSEY	55
ODOMZO	14
OFEV	60
ofloxacin	58, 59
OGSIVEO	14
OJEMDA	14
OJJAARA	14
olanzapine	29
<i>olanzapine-fluoxetine hcl</i>	29
<i>olmesartan medoxomil</i>	21
<i>olmesartan medoxomil-hctz</i>	21
<i>olmesartanamlodipine-hctz</i>	21
<i>olopatadine hcl</i>	58, 60
<i>omeprazole</i>	42
OMNIPOD 5 DEXG7G6 INTRO TRO GEN 5	57
OMNIPOD 5 DEXG7G6 PODS GEN 5	57
OMNIPOD 5 G7 INTRO (GEN 5)	57
OMNIPOD 5 G7 PODS (GEN 5)	57
OMNIPOD 5 LIBRE2 G6 INTRO G5	57
OMNIPOD 5 LIBRE2 PLUS G6 PODS	57
OMNIPOD CLASSIC PODS (GEN 3)	57
OMNIPOD DASH INTRO (GEN 4)	57
OMNIPOD DASH PODS (GEN 4)	57
<i>ondansetron</i>	42
<i>ondansetron hcl</i>	42
ONUREG	14
OPIPZA	29
<i>opium</i>	42
OPSUMIT	60
ORALONE	35
ORGOVYX	14
ORKAMBI	60
ORQUIDEA	46
ORSERDU	14
ORSYTHIA	46
<i>oseltamivir phosphate</i>	55
OTEZLA	49
<i>oxacillin sodium</i>	55
<i>oxaprozin</i>	11
<i>oxazepam</i>	29
<i>oxcarbazepine</i>	29
<i>oxybutynin chloride</i>	43
<i>oxybutynin chloride er</i>	43
<i>oxycodone hcl</i>	11
<i>oxycodone-acetaminophen</i>	11
OZEMPIC (0.25 OR 0.5 MG/DOSE)	39
OZEMPIC (1 MG/DOSE)	39
OZEMPIC (2 MG/DOSE)	39
P	
pacerone	21
<i>paliperidone er</i>	29
PANRETIN	35
<i>pantoprazole sodium</i>	42
<i>paricalcitol</i>	39
<i>paroxetine hcl</i>	29
PAXLOVID (150/100)	55
PAXLOVID (300/100 & 150/100)	55
PAXLOVID (300/100)	55
<i>pazopanib hcl</i>	14
PEDIARIX	49
PEDVAX HIB	49
<i>peg 3350-kcl-na bicarbonate</i>	42
<i>peg-3350/elec-trolytes</i>	42
PEGASYS	49
PEMAZYRE	14
PENBRAYA	49
<i>penicillamine</i>	43
<i>penicillin g potassium</i>	55
<i>penicillin g sodium</i>	55
<i>penicillin v potassium</i>	55
<i>penmenvy</i>	49
PENTACEL	49
<i>pentamidine isethionate</i>	55
<i>pentoxifylline er</i>	17
<i>perindopril erbumine</i>	21
PERIOPGARD	35
<i>permethrin</i>	35
<i>perphenazine</i>	29
<i>perphenazine-amitriptyline</i>	29
PERSERIS	29
PFIZERPEN	55

phenelzine sulfate.....	29	prasugrel hcl.....	18	propylthiouracil.....	46
phenobarbital.....	29	pravastatin sodium.....	21	PROQUAD.....	49
PHENYTEK.....	30	praziquantel.....	55	PROSOL.....	37
phenytoin.....	30	prazosin hcl.....	21	protriptyline hcl.....	30
PHENYTOIN INFATABS.....	30	prednisolone.....	46	PULMOZYME.....	60
phenytoin sodium extended.....	30	prednisolone ace-		PURIXAN.....	15
PHILITH.....	46	tate.....	58	pyrazinamide.....	55
PIFELTRO.....	55	prednisolone sodium		pyridostigmine bromide.....	30
pilocarpine hcl.....	35, 58	phosphate.....	46	pyrimethamine.....	55
pimecrolimus.....	35	prednisone.....	46	Q	
pimozone.....	30	PREDNISONE INTENSOL.....		QINLOCK.....	15
PIMTREA.....	46	pregabalin.....	30	QUADRACEL.....	49
pindolol.....	21	PREMARIN.....	46	quetiapine fumarate.....	30
pioglitazone hcl.....	39	PREMASOL.....	37	quetiapine fumarate er.....	30
piperacillin sod-tazobactam.....	55	PREMPRO.....	46	quinapril hcl.....	21
PIQRAY (200 MG DAILY DOSE).....	14	prenatal.....	37	quinapril-hydrochlorothiazide.....	21
PIQRAY (250 MG DAILY DOSE).....	15	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid.....	37	quinidine sulfate.....	21
PIQRAY (300 MG DAILY DOSE).....	15	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID.....		quinine sulfate.....	55
pirfenidone.....	60	prevalite.....	21	R	
piroxicam.....	11	PREVYMIS.....	55	RABAVERT.....	49
pitavastatin calcium.....	21	PREZCOBIX.....	55	RALDESY.....	30
PLENAMINE.....	36	PREZISTA.....	55	raloxifene hcl.....	46
plerixafor.....	17	PRIFTIN.....	55	ramipril.....	21
pnv-dha.....	36	primaquine phosphate.....	55	ranolazine er.....	21
podofilox.....	35	primidone.....	30	rasagiline mesylate.....	30
POLYCIN.....	58	PRIORIX.....	49	RECLIPSEN.....	46
polymyxin b-trimethoprim.....	58	probenecid.....	11	RECOMBIVAX HB.....	49
POMALYST.....	15	prochlorperazine.....	42	REGONOL.....	30
PORTIA-28.....	46	prochlorperazine maleate.....	42	RELENZA DISKHALER.....	55
posaconazole.....	55	PROCERIT.....	18	repaglinide.....	39
potassium chloride.....	37	PROCTO-MED HC.....	35	REPATHA.....	21
potassium chloride cys er.....	36	PROCTOSOL HC.....	35	REPATHA PUSHTRONEX SYSTEM.....	21
potassium chloride er.....	36	PROCTOZONE-HC.....	35	REPATHA SURECLICK.....	21
potassium chloride in nacl.....	37	progesterone.....	46	RESTASIS.....	58
potassium citrate er.....	43	PROGRAF.....	49	RESTASIS MULTIDOSE.....	58
potassium cl in dextrose 5%.....	37	PROLASTIN-C.....	42	RETEVMO.....	15
pramipexole dihydrochloride.....	30	PROLIA.....	39	RETROVIR.....	55

rifampin.....	55	SECUADO.....	31	spironolactone-hctz.....	22
riluzole.....	30	SELARSDI.....	50	SPRAVATO (56 MG DOSE).....	31
rimantadine hcl.....	55	selegiline hcl.....	31	SPRAVATO (84 MG DOSE).....	31
ringers.....	37	selenium sulfide.....	35	SPRINTEC 28.....	46
ringers irrigation.....	57	SELZENTRY.....	56	SPRITAM.....	31
RINVOQ.....	49	SEREVENT DISKUS.....	60	SPS (SODIUM POLYSTYRENE SULF).....	40
RINVOQ LQ.....	49	sertraline hcl.....	31	SRONYX.....	46
risperidone.....	30	SETLAKIN.....	46	SSD (SILVER SULFADI- AZINE).....	35
risperidone microspheres er.....	30	sf.....	35	STELARA.....	50
ritonavir.....	55	sf 5000 plus.....	35	sterile water for irriga- tion.....	57
rivastigmine.....	30	SHAROBEL.....	46	STIOLTO RESPIMAT.....	60
rivastigmine tartrate.....	30	SHINGRIX.....	50	STIVARGA.....	15
RIVELSA.....	46	SIGNIFOR.....	46	streptomycin sulfate.....	56
rizatriptan benzoate.....	30	sildenafil citrate.....	60	STRIBILD.....	56
ROCKLATAN.....	58	silodosin.....	43	SUBVENITE.....	31
roflumilast.....	60	silver sulfadiazine.....	35	sucralfate.....	42
romidepsin.....	15	SIMBRINZA.....	58	sulfacetamide sodi- um.....	58
ROMVIMZA.....	15	SIMLIYA.....	46	sulfacetamide sodium (acne).....	35
ropinirole hcl.....	30	SIMPESSE.....	46	sulfacetamide-pred- nisolone.....	58
rosuvastatin calcium.....	21	simvastatin.....	21	sulfadiazine.....	56
ROSYRAH.....	46	sirolimus.....	50	sulfamethoxazole- trimethoprim.....	56
ROTARIX.....	49	SIRTURO.....	56	sulfasalazine.....	42
ROTATEQ.....	50	SKYLA.....	46	sulindac.....	11
ROWEEPRA.....	30	SKYRIZI.....	50	sumatriptan succi- nate.....	31
ROZLYTREK.....	15	SKYRIZI PEN.....	50	sunitinib malate.....	15
RUBRACA.....	15	sodium chloride.....	37, 57	SUNLENCA.....	56
rufinamide.....	30, 31	sodium fluoride.....	35, 37	SYEDA.....	46
RUKOBIA.....	56	sodium fluoride 5000 plus.....	35	SYMPAZAN.....	31
RYBELSUS.....	39	sodium fluoride 5000 ppm.....	35	SYMTUZA.....	56
RYBELSUS (FORMULATION R2).....	39	sodium oxybate.....	31	SYNAGIS.....	57
RYDAPT.....	15	sodium phenylbu- tyrate.....	42	SYNJARDY.....	40
RYKINDO.....	31	sodium polystyrene sul- fonate.....	40	SYNJARDY XR.....	40
RYLAZE.....	15	solifenacin succinate.....	43	SYNTROID.....	46
RYTARY.....	31	SOLIQUA.....	40	T	
S		SOLTAMOX.....	15	TABLOID.....	15
SAJAZIR.....	18	SOMATULINE DEPOT.....	46	TABRECTA.....	15
SANDIMMUNE.....	50	SOMAVERT.....	46	tacrolimus.....	35, 50
SANDOSTATIN LAR DE- POT.....	46	sorafenib tosylate.....	15	tadalafil.....	43
SANTYL.....	35	sotalol hcl.....	21		
sapropterin dihydrochlo- ride.....	42	sotalol hcl (af).....	21		
SAVELLA.....	31	SOVALDI.....	56		
SAVELLA TITRATION PACK.....	31	SPIRIVA HANDI- HALER.....	60		
SCEMBLIX.....	15	SPIRIVA RESPIMAT.....	60		
scopolamine.....	42	spironolactone.....	21		

tadalafil (pah).....	61
TAFINLAR.....	15
TAGRISSO.....	15
TALZENNA.....	15
tamoxifen citrate.....	15
tamsulosin hcl.....	43
TARINA 24 FE.....	46
TARINA FE 1/20 EQ.....	46
TASIGNA.....	15
tasimelteon.....	31
TAYSOFY.....	46
tazarotene.....	35
TAZICEF.....	56
TAZVERIK.....	15
TECVAYLI.....	15
TEFLARO.....	56
telmisartan.....	22
telmisartan-amlodip- ine.....	22
temazepam.....	31
TENIVAC.....	50
tenofovir disoproxil fu- marate.....	56
TEPMETKO.....	15
terazosin hcl.....	22
terbinafine hcl.....	56
terbutaline sulfate.....	61
terconazole.....	43
teriflunomide.....	31
teriparatide.....	40
testosterone.....	47
testosterone cypi- onate.....	46
testosterone enan- thate.....	47
tetrabenazine.....	31
tetracycline hcl.....	56
THALOMID.....	15
theophylline.....	61
theophylline er.....	61
thioridazine hcl.....	31
thiothixene.....	31
TIADYLT ER.....	22
tiagabine hcl.....	31
TIBSOVO.....	15
ticagrelor.....	18
TICOVAC.....	50
tigecycline.....	56
TILIA FE.....	47
timolol maleate.....	22, 58
timolol maleate (once- daily).....	58
tinidazole.....	56
TIS-U-SOL.....	57
TIVICAY.....	56
TIVICAY PD.....	56
tizanidine hcl.....	31
TOBRADEX.....	58
TOBRADEX ST.....	58
tobramycin.....	58, 61
tobramycin sulfate.....	56
tobramycin-dexametha- sone.....	58
tolterodine tartrate.....	43
tolterodine tartrate er.....	43
topiramate.....	31
toremifene citrate.....	15
torsemide.....	22
TOUJE MAX SOLOSTAR.....	40
TOUJE SOLOSTAR.....	40
TPN ELECTROLYTES.....	37
TRADJENTA.....	40
tramadol hcl.....	11
tramadol-acetamino- phen.....	11
trandolapril.....	22
tranexamic acid.....	18
tranylcypromine sul- fate.....	31
TRAVASOL.....	37
travoprost (bak free).....	58
trazodone hcl.....	31
TRECATOR.....	56
TRELEGY ELLIPTA.....	61
TREMFYA.....	50
TREMFYA CROHNS INDUC- TION.....	50
TREMFYA ONE-PRESS.....	50
TREMFYA PEN.....	50
TRESIBA.....	40
TRESIBA FLEXTOUCH.....	40
tretinoin.....	15, 35
TRI-ESTARYLLA.....	47
TRI-LEGEST FE.....	47
TRI-LINYAH.....	47
TRI-LO-ESTARYLLA.....	47
TRI-LO-MARZIA.....	47
TRI-LO-MILI.....	47
TRI-LO-SPRINTEC.....	47
TRI-MILI.....	47
TRI-NYMYO.....	47
TRI-SPRINTEC.....	47
TRI-VYLIBRA.....	47
TRI-VYLIBRA LO.....	47
triamcinolone ace- tonide.....	35, 47
triamterene-hctz.....	22
trientine hcl.....	40
trifluoperazine hcl.....	31
trifluridine.....	56
trihexyphenidyl hcl.....	31
TRIJARDY XR.....	40
trimethoprim.....	56
trimipramine maleate.....	31
TRINTELLIX.....	31
TRIUMEQ.....	56
TRIUMEQ PD.....	56
TRIVORA (28).....	47
TROPHAMINE.....	37
trospium chloride.....	43
TRULICITY.....	40
TRUMENBA.....	50
TRUQAP.....	15
TUKYSA.....	15
TURALIO.....	16
TURQOZ.....	47
TWINRIX.....	50
TYBOST.....	56
TYDEMY.....	47
TYPHIM VI.....	50
U	
umeclidinium-vi- lanterol.....	61
UNITROID.....	47
ursodiol.....	42
V	
valacyclovir hcl.....	56
VALCHLOR.....	35
valganciclovir hcl.....	56
valproate sodium.....	31
valproic acid.....	31
valsartan.....	22
valsartan-hydrochloroth- iazide.....	22

VALTOCO 10 MG	
DOSE.....	31
VALTOCO 15 MG	
DOSE.....	31
VALTOCO 20 MG	
DOSE.....	31
VALTOCO 5 MG DOSE.....	31
VALTYA 1/50.....	47
vancomycin hcl.....	56
VANDAZOLE.....	43
VANFLYTA.....	16
VAQTA.....	50
varenicline tartrate.....	32
varenicline tartrate (starter).....	32
varenicline tartrate(continue).....	32
VARIVAX.....	50
VASCEPA.....	22
VAXCHORA.....	50
VELIVET.....	47
VELTASSA.....	40
VENCLEXTA.....	16
VENCLEXTA STARTING PACK.....	16
venlafaxine hcl.....	32
venlafaxine hcl er.....	32
VENTAVIS.....	61
verapamil hcl.....	22
verapamil hcl er.....	22
VERQUVO.....	22
VERSACLOZ.....	32
VERZENIO.....	16
VESTURA.....	47
VIENVA.....	47
vigabatrin.....	32
VIGADRONE.....	32
VIGPODER.....	32
vilazodone hcl.....	32
VIMKUNYA.....	50
viorele.....	47
VIRACEPT.....	56
VIREAD.....	56
VITRAKVI.....	16
VIVOTIF.....	50
VIZIMPRO.....	16
VOLNEA.....	47
VONJO.....	16
VORANIGO.....	16
voriconazole.....	56
VOSEVI.....	56
VOWST.....	42
VRAYLAR.....	32
VYFEMLA.....	47
VYLIBRA.....	47
VYZULTA.....	58
W	
warfarin sodium.....	18
WEILIREG.....	16
WERA.....	47
wixela inhub.....	61
WYMZYA FE.....	47
X	
XALKORI.....	16
XARAH FE.....	47
XARELTO.....	18
XARELTO STARTER PACK.....	18
XATMEP.....	50
XCOPRI.....	32
XCOPRI (250 MG DAILY DOSE).....	32
XCOPRI (350 MG DAILY DOSE).....	32
XDEMVY.....	58
XELJANZ.....	50
XELJANZ XR.....	50
XELRIA FE.....	47
XERMELO.....	42
XGEVA.....	40
XIFAXAN.....	56
XIGDUO XR.....	40
XOLAIR.....	61
XOSPATA.....	16
XPOVIO (100 MG ONCE WEEKLY).....	16
XPOVIO (40 MG ONCE WEEKLY).....	16
XPOVIO (40 MG TWICE WEEKLY).....	16
XPOVIO (60 MG ONCE WEEKLY).....	16
XPOVIO (60 MG TWICE WEEKLY).....	16
XPOVIO (80 MG ONCE WEEKLY).....	16
XPOVIO (80 MG TWICE WEEKLY).....	16
XTANDI.....	16
XULANE.....	47
Y	
YF-VAX.....	50
yuvafem.....	47
Z	
ZAFEMY.....	47
zafirlukast.....	61
zaleplon.....	32
ZARXIO.....	18
ZEJULA.....	16
ZELBORA.....	16
ZENATANE.....	35
ZENPEP.....	42
zidovudine.....	56, 57
ziprasidone hcl.....	32
ziprasidone mesylate.....	32
ZIRGAN.....	57
zoledronic acid.....	40
ZOLINZA.....	16
zolpidem tartrate.....	32
ZONISADE.....	32
zonisamide.....	32
ZOVIA 1/35 (28).....	47
ZTALMY.....	32
ZUMANDIMINE.....	47
ZURZUVAE.....	32
ZYDELIG.....	16
ZYKADIA.....	16
ZYPREXA RELPREVV.....	32

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 **1-866-755-2776** (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 **1-866-755-2776** (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**1-866-755-2776**(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**1-866-755-2776**(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 **1-866-755-2776** (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 **1-866-755-2776** (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 **1-866-755-2776** (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 **1-866-755-2776** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-866-755-2776** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على (TTY: **711**)**1-866-755-2776** سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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Portugués: 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 **1-866-755-2776** (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 **1-866-755-2776** (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 **1-866-755-2776** (TTY: 711). Ta usługa jest bezpłatna.

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