



Anthem Medicare Advantage (HMO)

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 Medicare Advantage (HMO) Pharmacy Customer Service, at **1-833-341-4608** 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 Medicare Advantage (HMO).

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 Medicare Advantage (HMO) 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.

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 Medicare Advantage (HMO)'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?"

- 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.

- **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 Medicare Advantage (HMO)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 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 74. 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 5, 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 Medicare Advantage (HMO)’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 Medicare Advantage (HMO)'s formulary?

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

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

You can ask us to 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 74.

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 1-833-341-4608, 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)		\$5.00
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)		\$9.00
Cost-Sharing Tier 3: Preferred Brand		
Network Pharmacy with preferred cost-sharing (30-day supply)		20%
You pay \$35.00 per month for each covered insulin product on this tier.		
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		20%
You pay \$35.00 per month for each covered insulin product on this tier.		
Cost-Sharing Tier 4: Non-Preferred Drug		
Network Pharmacy with preferred cost-sharing (30-day supply)		35%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		35%
Cost-Sharing Tier 5: Specialty Tier*		
Network Pharmacy with preferred cost-sharing (30-day supply)		33%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		33%
Cost-Sharing Tier 6: Select Care Drugs		
Network Pharmacy with preferred cost-sharing (30-day supply)		\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		\$0.00

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

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

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

Covered Medications by Therapeutic Category

Legend

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-341-4608, 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-	4	QL (900 per 30 days); NEDS
codeine oral solution		
acetaminophen-	4	QL (180 per 30 days); NEDS
codeine oral tablet		
allopurinol oral tablet 100 mg, 300 mg	1	MO
buprenorphine transdermal	4	PA; QL (4 per 28 days); NEDS
butalbital-apap-caff- cod oral capsule 50- 300-40-30 mg	4	PA; QL (180 per 30 days); NEDS
butorphanol tartrate injection	4	
butorphanol tartrate nasal	4	QL (5 per 30 days); NEDS
celecoxib oral capsule 100 mg, 200 mg, 50 mg	6	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
celecoxib oral capsule 400 mg	6	QL (30 per 30 days); MO
colchicine oral	2	
colchicine-probenecid	2	MO
diclofenac potassium oral tablet 50 mg	2	MO
diclofenac sodium er	2	MO
diclofenac sodium external gel 1 %	2	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %	4	QL (300 per 30 days)
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	2	MO
diclofenac sodium oral tablet delayed release 75 mg	1	MO
diflunisal oral	3	MO
duramorph	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
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG	4	QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 5-325 MG	3	QL (180 per 30 days); NEDS
etodolac er oral tablet extended release 24 hour 400 mg, 600 mg	3	MO
etodolac er oral tablet extended release 24 hour 500 mg	4	MO
etodolac oral capsule	3	MO
etodolac oral tablet	2	MO
febuxostat	3	ST; MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg	5	PA; QL (120 per 30 days); NEDS
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
flurbiprofen oral tablet 100 mg	2	MO
GLYDO EXTERNAL PREFILLED SYRINGE	2	
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
hydrocodone- acetaminophen oral tablet 10-325 mg, 2.5- 325 mg, 5-325 mg, 7.5- 325 mg	3	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	3	QL (50 per 10 days); NEDS
hydromorphone hcl injection solution 1 mg/ ml, 2 mg/ml, 4 mg/ml	4	
hydromorphone hcl oral tablet 2 mg, 4 mg	3	QL (180 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl oral tablet 8 mg	4	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	
ibu	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg	1	MO
ibuprofen oral tablet 600 mg, 800 mg	6	MO
indomethacin oral capsule 25 mg, 50 mg	2	PA; MO
ketorolac	4	PA
tromethamine oral		
lidocaine external ointment 5 %	4	PA; QL (150 per 30 days)
lidocaine external patch 5 %	4	PA; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 0.5 %	4	
lidocaine hcl external solution	2	PA; QL (300 per 30 days)
lidocaine hcl injection solution 2 %	3	
lidocaine hcl mouth/ throat	2	PA; QL (300 per 30 days)
lidocaine hcl urethral/ mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	4	QL (30 per 30 days)
meloxicam oral tablet	6	MO
METHADONE HCL INTENSOL	3	QL (180 per 30 days); NEDS
methadone hcl oral concentrate	3	QL (180 per 30 days); NEDS
methadone hcl oral solution	3	QL (900 per 30 days); NEDS
methadone hcl oral tablet	3	PA; QL (180 per 30 days); NEDS

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	3	QL (180 per 30 days); NEDS	oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml	4		oxycodone hcl oral solution	4	QL (900 per 30 days); NEDS
morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 8 mg/ml	4		oxycodone hcl oral tablet 10 mg, 5 mg	3	QL (180 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg	4	PA; QL (60 per 30 days); NEDS	oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg	4	QL (180 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg	3	PA; QL (90 per 30 days); NEDS	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	4	QL (180 per 30 days); NEDS
morphine sulfate er oral tablet extended release 30 mg, 60 mg	4	PA; QL (90 per 30 days); NEDS	oxycodone-acetaminophen oral tablet 5-325 mg	3	QL (180 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	4		piroxicam oral	3	MO
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	4		probenecid oral	3	MO
morphine sulfate oral solution	3	QL (900 per 30 days); NEDS	sulindac oral tablet 150 mg	1	MO
morphine sulfate oral tablet	3	QL (180 per 30 days); NEDS	sulindac oral tablet 200 mg	2	MO
nabumetone oral	2	MO	tramadol hcl oral tablet 50 mg	4	QL (240 per 30 days); NEDS
naproxen dr oral tablet delayed release 500 mg	1	MO	tramadol-acetaminophen	4	QL (40 per 5 days); NEDS
naproxen oral suspension	2	MO	Antineoplastics		
naproxen oral tablet	1	MO	abiraterone acetate oral tablet 250 mg	5	PA; QL (120 per 30 days)
naproxen oral tablet delayed release	1	MO	abiraterone acetate oral tablet 500 mg	5	PA; QL (60 per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	1	MO	ABIRTEGA	3	PA; QL (120 per 30 days)
oxaprozin oral tablet	4	MO	ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	B/D PA
oxycodone hcl oral capsule	4	QL (180 per 30 days); NEDS	AKEEGA	5	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); LA	BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); LA	BRUKINSA	5	PA; QL (120 per 30 days); LA
<i>anastrozole oral</i>	2	QL (30 per 30 days); MO	CABOMETYX	5	PA; QL (30 per 30 days); LA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)	CALQUENCE	5	PA; QL (60 per 30 days); LA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)	CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); LA
AVMAPKI FAKZYNJA CO- PACK	5	PA; QL (66 per 28 days)	CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); LA
AYVAKIT	5	PA; QL (30 per 30 days); LA	<i>carboplatin</i> <i>intravenous solution</i>	4	B/D PA
<i>azacitidine</i>	5	PA; LA	<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/ 50ml</i>	4	B/D PA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); LA	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); LA	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); LA	COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); LA
BAVENCIO	5	PA; LA	COPIKTRA	5	PA; QL (60 per 30 days); LA
<i>bendamustine hcl intravenous solution</i>	5	B/D PA	COTELLIC	5	PA; QL (90 per 30 days); LA
BENDEKA	5	B/D PA	<i>cyclophosphamide intravenous solution 500 mg/2.5ml, 500 mg/ ml</i>	5	
BESREMI	5	PA; LA	<i>cyclophosphamide oral capsule</i>	3	B/D PA
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days)	CYRAMZA	5	PA; LA
<i>bicalutamide</i>	3	QL (30 per 30 days)	DANZITEN	5	PA; QL (112 per 28 days)
<i>bleomycin sulfate</i>	4	B/D PA	DARZALEX	5	PA; LA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	5	PA	DARZALEX FASPRO	5	PA
<i>bortezomib injection solution reconstituted 2.5 mg</i>	4	PA	<i>dasatinib</i>	5	PA; QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); LA	DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); LA			
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)			
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 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
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA	fluorouracil intravenous	4	B/D PA
decitabine	5		FOTIVDA	5	PA; QL (21 per 28 days)
docetaxel intravenous concentrate 160 mg/8ml	5	B/D PA	FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); LA
docetaxel intravenous concentrate 20 mg/ml, 80 mg/4ml	4	B/D PA	FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); LA
docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml	5	B/D PA	fulvestrant intramuscular solution prefilled syringe	4	PA
doxorubicin hcl	4	B/D PA	GAVRETO	5	PA; QL (120 per 30 days); LA
doxorubicin hcl liposomal	5	PA	GAZYVA	5	PA; LA
ELITEK	5	PA	gefitinib	5	PA; QL (60 per 30 days)
EMPLICITI	5	PA; LA	gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	4	B/D PA
ENHERTU	5	PA	gemcitabine hcl intravenous solution reconstituted	4	B/D PA
ERBITUX	5	PA	GILOTRIF	5	PA; QL (30 per 30 days); LA
ERIVEDGE	5	PA; QL (30 per 30 days); LA	GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); LA	GLEOSTINE ORAL CAPSULE 100 MG	5	PA
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); LA	GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	5	PA; QL (30 per 30 days)	GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days)
erlotinib hcl oral tablet 25 mg	5	PA; QL (90 per 30 days)	GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days)
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	3	B/D PA	HERCEPTIN HYLECTA	5	B/D PA
EULEXIN	5		HERCEPTIN INTRAVENOUS SOLUTION	5	B/D PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA	RECONSTITUTED 150 MG		
everolimus oral tablet soluble	5	PA	hydroxyurea oral	2	
exemestane	4	QL (60 per 30 days); MO	IBRANCE	5	PA; QL (21 per 28 days); LA
FIRMAGON (240 MG DOSE)	5	PA	ICLUSIG	5	PA; QL (30 per 30 days); LA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA	KADCYLA	5	PA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); LA	KEYTRUDA	5	PA
imatinib mesylate oral tablet 100 mg	5	PA; QL (90 per 30 days)	INTRAVENOUS SOLUTION		
imatinib mesylate oral tablet 400 mg	5	PA; QL (60 per 30 days)	KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days)
IMBRUWICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); LA	KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days)
IMBRUWICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); LA	KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days)
IMBRUWICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); LA	KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days)
IMBRUWICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 per 30 days); LA	KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days)
IMFINZI	5	PA; LA	KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days)
imkeldi	5	PA; QL (280 per 28 days)	KRAZATI	5	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); LA	KYPROLIS	5	PA; LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); LA	lapatinib ditosylate	5	PA; QL (180 per 30 days)
INQOVI	5	PA; QL (5 per 28 days); LA	LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
INREBIC	5	PA; QL (120 per 30 days); LA	LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/ 15ml, 40 mg/2ml	4		lenalidomide oral capsule 10 mg	5	PA; QL (60 per 30 days); LA
irinotecan hcl intravenous solution 500 mg/25ml	4	B/D PA	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	5	PA; QL (30 per 30 days); LA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days)	lenalidomide oral capsule 5 mg	5	PA; QL (150 per 30 days); LA
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days)	LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
IWLFIN	5	PA; QL (240 per 30 days)	LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
JAKAFI	5	PA; QL (60 per 30 days); LA	LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)	LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)	LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)	LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)	LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA	LYTGOBI (16 MG DAILY DOSE)	5	PA
letrozole oral	2	QL (30 per 30 days); MO	LYTGOBI (20 MG DAILY DOSE)	5	PA
leucovorin calcium injection solution 100 mg/10ml	4		MATULANE	5	LA
leucovorin calcium injection solution reconstituted	4	B/D PA	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	2	PA
leucovorin calcium oral tablet 10 mg, 25 mg	4		megestrol acetate oral tablet	3	PA
leucovorin calcium oral tablet 15 mg, 5 mg	2		MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days)
LEUKERAN	5		MEKINIST ORAL TABLET	5	PA; QL (90 per 0.5 MG 30 days); LA
leuprolide acetate (3 month)	4	PA	MEKINIST ORAL TABLET	5	PA; QL (30 per 2 MG 30 days); LA
leuprolide acetate injection	4	PA	MEKTOVI	5	PA; QL (180 per 30 days); LA
levoleucovorin calcium intravenous solution reconstituted 50 mg	5	PA	mercaptopurine oral suspension	5	PA
LONSURF	5	PA	mercaptopurine oral tablet	3	
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA	mesna intravenous	4	
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); LA	mesna oral	5	
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); LA	mitomycin intravenous solution reconstituted 5 mg	4	B/D PA
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days)	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	B/D PA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	4	B/D PA
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days)	NERLYNX	5	PA; QL (180 per 30 days); LA
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days)	nilotinib hcl	5	PA; QL (112 per 28 days)
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days)	nilutamide	5	QL (30 per 30 days)
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 168 days)	NINLARO	5	PA; QL (3 per 28 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); LA			
LYSODREN	5				
LYTGOBI (12 MG DAILY DOSE)	5	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUBEQA	5	PA; QL (120 per 30 days); LA	PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
ODOMZO	5	PA; QL (30 per 30 days); LA	PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)	POMALYST	5	PA; QL (21 per 28 days); LA
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)	POTELIGEO	5	B/D PA; LA
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days)	PURIXAN	5	PA
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days)	QINLOCK	5	PA; QL (90 per 30 days)
OJJAARA	5	PA; QL (30 per 30 days); LA	RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days)
ONUREG	5	PA; QL (14 per 28 days); LA	RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days)
OPDIVO	5	PA; LA	RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days)
ORGOVYX	5	PA; QL (30 per 28 days); LA	RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)	RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)	REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)
oxaliplatin intravenous solution	4	B/D PA	REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)
oxaliplatin intravenous solution reconstituted	5	B/D PA	REVUFORJ ORAL TABLET 25 MG	5	PA; QL (180 per 30 days)
paclitaxel intravenous concentrate 100 mg/ 16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	4	B/D PA	REZLIDHIA	5	PA; QL (60 per 30 days); LA
paclitaxel protein-bound part	5	PA	RIABNI	5	B/D PA
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/ 100ML	4	B/D PA	RITUXAN HYCELA	5	B/D PA; LA
pazopanib hcl	5	PA; QL (120 per 30 days)	RITUXAN INTRAVENOUS SOLUTION	5	B/D PA; LA
PEMAZYRE	5	PA; QL (30 per 30 days); LA	romidepsin intravenous solution reconstituted	5	
PERJETA	5	PA	ROMVIMZA	5	PA; QL (8 per 28 days)
PHESGO	5	PA	ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); LA
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)	ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); LA
			ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); LA
			RUBRACA	5	PA; QL (120 per 30 days); LA
			RYBREVANT	5	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RYDAPT	5	PA; QL (240 per 30 days)	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days)
RYLAZE	5	PA	TIBSOVO	5	PA; QL (60 per 30 days); LA
SARCLISA	5	PA	TICE BCG	4	
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)	toremifene citrate	4	QL (30 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)	TRELSTAR MIXJECT	4	PA
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)	tretinoin oral	5	
SOLTAMOX	5	MO	TRODELVY	5	PA
sorafenib tosylate	5	PA; QL (120 per 30 days)	TRUQAP	5	PA; QL (64 per 28 days)
STIVARGA	5	PA; QL (84 per 28 days); LA	TUKYSA	5	PA; QL (120 per 30 days); LA
sunitinib malate	5	PA; QL (30 per 30 days)	TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); LA
TABLOID	4		VANFLYTA	5	PA; QL (56 per 28 days)
TABRECTA	5	PA; QL (120 per 30 days)	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5	PA
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); LA	VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)	VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); LA
TAGRISSO	5	PA; QL (30 per 30 days); LA	VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days)	VENCLEXTA STARTING PACK	5	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); LA	VERZENIO	5	PA; QL (56 per 28 days); LA
tamoxifen citrate oral	2	MO	vinblastine sulfate intravenous solution	4	B/D PA
TASIGNA	5	PA; QL (112 per 28 days)	vincristine sulfate intravenous	4	B/D PA
TAZVERIK	5	PA; QL (240 per 30 days); LA	vinorelbine tartrate	4	B/D PA
TECENTRIQ	5	PA; LA	VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); LA
TECENTRIQ HYBREZA	5	PA	VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); LA
TECVAYLI	5	PA	VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); LA
TEPMETKO	5	PA; QL (60 per 30 days); LA	VIZIMPRO	5	PA; QL (30 per 30 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VONJO	5	PA; QL (120 per 30 days); LA	YERVOY	5	PA
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)	ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)	ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days)
WELIREG	5	PA; QL (90 per 30 days); LA	ZELBORAF	5	PA; QL (240 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (120 per 30 days); LA	ZEPZELCA	5	PA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (180 per 30 days); LA	ZOLINZA	5	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (240 per 30 days); LA	ZYDELIG	5	PA; QL (60 per 30 days); LA
XOSPATA	5	PA; QL (120 per 30 days); LA	ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); LA	Blood Products And Modifiers		
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days)	anagrelide hcl	3	MO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); LA	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); LA	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (24 per 28 days); LA	aspirin-dipyridamole er	4	ST; QL (60 per 30 days); MO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA	BRILINTA	3	QL (60 per 30 days); MO
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (32 per 28 days); LA	cilostazol	2	MO
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA	clopidogrel bisulfate oral tablet 300 mg	2	QL (1 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)	clopidogrel bisulfate oral tablet 75 mg	2	QL (30 per 30 days); MO
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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)
DROXIA	3	MO	fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	QL (12 per 30 days)
ELIQUIS	3	QL (60 per 30 days); MO	fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5	QL (18 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)	FULPHILA	5	PA; QL (1.2 per 28 days)
eltrombopag olamine oral packet 12.5 mg	5	PA; QL (360 per 30 days)	GRANIX	5	PA
eltrombopag olamine oral packet 25 mg	5	PA; QL (180 per 30 days)	HAEGARDA	5	PA; LA
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 per 30 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 tablet 50 mg	5	PA; QL (90 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 tablet 75 mg	5	PA; QL (60 per 30 days)	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	B/D PA
enoxaparin sodium injection solution 300 mg/3ml	4	QL (168 per 28 days)	heparin sodium (porcine) pf injection solution 1000 unit/ml	3	B/D PA
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	4	QL (56 per 28 days)	icatibant acetate subcutaneous solution prefilled syringe	5	PA
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	4	QL (44.8 per 28 days)	jantoven	1	MO
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (16.8 per 28 days)	l-glutamine oral packet	5	PA
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (22.4 per 28 days)	NEULASTA ONPRO	5	PA; QL (1.2 per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (33.6 per 28 days)	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 per 30 days)	NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM INJECTION SOLUTION	5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA
<i>pentoxifylline er</i>	2	MO
<i>plerixafor</i>	4	PA
<i>prasugrel hcl</i>	3	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
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); LA
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); LA
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>ticagrelor</i>	3	QL (60 per 30 days); MO
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	3	
<i>tranexamic acid oral</i>	3	
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days); MO
XARELTO STARTER PACK	3	
ZARXIO	5	PA
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	2	MO
<i>acetazolamide oral tablet 125 mg</i>	2	MO
<i>acetazolamide oral tablet 250 mg</i>	3	MO
<i>aliskiren fumarate</i>	6	MO
<i>amiloride hcl oral</i>	2	MO
<i>amiloride- hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl intravenous</i>	4	B/D PA
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone hcl oral tablet 400 mg</i>	4	MO
<i>amlodipine besy- benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	6	QL (30 per 30 days); MO
<i>amlodipine besy- benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	6	QL (60 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate- valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	6	QL (30 per 30 days); MO
<i>amlodipine besylate- valsartan oral tablet 5- 160 mg</i>	6	QL (60 per 30 days); MO
<i>amlodipine- atorvastatin</i>	6	QL (30 per 30 days); MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10- 40 mg, 5-40 mg</i>	6	QL (30 per 30 days); MO
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	6	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.

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Drug Name	Drug Tier	Requirements/ Limits
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	6	QL (30 per 30 days); MO
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	6	QL (60 per 30 days); MO
atenolol oral	6	MO
atenolol-chlorthalidone	1	MO
atorvastatin calcium oral	6	QL (30 per 30 days); MO
benazepril hcl oral	6	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	6	QL (60 per 30 days); MO
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	6	QL (30 per 30 days); MO
betaxolol hcl oral	2	MO
bisoprolol fumarate oral	2	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	3	
bumetanide oral tablet 0.5 mg, 1 mg	2	MO
bumetanide oral tablet 2 mg	3	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	6	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	6	QL (30 per 30 days); MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg	6	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	6	QL (30 per 30 days); MO
captopril oral tablet 100 mg	6	QL (120 per 30 days); MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	6	QL (180 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
CARTIA XT	2	MO
carvedilol	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
cholestyramine light	2	MO
cholestyramine oral	2	MO
clonidine hcl oral	1	MO
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	4	QL (12 per 28 days); MO
clonidine transdermal patch weekly 0.3 mg/24hr	4	QL (4 per 28 days); MO
colesevelam hcl	3	MO
colestipol hcl	2	MO
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 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	3	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
digoxin oral tablet 62.5 mcg	3	QL (30 per 30 days); MO
dilt-xr	2	MO
diltiazem hcl er beads	6	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	6	MO
diltiazem hcl er oral capsule extended release 12 hour	3	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	MO	fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	MO
diltiazem hcl intravenous solution	4		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	MO
diltiazem hcl intravenous solution reconstituted	4		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	MO
diltiazem hcl oral tablet	1	MO	fenofibric acid oral capsule delayed release 135 mg	3	MO
disopyramide phosphate oral	4	PA; MO	fenofibric acid oral capsule delayed release 45 mg	2	MO
dofetilide	4		flecainide acetate	2	MO
doxazosin mesylate oral	2	MO	fluvastatin sodium	6	QL (60 per 30 days); MO
droxidopa oral capsule 100 mg	4	PA; QL (90 per 30 days)	fluvastatin sodium er	6	QL (30 per 30 days); MO
droxidopa oral capsule 200 mg, 300 mg	5	PA; QL (180 per 30 days)	fosinopril sodium	6	MO
EDARBI	4	ST; QL (30 per 30 days); MO	fosinopril sodium-hctz oral tablet 10-12.5 mg	6	QL (60 per 30 days); MO
EDARBYCLOR	4	QL (30 per 30 days); MO	fosinopril sodium-hctz oral tablet 20-12.5 mg	6	QL (120 per 30 days); MO
enalapril maleate oral tablet	6	MO	furosemide injection	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	6	QL (60 per 30 days); MO	furosemide oral solution 10 mg/ml, 8 mg/ml	1	MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	6	QL (120 per 30 days); MO	furosemide oral tablet	1	MO
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days); MO	gemfibrozil oral	2	MO
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days); MO	guanfacine hcl oral	2	PA; MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days); MO	hydralazine hcl injection	4	
eplerenone	4	MO	hydralazine hcl oral	2	MO
ezetimibe	6	QL (30 per 30 days); MO	hydrochlorothiazide oral capsule	1	MO
ezetimibe-simvastatin	6	PA; QL (30 per 30 days); MO	hydrochlorothiazide oral tablet	6	MO
felodipine er	2	MO	icosapent ethyl	4	MO
fenofibrate micronized oral capsule 130 mg	3	MO	indapamide oral	1	MO
			irbesartan	6	QL (30 per 30 days); MO
			irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	6	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	6	QL (30 per 30 days); MO
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	3	QL (180 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	2	MO
isosorbide dinitrate oral tablet 20 mg	3	MO
isosorbide mononitrate er	2	MO
isosorbide mononitrate er	2	MO
isradipine	3	MO
ivabradine hcl	4	PA; QL (60 per 30 days); MO
labetalol hcl intravenous solution	4	
labetalol hcl oral	2	MO
lisinopril oral	6	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	6	QL (30 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	6	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	6	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	6	QL (30 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	6	QL (60 per 30 days); MO
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	6	QL (30 per 30 days); MO
losartan potassium-hctz oral tablet 50-12.5 mg	6	QL (60 per 30 days); MO
lovastatin oral	6	QL (60 per 30 days); MO
MATZIM LA	4	MO
methyldopa oral	2	PA

Drug Name	Drug Tier	Requirements/Limits
metolazone oral tablet 10 mg	3	MO
metolazone oral tablet 2.5 mg, 5 mg	2	MO
metoprolol succinate er	2	MO
metoprolol tartrate intravenous solution 5 mg/5ml	4	
metoprolol tartrate oral	1	MO
metoprolol-hydrochlorothiazide	2	MO
metyrosine	5	
mexiletine hcl oral capsule 150 mg, 250 mg	3	MO
mexiletine hcl oral capsule 200 mg	4	MO
midodrine hcl	4	
minoxidil oral	2	MO
moexipril hcl	6	MO
MULTAQ	4	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg	3	MO
nadolol oral tablet 80 mg	4	MO
nebivolol hcl	4	MO
NEXLETOL	3	PA; QL (30 per 30 days); MO
NEXLIZET	3	PA; QL (30 per 30 days); MO
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	4	MO
niacor	2	
nicardipine hcl intravenous	4	
nicardipine hcl oral	2	MO
nifedipine er	2	MO
nifedipine er osmotic release	2	MO
nifedipine oral	2	PA; MO
nimodipine oral capsule	4	
NITRO-BID	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
nitroglycerin intravenous	4	B/D PA	propafenone hcl oral tablet 225 mg	3	MO
nitroglycerin sublingual	2	MO	propafenone hcl oral tablet 300 mg	4	MO
nitroglycerin transdermal patch 24 hour	2	MO	propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	2	MO
nitroglycerin translingual solution	4	MO	propranolol hcl er oral capsule extended release 24 hour 160 mg	3	MO
NITROSTAT	3	MO	propranolol hcl intravenous	4	
olmesartan medoxomil oral tablet 20 mg, 40 mg	6	QL (30 per 30 days); MO	propranolol hcl oral solution	2	MO
olmesartan medoxomil oral tablet 5 mg	6	QL (60 per 30 days); MO	propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	6	QL (60 per 30 days); MO	propranolol hcl oral tablet 60 mg	2	MO
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	6	QL (30 per 30 days); MO	quinapril hcl	6	MO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	6	QL (60 per 30 days); MO	quinapril-hydrochlorothiazide	6	QL (60 per 30 days); MO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	6	QL (30 per 30 days); MO	quinidine sulfate oral	2	MO
omega-3-acid ethyl esters	4	MO	ramipril	6	MO
pacerone oral tablet 100 mg, 200 mg	2	MO	ranolazine er	4	PA; QL (60 per 30 days); MO
pacerone oral tablet 400 mg	4	MO	REPATHA	3	PA; QL (3 per 28 days)
perindopril erbumine	6	MO	REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)
pindolol oral tablet 10 mg	3	MO	REPATHA SURECLICK	3	PA; QL (3 per 28 days)
pindolol oral tablet 5 mg	2	MO	rosuvastatin calcium oral	6	QL (30 per 30 days); MO
pravastatin sodium	6	QL (30 per 30 days); MO	simvastatin oral tablet	6	QL (30 per 30 days); MO
prazosin hcl oral	2	MO	sotalol hcl (af) oral tablet 120 mg, 160 mg	2	MO
prevalite	2	MO	sotalol hcl (af) oral tablet 80 mg	1	MO
propafenone hcl oral tablet 150 mg	2	MO	sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	2	MO
			sotalol hcl oral tablet 80 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
spironolactone oral tablet	1	MO	verapamil hcl er oral capsule extended	2	MO
spironolactone-hctz	2	MO	release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg		
telmisartan oral tablet 20 mg, 40 mg	6	QL (30 per 30 days); MO	verapamil hcl er oral capsule extended	3	MO
telmisartan oral tablet 80 mg	6	QL (60 per 30 days); MO	release 24 hour 360 mg		
telmisartan-amlodipine	6	QL (30 per 30 days); MO	verapamil hcl er oral tablet extended	2	MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	6	QL (60 per 30 days); MO	release 120 mg		
telmisartan-hctz oral tablet 80-25 mg	6	QL (30 per 30 days); MO	verapamil hcl er oral tablet extended	1	MO
terazosin hcl oral	1	MO	release 180 mg, 240 mg		
TIADYLT ER	2	MO	verapamil hcl intravenous	4	
timolol maleate oral tablet 10 mg, 5 mg	2	MO	verapamil hcl oral	1	MO
timolol maleate oral tablet 20 mg	3	MO	VERQUVO	4	PA; MO
torsemide oral	2	MO	Central Nervous System Agents		
trandolapril	6	MO	ABILIFY MAINTENA	5	QL (1 per 28 days); MO
trandolapril-verapamil hcl er	6	QL (30 per 30 days); MO	INTRAMUSCULAR PREFILLED SYRINGE		
triamterene-hctz oral capsule 37.5-25 mg	6	MO	ABILIFY MAINTENA	5	QL (1 per 28 days); MO
triamterene-hctz oral tablet	6	MO	INTRAMUSCULAR SUSPENSION RECONSTITUTED ER		
valsartan oral tablet 160 mg	6	QL (60 per 30 days); MO	acamprosate calcium	4	MO
valsartan oral tablet 320 mg	6	QL (30 per 30 days); MO	AIMOVIG	3	PA; QL (1 per 28 days); MO
valsartan oral tablet 40 mg, 80 mg	6	QL (90 per 30 days); MO	SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	6	QL (60 per 30 days); MO	AIMOVIG	3	PA; QL (2 per 28 days); MO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	6	QL (30 per 30 days); MO	SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML		
VASCEPA	4	MO	alprazolam oral tablet	6	QL (120 per 30 days)
			alprazolam xr oral tablet extended	3	QL (90 per 30 days)
			release 24 hour 0.5 mg		
			amantadine hcl oral capsule	3	MO
			amantadine hcl oral solution	2	MO
			amantadine hcl oral tablet	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl oral 100 mg, 50 mg	2	MO	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days); MO
amoxapine oral tablet 150 mg, 25 mg	2	PA; MO	armodafinil oral tablet 150 mg, 200 mg	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	4	PA; QL (30 per 30 days); MO	armodafinil oral tablet 250 mg	3	PA; QL (30 per 30 days); MO
amphetamine- dextroamphetamine oral tablet 30 mg	3	PA; QL (90 per 30 days); MO	armodafinil oral tablet 50 mg	4	PA; QL (60 per 30 days); MO
apomorphine hcl subcutaneous	5	PA; QL (60 per 30 days)	asenapine maleate sublingual tablet sublingual 10 mg	4	QL (60 per 30 days); MO
APTIOM	5	MO	asenapine maleate sublingual tablet sublingual 2.5 mg	4	QL (240 per 30 days); MO
ariPIPRAZOLE oral solution	4	QL (900 per 30 days); MO	asenapine maleate sublingual tablet sublingual 5 mg	4	QL (120 per 30 days); MO
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 5 mg	4	MO	atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60 per 30 days); MO
ariPIPRAZOLE oral tablet 20 mg, 30 mg	4	QL (30 per 30 days); MO	atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 per 30 days); MO
ariPIPRAZOLE oral tablet dispersible 10 mg	4	QL (90 per 30 days); MO	AUSTEDO	5	PA; QL (120 per 30 days)
ariPIPRAZOLE oral tablet dispersible 15 mg	4	QL (60 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)
ARISTADA INITIO	5	QL (4.8 per 365 days)	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 60 days); MO	AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days); MO	AUVELITY	5	PA; QL (60 per 30 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days); MO	AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT	5	PA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days)	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (480 per 30 days); NEDS
BAC (BUTALBITAL-ACETAMIN-CAFF)	4	PA; QL (180 per 30 days)	buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (120 per 30 days); NEDS
baclofen oral tablet 10 mg, 15 mg, 5 mg	2	QL (90 per 30 days)	bupropion hcl er (smoking det)	2	QL (60 per 30 days)
baclofen oral tablet 20 mg	2	QL (120 per 30 days)	bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (120 per 30 days); MO
benztropine mesylate injection	4	PA	bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 per 30 days); MO
benztropine mesylate oral	2	PA; MO	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 per 30 days); MO
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)	bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	QL (30 per 30 days); MO
BOTOX	4	PA	bupropion hcl oral tablet 100 mg	2	QL (135 per 30 days); MO
BRIVIACT INTRAVENOUS	4		bupropion hcl oral tablet 75 mg	2	QL (180 per 30 days); MO
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days); MO	buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	2	
BRIVIACT ORAL TABLET	5	QL (60 per 30 days); MO	buspirone hcl oral tablet 30 mg	4	
bromocriptine mesylate oral	4	MO	buspirone hcl oral tablet 7.5 mg	3	
buprenorphine hcl injection	4		butalbital-apap-caffeine oral capsule 50-300-40 mg	4	PA; QL (180 per 30 days)
buprenorphine hcl sublingual tablet sublingual 2 mg	2	QL (240 per 30 days); NEDS	butalbital-apap-caffeine oral tablet 50-325-40 mg	4	PA; QL (180 per 30 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	2	QL (60 per 30 days); NEDS	CAPLYTA	5	QL (30 per 30 days); MO
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 per 30 days); NEDS	carbamazepine er	4	MO
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	4	QL (480 per 30 days); NEDS	carbamazepine oral suspension	4	MO
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	4	QL (240 per 30 days); NEDS			
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	4	QL (120 per 30 days); NEDS			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
carbamazepine oral tablet	1	MO	clonazepam oral tablet 0.5 mg	2	QL (1200 per 30 days)
carbamazepine oral tablet chewable	2	MO	clonazepam oral tablet 1 mg	2	QL (600 per 30 days)
carbidopa oral	4	MO	clonazepam oral tablet 2 mg	2	QL (300 per 30 days)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	MO	clonazepam oral tablet dispersible 0.125 mg	4	QL (4800 per 30 days)
carbidopa-levodopa oral tablet	2	MO	clonazepam oral tablet dispersible 0.25 mg	4	QL (2400 per 30 days)
carbidopa-levodopa oral tablet dispersible	3	MO	clonazepam oral tablet dispersible 0.5 mg	4	QL (1200 per 30 days)
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	MO	clonazepam oral tablet dispersible 1 mg	4	QL (600 per 30 days)
carisoprodol oral tablet 350 mg	4		clonazepam oral tablet dispersible 2 mg	4	QL (300 per 30 days)
chlordiazepoxide hcl	3	QL (120 per 30 days)	clorazepate dipotassium	3	
chlorpromazine hcl injection	4		clozapine oral tablet 100 mg	3	QL (270 per 30 days)
chlorpromazine hcl oral	4	MO	clozapine oral tablet 200 mg	3	QL (120 per 30 days)
citalopram	4	QL (600 per 30 days); MO	clozapine oral tablet 25 mg	2	QL (1080 per 30 days)
hydrobromide oral solution			clozapine oral tablet 50 mg	2	QL (540 per 30 days)
citalopram	6	QL (120 per 30 days); MO	clozapine oral tablet dispersible 100 mg	4	QL (270 per 30 days)
hydrobromide oral tablet 10 mg			clozapine oral tablet dispersible 12.5 mg	4	QL (2160 per 30 days)
citalopram	6	QL (60 per 30 days); MO	clozapine oral tablet dispersible 150 mg	4	QL (180 per 30 days)
hydrobromide oral tablet 20 mg			clozapine oral tablet dispersible 200 mg	5	QL (120 per 30 days)
citalopram	6	QL (30 per 30 days); MO	clozapine oral tablet dispersible 25 mg	4	QL (1080 per 30 days)
hydrobromide oral tablet 40 mg			COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	5	PA; QL (60 per 30 days); MO
clobazam oral suspension 2.5 mg/ml	4	PA; QL (480 per 30 days); MO	COBENFY ORAL CAPSULE 50-20 MG	4	PA; QL (60 per 30 days)
clobazam oral tablet 10 mg	4	PA; QL (120 per 30 days); MO	COBENFY STARTER PACK	5	PA
clobazam oral tablet 20 mg	4	PA; QL (60 per 30 days); MO	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	PA
clomipramine hcl oral	4	PA; MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl oral tablet 7.5 mg	4	PA	dimethyl fumarate oral capsule delayed release 120 mg	5	PA; QL (14 per 7 days)
dalfampridine er	3	PA; QL (60 per 30 days)	dimethyl fumarate oral capsule delayed release 240 mg	5	PA; QL (60 per 30 days)
dantrolene sodium oral	4		dimethyl fumarate starter pack oral capsule delayed release therapy pack	5	PA
desipramine hcl oral	4	PA; MO	disulfiram oral	4	MO
desvenlafaxine er	4	QL (30 per 30 days); MO	divalproex sodium er oral tablet extended release 24 hour	4	MO
desvenlafaxine succinate er	3	MO	divalproex sodium oral capsule delayed release sprinkle	4	MO
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 per 30 days); MO	divalproex sodium oral tablet delayed release 125 mg, 250 mg	2	MO
dextroamphetamine sulfate oral tablet 5 mg	4	QL (90 per 30 days); MO	divalproex sodium oral tablet delayed release 500 mg	3	MO
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days); LA	donepezil hcl oral tablet 10 mg, 5 mg	6	QL (30 per 30 days); MO
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); LA	donepezil hcl oral tablet dispersible	1	QL (30 per 30 days); MO
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); LA	doxepin hcl oral capsule	2	PA; MO
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); LA	doxepin hcl oral concentrate	2	PA; MO
DIAZEPAM INTENSOL	2	QL (240 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO
diazepam oral concentrate	2	QL (240 per 30 days)	DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO
diazepam oral solution 5 mg/5ml	2	QL (1200 per 30 days)	duloxetine hcl oral capsule delayed release particles 20 mg	4	QL (180 per 30 days); MO
diazepam oral tablet 10 mg	2	QL (120 per 30 days)	duloxetine hcl oral capsule delayed release particles 30 mg	4	QL (120 per 30 days); MO
diazepam oral tablet 2 mg	2	QL (600 per 30 days)			
diazepam oral tablet 5 mg	2	QL (240 per 30 days)			
diazepam rectal	4				
dihydroergotamine mesylate injection	4	PA			
dihydroergotamine mesylate nasal	5	PA; QL (8 per 28 days)			
DILANTIN ORAL CAPSULE 100 MG	4	PA; MO			
DILANTIN ORAL CAPSULE 30 MG	3	PA; 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
duloxetine hcl oral capsule delayed release particles 40 mg	3	QL (90 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 60 mg	4	QL (60 per 30 days); MO
DYSPORT	4	PA
EMGALITY	3	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	3	PA; QL (3 per 28 days); MO
EMSAM	5	PA; QL (30 per 30 days); MO
entacapone	4	MO
EPIDIOLEX	5	PA; LA
EPITOL	1	MO
EPRONTIA	4	PA; MO
ergotamine-caffeine	3	
escitalopram oxalate oral solution 5 mg/5ml	4	QL (600 per 30 days); MO
escitalopram oxalate oral tablet 10 mg	2	QL (60 per 30 days); MO
escitalopram oxalate oral tablet 20 mg	2	QL (30 per 30 days); MO
escitalopram oxalate oral tablet 5 mg	2	QL (120 per 30 days); MO
eslicarbazepine acetate	4	MO
eszopiclone	4	QL (30 per 30 days)
ethosuximide oral	3	MO
FANAPT ORAL TABLET 1 MG	5	PA; QL (720 per 30 days); MO
FANAPT ORAL TABLET 10 MG, 12 MG	5	PA; QL (60 per 30 days); MO
FANAPT ORAL TABLET 2 MG	5	PA; QL (360 per 30 days); MO
FANAPT ORAL TABLET 4 MG	5	PA; QL (180 per 30 days); MO
FANAPT ORAL TABLET 6 MG	5	PA; QL (120 per 30 days); MO
FANAPT ORAL TABLET 8 MG	5	PA; QL (90 per 30 days); MO
FANAPT TITRATION PACK	4	PA

Drug Name	Drug Tier	Requirements/ Limits
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B ORAL TABLET	4	PA
FANAPT TITRATION PACK C ORAL TABLET	4	PA
felbamate oral suspension	5	MO
felbamate oral tablet	4	MO
FETZIMA	4	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	4	PA
fingolimod hcl	4	PA; QL (30 per 30 days)
FINTEPLA	5	PA; LA
fluoxetine hcl oral capsule 10 mg	6	MO
fluoxetine hcl oral capsule 20 mg	6	QL (120 per 30 days); MO
fluoxetine hcl oral capsule 40 mg	6	QL (60 per 30 days); MO
fluoxetine hcl oral capsule delayed release	4	QL (4 per 28 days); MO
fluoxetine hcl oral solution	2	QL (600 per 30 days); MO
fluoxetine hcl oral tablet 10 mg	2	MO
fluoxetine hcl oral tablet 20 mg	3	QL (120 per 30 days); MO
fluphenazine decanoate injection	4	
fluphenazine hcl injection	4	
fluphenazine hcl oral	2	MO
fluvoxamine maleate oral tablet 100 mg	3	QL (90 per 30 days); MO
fluvoxamine maleate oral tablet 25 mg	4	MO
fluvoxamine maleate oral tablet 50 mg	3	MO
FYCOMPA ORAL SUSPENSION	5	PA; QL (720 per 30 days); MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	PA; 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
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); MO	haloperidol lactate oral	2	MO
gabapentin oral capsule 100 mg	2	QL (1080 per 30 days); MO	haloperidol oral	2	MO
gabapentin oral capsule 300 mg	2	QL (360 per 30 days); MO	imipramine hcl oral	2	PA; MO
gabapentin oral capsule 400 mg	2	QL (270 per 30 days); MO	INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days)
gabapentin oral solution	4	QL (2160 per 30 days); MO	INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
gabapentin oral tablet 600 mg	4	QL (180 per 30 days); MO	INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 per 30 days)
gabapentin oral tablet 800 mg	4	QL (120 per 30 days); MO	INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
galantamine hydrobromide er	4	QL (30 per 30 days); MO	INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days)
galantamine hydrobromide oral solution	4	QL (200 per 30 days); MO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
galantamine hydrobromide oral tablet	4	QL (60 per 30 days); MO	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
GEODON INTRAMUSCULAR	4	QL (6 per 3 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 per 28 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
guanfacine hcl er	4	QL (30 per 30 days); MO			
haloperidol decanoate intramuscular	4				
haloperidol lactate injection	3				

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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	5	QL (0.88 per 84 days)	lithium carbonate oral capsule 150 mg, 300 mg	1	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)	lithium carbonate oral tablet	2	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)	LORAZEPAM INTENSOL	4	QL (150 per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)	lorazepam oral concentrate	4	QL (150 per 30 days)
lacosamide intravenous	5		lorazepam oral tablet 0.5 mg	2	QL (120 per 30 days)
lacosamide oral solution	4	QL (1200 per 30 days); MO	lorazepam oral tablet 1 mg	2	QL (90 per 30 days)
lacosamide oral tablet	4	QL (60 per 30 days); MO	lorazepam oral tablet 2 mg	2	QL (150 per 30 days)
lamotrigine oral tablet	6	MO	loxapine succinate oral	4	MO
lamotrigine oral tablet chewable 25 mg	3	MO	lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO
lamotrigine oral tablet chewable 5 mg	2	MO	lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO
levetiracetam er oral tablet extended release 24 hour 500 mg	3	QL (180 per 30 days); MO	MARPLAN	4	MO
levetiracetam er oral tablet extended release 24 hour 750 mg	3	QL (120 per 30 days); MO	memantine hcl er	4	PA; QL (30 per 30 days); MO
levetiracetam intravenous	4		memantine hcl oral solution 2 mg/ml	3	PA; QL (300 per 30 days); MO
levetiracetam oral solution	3	MO	memantine hcl oral tablet 10 mg	6	PA; QL (60 per 30 days); MO
levetiracetam oral tablet 1000 mg	3	MO	memantine hcl oral tablet 5 mg	6	PA; QL (90 per 30 days); MO
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	2	MO	methocarbamol oral tablet 500 mg, 750 mg	4	
LIBERVANT	4	QL (10 per 30 days)	methsuximide	4	MO
lithium	3	MO	methylphenidate hcl oral tablet extended release	4	PA; QL (90 per 30 days); MO
lithium carbonate er	2	MO	methylphenidate hcl oral solution 10 mg/5ml	3	PA; QL (900 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	6	MO	NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); LA
mirtazapine oral tablet 45 mg	6	QL (30 per 30 days); MO	NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); LA
mirtazapine oral tablet dispersible	2	QL (30 per 30 days); MO	NURTEC	3	PA; QL (16 per 30 days)
modafinil oral tablet 100 mg	4	PA; QL (30 per 30 days); MO	olanzapine intramuscular	4	QL (90 per 30 days)
modafinil oral tablet 200 mg	4	PA; QL (60 per 30 days); MO	olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	3	MO
molindone hcl	4	MO	olanzapine oral tablet 20 mg	3	QL (30 per 30 days); MO
naloxone hcl injection solution 0.4 mg/ml	1		olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	4	MO
naloxone hcl injection solution 4 mg/10ml	2		olanzapine oral tablet dispersible 20 mg	4	QL (30 per 30 days); MO
naloxone hcl injection solution cartridge	1		olanzapine-fluoxetine hcl oral capsule 12-25 mg	4	QL (30 per 30 days); MO
naloxone hcl injection solution prefilled syringe	1		olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	QL (90 per 30 days); MO
naloxone hcl nasal	3		OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days); MO
naltrexone hcl oral	2		OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3		oxazepam	4	QL (120 per 30 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO	oxcarbazepine oral suspension	4	MO
naratriptan hcl	4	QL (9 per 30 days)	oxcarbazepine oral tablet 150 mg, 600 mg	4	MO
NAYZILAM	4	PA	oxcarbazepine oral tablet 300 mg	3	MO
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg	4	MO	paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days); MO
nefazodone hcl oral tablet 50 mg	3	MO	paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 per 30 days); MO
NICOTROL NS	3	QL (120 per 30 days)	paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	4	QL (30 per 30 days); MO
nortriptyline hcl oral capsule 10 mg, 25 mg	1	MO			
nortriptyline hcl oral capsule 50 mg, 75 mg	2	MO			
nortriptyline hcl oral solution	4	MO			
NUEDEXTA	5	PA; QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	4	QL (60 per 30 days); MO	pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
paroxetine hcl oral suspension	4	QL (900 per 30 days); MO	pregabalin oral capsule 200 mg	1	QL (90 per 30 days); MO
paroxetine hcl oral tablet 10 mg, 40 mg	6	QL (45 per 30 days); MO	pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); MO
paroxetine hcl oral tablet 20 mg	6	QL (30 per 30 days); MO	pregabalin oral solution	1	QL (900 per 30 days); MO
paroxetine hcl oral tablet 30 mg	6	QL (60 per 30 days); MO	primidone oral	2	MO
perphenazine oral	4	MO	protriptyline hcl	4	PA; MO
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-50 mg	4	PA; MO	pyridostigmine bromide er	4	
perphenazine-amitriptyline oral tablet 4-25 mg	3	PA; MO	pyridostigmine bromide oral solution	4	
PERSERIS	5	QL (1 per 28 days); MO	pyridostigmine bromide oral tablet 60 mg	3	
phenelzine sulfate oral	2	MO	quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	QL (30 per 30 days); MO
phenobarbital oral elixir	4	PA; QL (3000 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
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	2	PA; QL (120 per 30 days); MO	quetiapine fumarate oral tablet 100 mg	2	QL (240 per 30 days); MO
phenobarbital oral tablet 16.2 mg, 32.4 mg	2	PA; QL (210 per 30 days); MO	quetiapine fumarate oral tablet 150 mg	2	QL (150 per 30 days); MO
PHENYTEK	4	MO	quetiapine fumarate oral tablet 200 mg	2	QL (120 per 30 days); MO
PHENYTOIN INFATABS	4	MO	quetiapine fumarate oral tablet 25 mg	2	QL (960 per 30 days); MO
phenytoin oral	4	MO	quetiapine fumarate oral tablet 300 mg	2	QL (80 per 30 days); MO
phenytoin sodium extended	2	MO	quetiapine fumarate oral tablet 400 mg	2	QL (60 per 30 days); MO
pimozide oral tablet 1 mg	3	MO	quetiapine fumarate oral tablet 50 mg	2	QL (480 per 30 days); MO
pimozide oral tablet 2 mg	4	MO	QULIPTA	3	PA; QL (30 per 30 days); MO
pramipexole dihydrochloride	2	MO	RALDESY	5	MO
			ramelteon	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
rasagiline mesylate oral	3	MO	rizatriptan benzoate	4	QL (12 per 30 days)
REGONOL INTRAVENOUS	4		ropinirole hcl	2	MO
REXULTI	5	QL (30 per 30 days); MO	ropinirole hcl er	4	MO
riluzole	4		ROWEEPRA ORAL TABLET 500 MG	2	MO
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	4	QL (2 per 28 days)	rufinamide oral suspension	5	PA; QL (2400 per 30 days); MO
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	5	QL (2 per 28 days)	rufinamide oral tablet	4	PA; QL (480 per 30 days); MO
risperidone oral solution	3	QL (480 per 30 days); MO	rufinamide oral tablet	5	PA; QL (240 per 30 days); MO
risperidone oral tablet	2	QL (1920 per 30 days); MO	RYKINDO	5	QL (2 per 28 days)
risperidone oral tablet	2	QL (960 per 30 days); MO	RYTARY	4	ST; MO
risperidone oral tablet	2	QL (480 per 30 days); MO	SAVELLA	3	PA; QL (60 per 30 days); MO
risperidone oral tablet	2	QL (240 per 30 days); MO	SAVELLA TITRATION PACK	3	PA
risperidone oral tablet	2	QL (120 per 30 days); MO	SECUADO	5	QL (30 per 30 days); MO
risperidone oral tablet	4	QL (1920 per 30 days); MO	selegiline hcl oral	3	MO
risperidone oral tablet	4	QL (960 per 30 days); MO	sertraline hcl oral concentrate	4	QL (300 per 30 days); MO
risperidone oral tablet	4	QL (480 per 30 days); MO	sertraline hcl oral tablet 100 mg	6	QL (60 per 30 days); MO
risperidone oral tablet	4	QL (240 per 30 days); MO	sertraline hcl oral tablet 25 mg	6	QL (240 per 30 days); MO
risperidone oral tablet	4	QL (120 per 30 days); MO	sertraline hcl oral tablet 50 mg	6	QL (120 per 30 days); MO
risperidone dispersible 0.25 mg	4	QL (150 per 30 days); MO	sodium oxybate	5	PA; QL (540 per 30 days); LA
risperidone dispersible 0.5 mg	4	QL (960 per 30 days); MO	SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)
risperidone dispersible 1 mg	4	QL (480 per 30 days); MO	SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)
risperidone dispersible 2 mg	4	QL (240 per 30 days); MO	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO
risperidone dispersible 3 mg	4	QL (150 per 30 days); MO	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO
risperidone dispersible 4 mg	4	QL (120 per 30 days); MO	SUBVENITE	2	MO
rivastigmine	4	QL (30 per 30 days); MO	sumatriptan nasal	4	
rivastigmine tartrate	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
sumatriptan succinate oral	2	QL (9 per 30 days)	trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO
sumatriptan succinate refill subcutaneous solution cartridge	4	QL (6 per 30 days)	trazodone hcl oral tablet 300 mg	4	MO
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (6 per 30 days)	trifluoperazine hcl oral tablet 1 mg, 2 mg	3	MO
sumatriptan succinate subcutaneous solution auto-injector	4	QL (6 per 30 days)	trifluoperazine hcl oral tablet 10 mg, 5 mg	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days); MO	trihexyphenidyl hcl oral solution	2	PA; MO
SYMPAZAN ORAL FILM 5 MG	5	PA; QL (30 per 30 days); MO	trihexyphenidyl hcl oral tablet	2	MO
tasimelteon	5	PA; QL (30 per 30 days)	trimipramine maleate oral	4	MO
temazepam oral capsule 15 mg, 30 mg	2	QL (30 per 30 days)	TRINTELLIX	4	QL (30 per 30 days); MO
TENCON ORAL TABLET 50-325 MG	4	PA; QL (180 per 30 days)	UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
teriflunomide	5	PA; QL (30 per 30 days)	UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PA; QL (240 per 30 days)	valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	2	
tetrabenazine oral tablet 25 mg	5	PA; QL (120 per 30 days)	valproic acid oral capsule	4	MO
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	2	MO	valproic acid oral solution	2	MO
thioridazine hcl oral tablet 100 mg	3	MO	VALTOCO 10 MG DOSE	4	
thiothixene oral	2	MO	VALTOCO 15 MG DOSE	4	
tiagabine hcl	4	MO	NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		
tizanidine hcl oral tablet	2		VALTOCO 20 MG DOSE	4	
tolcapone	5	PA; QL (180 per 30 days); MO	NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		
topiramate oral capsule sprinkle	4	MO	VALTOCO 5 MG DOSE	4	
topiramate oral solution	4	MO	varenicline tartrate (starter)	4	PA
topiramate oral tablet	2	MO	varenicline tartrate	4	PA; QL (60 per 30 days)
tranylcypromine sulfate	4	MO	varenicline tartrate	4	PA; QL (56 per 28 days)
			varenicline	4	PA; QL (56 per 28 days)
			tartrate(continue)		

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
venlafaxine besylate er	4	QL (60 per 30 days); MO	XCOPRI (350 MG DAILY DOSE)	5	PA; QL (56 per 28 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	2	QL (30 per 30 days); MO	XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	2	QL (180 per 30 days); MO	XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	2	QL (90 per 30 days); MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA; QL (56 per 365 days)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	4	MO	XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA; QL (56 per 365 days)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	4	QL (30 per 30 days); MO	XEOMIN	4	PA
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	4	QL (90 per 30 days); MO	zaleplon oral capsule 10 mg	2	QL (60 per 30 days)
venlafaxine hcl oral tablet 100 mg	3	QL (90 per 30 days); MO	zaleplon oral capsule 5 mg	2	QL (30 per 30 days)
venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	4	QL (90 per 30 days); MO	ZENZEDI ORAL TABLET 10 MG	4	QL (180 per 30 days); MO
VERSACLOZ	4	QL (600 per 30 days)	ZENZEDI ORAL TABLET 5 MG	4	QL (90 per 30 days); MO
vigabatrin oral packet	5	PA; QL (150 per 25 days); LA	ziprasidone hcl oral capsule 20 mg	4	QL (240 per 30 days); MO
vigabatrin oral tablet	5	PA; QL (180 per 30 days); LA	ziprasidone hcl oral capsule 40 mg	4	QL (120 per 30 days); MO
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); LA	ziprasidone hcl oral capsule 60 mg, 80 mg	4	QL (60 per 30 days); MO
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)	ziprasidone mesylate	4	QL (6 per 3 days)
VIGPODER	5	PA; QL (150 per 25 days)	zolpidem tartrate oral tablet	2	QL (30 per 30 days)
vilazodone hcl	4	QL (30 per 30 days); MO	ZONISADE	4	PA; MO
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days); MO	zonisamide oral capsule 100 mg	3	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA; QL (56 per 28 days); MO	zonisamide oral capsule 25 mg	2	MO
			zonisamide oral capsule 50 mg	4	MO
			ZTALMY	5	QL (1100 per 30 days)
			ZURZUVAE	5	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days)	betamethasone dipropionate external lotion	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days)	betamethasone dipropionate external ointment	4	
Dermatological Agents			betamethasone valerate external cream	2	
ACCATANE	4		betamethasone valerate external lotion	4	
acitretin	4	PA	betamethasone valerate external ointment	2	
acyclovir external ointment	4	PA; QL (30 per 30 days)	bexarotene external	5	PA; QL (60 per 30 days)
adapalene external gel 0.1 %	4	PA	calcipotriene external cream	3	QL (120 per 30 days)
ala-cort external cream	1		calcipotriene external ointment	4	QL (120 per 30 days)
alclometasone	4		calcipotriene external solution	4	QL (60 per 30 days)
dipropionate external cream			CALCITRENE	4	QL (120 per 30 days)
alclometasone	3		calcitriol external	4	QL (800 per 28 days)
dipropionate external ointment			cevimeline hcl	4	MO
amcinonide external cream	4		chlorhexidine gluconate mouth/ throat	1	
ammonium lactate external	2		CICLODAN EXTERNAL SOLUTION	2	
AMNESTEEM	4		ciclopirox external gel	4	
benzoyl peroxide- erythromycin	3		ciclopirox external shampoo	4	
betamethasone	2		ciclopirox external solution	2	
dipropionate aug external cream			ciclopirox olamine external cream	2	QL (90 per 30 days)
betamethasone	4		ciclopirox olamine external suspension	3	
dipropionate aug external gel			CLARAVIS	4	
betamethasone	4		CLINDACIN ETZ EXTERNAL SWAB	2	
dipropionate aug external lotion			CLINDACIN-P	2	
betamethasone	4				
dipropionate aug external ointment					
betamethasone	4				
dipropionate external cream					

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
clindamycin phos <i>(once-daily)</i>	3		desonide external cream	4	
clindamycin phos <i>(twice-daily)</i>	3		desonide external lotion	4	
clindamycin phosphate external gel	3		desonide external ointment	4	
clindamycin phosphate external lotion	3	QL (120 per 30 days)	desoximetasone external cream	4	QL (100 per 30 days)
clindamycin phosphate external solution	3	QL (120 per 30 days)	desoximetasone external ointment 0.25 %	4	
clindamycin phosphate external swab	2		diclofenac sodium external gel 3 %	4	PA; QL (100 per 30 days)
CLINPRO 5000	2	MO	diflorasone diacetate external	4	QL (60 per 30 days)
clobetasol propionate e	4	QL (120 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ 1.14ML	5	PA; QL (4.56 per 28 days)
clobetasol propionate emulsion	4	QL (100 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days)
clobetasol propionate external cream 0.05 %	2	QL (120 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days)
clobetasol propionate external foam	4	QL (100 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
clobetasol propionate external gel	2	QL (60 per 30 days)	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days)
clobetasol propionate external ointment	4	QL (120 per 30 days)	econazole nitrate external	2	QL (90 per 30 days)
clobetasol propionate external shampoo	4		ery	3	
clobetasol propionate external solution	2		erythromycin external gel	2	
CLODAN EXTERNAL SHAMPOO	4		erythromycin external solution	2	
clotrimazole external cream	2		fluocinolone acetonide body	4	QL (120 per 30 days)
clotrimazole external solution	2				
clotrimazole mouth/ throat troche	3	QL (150 per 30 days)			
clotrimazole- betamethasone external cream	3	QL (120 per 30 days)			
clotrimazole- betamethasone external lotion	4	QL (120 per 30 days)			
DENTA 5000 PLUS	2	MO			
DENTAGEL	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
fluocinolone acetonide external	4	QL (120 per 30 days)	hydrocortisone butyrate external solution	2	
fluocinolone acetonide scalp	4	QL (120 per 30 days)	hydrocortisone external cream 1 %, 2.5 %	1	
fluocinonide emulsified base	2	QL (240 per 30 days)	hydrocortisone external lotion 2.5 %	2	
fluocinonide external cream 0.05 %	2	QL (240 per 30 days)	hydrocortisone external ointment 1 %	2	
fluocinonide external gel	3	QL (240 per 30 days)	hydrocortisone external ointment 2.5 %	1	
fluocinonide external ointment	3	QL (240 per 30 days)	hydrocortisone valerate	4	
fluocinonide external solution	4	QL (240 per 30 days)	imiquimod external cream 5 %	4	QL (24 per 28 days)
FLUORIDEX	2	MO	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	4	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	2	MO	isotretinoin oral capsule 25 mg	5	
FLUORIMAX 5000	2	MO	JUST RIGHT 5000 DENTAL PASTE	2	MO
fluorouracil external cream 5 %	4	QL (40 per 28 days)	ketoconazole external cream	2	QL (120 per 30 days)
fluorouracil external solution	2	QL (10 per 28 days)	ketoconazole external shampoo 2 %	2	QL (120 per 30 days)
fluticasone propionate external cream	2		KLAYESTA	3	
fluticasone propionate external lotion	4		KOURZEQ	3	
fluticasone propionate external ointment	2		malathion external	4	
gentamicin sulfate external	3	QL (30 per 30 days)	methoxsalen rapid	5	
halobetasol propionate external cream	4		metronidazole external cream	4	
halobetasol propionate external ointment	4		metronidazole external gel 0.75 %	3	
hydrocortisone (perianal) external cream 1 %	2		metronidazole external gel 1 %	4	
hydrocortisone (perianal) external cream 2.5 %	1		metronidazole external lotion	4	
hydrocortisone butyr lipo base	5		mometasone furoate external	2	
hydrocortisone butyrate external ointment	4		mupirocin calcium	4	QL (30 per 30 days)
NEUAC EXTERNAL GEL			mupirocin external	2	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin rectal	4	QL (30 per 30 days)
NYAMYC	3	
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	3	
nystatin mouth/throat	2	
nystatin-triamcinolone	4	QL (120 per 30 days)
NYSTOP	2	
ORALONE	2	
PANRETIN	5	
PERIOGARD	1	
permethrin external cream	3	
pilocarpine hcl oral	4	MO
pimecrolimus	4	PA; QL (100 per 30 days)
podofilox external solution	4	
PREVIDENT	3	MO
PREVIDENT 5000	3	MO
BOOSTER PLUS		
PREVIDENT 5000 DRY	3	MO
MOUTH DENTAL GEL		
PREVIDENT 5000	3	
ENAMEL PROTECT DENTAL GEL		
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000	3	
SENSITIVE DENTAL GEL		
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
SANTYL	4	QL (30 per 30 days)
selenium sulfide external lotion	2	

Drug Name	Drug Tier	Requirements/Limits
sf	2	MO
sf 5000 plus	2	MO
silver sulfadiazine external	2	
sod fluoride-potassium nitrate	2	
sodium fluoride 5000 enamel dental gel	2	
sodium fluoride 5000 plus	2	MO
sodium fluoride 5000 ppm	2	MO
sodium fluoride 5000 sensitive dental gel	2	
sodium fluoride dental cream	2	MO
sodium fluoride dental gel 1.1 %	2	MO
sodium fluoride mouth/throat	2	MO
SSD (SILVER SULFADIAZINE)	2	
sulfacetamide sodium (acne)	4	
SULFAMYLYON EXTERNAL CREAM	4	
tacrolimus external ointment	4	PA; QL (100 per 30 days)
tazarotene external cream	4	PA
tazarotene external gel	4	PA
TOVET EXTERNAL FOAM	4	QL (100 per 30 days)
tretinoin external cream 0.025 %, 0.1 %	3	PA; QL (45 per 30 days)
tretinoin external cream 0.05 %	4	PA; QL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	3	PA; QL (45 per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.5 %	1	QL (454 per 30 days)
triamcinolone acetonide external cream 0.1 %	6	QL (454 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
triamcinolone acetonide external lotion	2		dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %	4	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2		dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %	3	
triamcinolone acetonide mouth/throat	3		EFFER-K ORAL TABLET	1	MO
TRIANEX	4		EFFERVESCENT 25 MEQ		
TRIDERM EXTERNAL CREAM 0.1 %	2	QL (454 per 30 days)	glucose (dextrose) intravenous solution 50 %	4	
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)	INTRALIPID	4	B/D PA
VALCHLOR	5	PA; LA	ISOLYTE-P IN D5W	4	
ZENATANE	4		ISOLYTE-S	4	
Electrolytes / Minerals / Metals / Vitamins					
carglumic acid oral tablet soluble	5	PA; LA	ISOLYTE-S PH 7.4	4	
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA	kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	4	
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-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	4	
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA	kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%	3	
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA	kcl-lactated ringers-d5w	4	
CLINIMIX/DEXTROSE (5/15)	4	B/D PA	KLOR-CON 10	2	MO
CLINIMIX/DEXTROSE (5/20)	4	B/D PA	KLOR-CON M10	2	MO
clinimix/dextrose (6/5)	4	B/D PA	KLOR-CON M15	2	MO
clinimix/dextrose (8/10)	4	B/D PA	KLOR-CON M20	2	MO
clinimix/dextrose (8/14)	4	B/D PA	KLOR-CON ORAL PACKET 20 MEQ	4	MO
CLINISOL SF	4	B/D PA	KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO
CLINOLIPID	4	B/D PA	KLOR-CON/EF	1	MO
dextrose in lactated ringers	3				
dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %	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
lactated ringers intravenous	3		potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	4	
levocarnitine oral solution	3	B/D PA; MO	PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
levocarnitine oral tablet	3	B/D PA; MO	prenatal oral tablet 27-1 mg	3	
levocarnitine sf	3	B/D PA; MO	prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	3	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	3		PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	4		PROSOL	4	B/D PA
multiple electro type 1 ph 5.5	4		ringers	4	
multiple electro type 1 ph 7.4	4		sodium bicarbonate	4	
NUTRILIPID	4	B/D PA	intravenous solution 4.2 %, 7.5 %, 8.4 %		
PLENAMINE	4	B/D PA	sodium chloride injection solution 2.5 meq/ml	4	
pnv-dha	3		sodium chloride intravenous solution 0.45 %	2	
potassium chloride crys er	2	MO	sodium chloride intravenous solution 0.9 %	3	
potassium chloride er	2	MO	sodium chloride intravenous solution 3 %, 4 meq/ml, 5 %	4	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	4		sodium fluoride oral tablet 2.2 (1 f) mg	2	MO
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml	3		sodium fluoride oral tablet chewable	2	MO
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml	4		TRAVASOL	4	B/D PA
potassium chloride oral packet	4	MO	TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO	Endocrine And Metabolic Disorder Agents		
			acarbose oral	2	QL (90 per 30 days); MO
			alendronate sodium oral solution	3	QL (300 per 28 days); MO
			alendronate sodium oral tablet 10 mg	6	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
alendronate sodium oral tablet 35 mg, 70 mg	6	QL (4 per 28 days); MO	glipizide oral tablet 2.5 mg	6	MO
calcitonin (salmon) injection	5	B/D PA	glipizide oral tablet 5 mg	6	QL (240 per 30 days); MO
calcitonin (salmon) nasal	3	QL (4 per 30 days); MO	glipizide-metformin hcl oral tablet 2.5-250 mg	6	QL (240 per 30 days); MO
calcitriol intravenous solution 1 mcg/ml	4	B/D PA	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	6	QL (120 per 30 days); MO
calcitriol oral capsule	2	B/D PA; MO	glucagon emergency injection kit	3	
calcitriol oral solution	4	B/D PA; MO	glyburide micronized oral tablet 1.5 mg	6	QL (240 per 30 days); MO
cinacalcet hcl oral tablet 30 mg, 60 mg	4	B/D PA; QL (60 per 30 days)	glyburide micronized oral tablet 3 mg	6	QL (120 per 30 days); MO
cinacalcet hcl oral tablet 90 mg	5	B/D PA; QL (120 per 30 days)	glyburide micronized oral tablet 6 mg	6	QL (60 per 30 days); MO
CYCLOSET	4	ST; QL (180 per 30 days); MO	glyburide oral tablet 1.25 mg	6	QL (480 per 30 days); MO
deferasirox oral tablet 90 mg	3	PA	glyburide oral tablet 2.5 mg	6	QL (240 per 30 days); MO
deferasirox oral tablet soluble 125 mg	4	PA	glyburide oral tablet 5 mg	6	QL (120 per 30 days); MO
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA	glyburide-metformin oral tablet 1.25-250 mg	6	QL (240 per 30 days); MO
diazoxide oral	4	MO	glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	6	QL (120 per 30 days); MO
doxercalciferol intravenous	4	B/D PA	GLYXAMBI	2	QL (30 per 30 days); MO
doxercalciferol oral	4	B/D PA; MO	GVOKE HYPOPEN 1-PACK	3	
FARXIGA	2	QL (30 per 30 days); MO	GVOKE HYPOPEN 2-PACK	3	
glimepiride oral tablet 1 mg	6	QL (240 per 30 days); MO	GVOKE KIT	3	
glimepiride oral tablet 2 mg	6	QL (120 per 30 days); MO	GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
glimepiride oral tablet 4 mg	6	QL (60 per 30 days); MO	HUMALOG INJECTION	3	MO
glipizide er oral tablet extended release 24 hour 10 mg	6	QL (60 per 30 days); MO	HUMALOG JUNIOR	3	MO
glipizide er oral tablet extended release 24 hour 2.5 mg	6	QL (240 per 30 days); MO	KWIKPEN		
glipizide er oral tablet extended release 24 hour 5 mg	6	QL (120 per 30 days); MO	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
glipizide oral tablet 10 mg	6	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
HUMALOG MIX 50/50	3	MO	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO
KWIKPEN			JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR			JANUVIA	2	QL (30 per 30 days); MO
HUMALOG MIX 75/25	3	MO	JARDIANCE	2	QL (30 per 30 days); MO
HUMALOG MIX 75/25	3	MO	JENTADUETO	2	QL (60 per 30 days); MO
KWIKPEN			JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR			JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO	KERENDIA	3	QL (30 per 30 days); MO
HUMULIN 70/30	3	MO	KIONEX COMBINATION	3	
HUMULIN 70/30	3	MO	LANTUS	3	QL (30 per 30 days); MO
KWIKPEN			LANTUS SOLOSTAR	3	QL (30 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR			SOLUTION PEN-INJECTOR		
HUMULIN N	3	MO	LOKELMA ORAL PACKET 10 GM	3	QL (34 per 30 days); MO
HUMULIN N KWIKPEN	3	MO	LOKELMA ORAL PACKET 5 GM	3	QL (90 per 30 days); MO
SUBCUTANEOUS SUSPENSION PEN-INJECTOR			LYUMJEV	3	MO
HUMULIN R	3	MO	LYUMJEV KWIKPEN	3	MO
ibandronate sodium intravenous	4	B/D PA	metformin hcl er oral tablet extended release 24 hour 500 mg	6	QL (120 per 30 days); MO
ibandronate sodium oral	2	QL (1 per 28 days); MO	metformin hcl er oral tablet extended release 24 hour 750 mg	6	QL (60 per 30 days); MO
insulin lispro (1 unit dial)	3	MO	metformin hcl oral solution	4	QL (946 per 30 days); MO
insulin lispro injection	3	MO			
insulin lispro junior kwikpen	3	MO			
insulin lispro prot & lispro	3	MO			
INVOKAMET	4	QL (60 per 30 days); MO			
INVOKAMET XR	4	QL (60 per 30 days); MO			
INVOKANA	4	QL (30 per 30 days); MO			
JANUMET	2	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
metformin hcl oral tablet 1000 mg	6	QL (60 per 30 days); MO	PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
metformin hcl oral tablet 500 mg	6	QL (150 per 30 days); MO	repaglinide oral tablet 0.5 mg	6	QL (960 per 30 days); MO
metformin hcl oral tablet 850 mg	6	QL (90 per 30 days); MO	repaglinide oral tablet 1 mg	6	QL (480 per 30 days); MO
miglitol	4	QL (90 per 30 days); MO	repaglinide oral tablet 2 mg	6	QL (240 per 30 days); MO
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)	risedronate sodium oral tablet 150 mg	4	ST; QL (1 per 28 days); MO
nateglinide oral tablet 120 mg	6	QL (90 per 30 days); MO	risedronate sodium oral tablet 30 mg	4	ST; QL (30 per 30 days)
nateglinide oral tablet 60 mg	6	QL (180 per 30 days); MO	risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	4	ST; QL (4 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)	risedronate sodium oral tablet 5 mg	4	ST; QL (30 per 30 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)	risedronate sodium oral tablet delayed release	4	ST; QL (4 per 28 days); MO
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)	RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	4		RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
pamidronate disodium intravenous solution 6 mg/ml	3	B/D PA	RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
paricalcitol oral	4	B/D PA; MO	RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
pioglitazone hcl oral tablet 15 mg	6	QL (90 per 30 days); MO	sodium polystyrene sulfonate oral powder	4	
pioglitazone hcl oral tablet 30 mg	6	QL (45 per 30 days); MO	SOLIQUA	3	QL (15 per 25 days); MO
pioglitazone hcl oral tablet 45 mg	6	QL (30 per 30 days); MO	SPS (SODIUM POLYSTYRENE SULF)	3	
pioglitazone hcl-glimepiride	6	QL (30 per 30 days); MO	SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (11 per 30 days); MO
pioglitazone hcl-metformin hcl	6	QL (90 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
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days); MO	TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY	2	QL (60 per 30 days); MO	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO	TYMLOS	5	PA; QL (1.56 per 28 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO	VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA; QL (3 per 28 days)	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO
tolvaptan oral tablet 15 mg	5	PA; QL (30 per 30 days)	VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO
tolvaptan oral tablet 30 mg	5	PA; QL (60 per 30 days)	XGEVA	5	PA; QL (5.1 per 28 days)
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO	zoledronic acid intravenous concentrate	4	PA
TRESIBA	3	QL (30 per 30 days); MO	zoledronic acid intravenous solution	4	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days); MO	Gastrointestinal Agents		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days); MO	alosetron hcl oral tablet 0.5 mg	4	PA; QL (60 per 30 days); MO
trientine hcl	5	PA	alosetron hcl oral tablet 1 mg	5	PA; QL (60 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO	aprepitant oral	4	B/D PA; QL (15 per 30 days)
			aprepitant oral capsule	5	B/D PA; QL (5 per 30 days)
			aprepitant oral capsule	4	B/D PA; QL (1 per 28 days)
			aprepitant oral capsule	4	B/D PA; QL (15 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
aprepitant oral capsule 80 mg	4	B/D PA; QL (10 per 30 days)
balsalazide disodium	4	
budesonide er oral tablet extended release 24 hour	4	PA
budesonide oral	4	
cimetidine hcl oral solution 300 mg/5ml	3	MO
cimetidine oral tablet 200 mg	3	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	3	MO
COMPRO	4	
constulose	2	MO
dexlansoprazole	4	ST; QL (30 per 30 days); MO
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	4	
dicyclomine hcl oral tablet 20 mg	2	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	3	
dronabinol	4	B/D PA; QL (120 per 30 days)
enulose	2	MO
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	4	QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	4	
famotidine (pf)	3	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	4	
famotidine oral suspension reconstituted	4	MO

Drug Name	Drug Tier	Requirements/Limits
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed GATTEX	3	PA; LA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	
generlac	2	MO
glycopyrrolate injection solution	4	
glycopyrrolate oral tablet 1 mg	2	
glycopyrrolate oral tablet 2 mg	3	
gransetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	4	
gransetron hcl oral	4	B/D PA; QL (30 per 30 days)
hydrocortisone oral	2	
hydrocortisone rectal enema	4	
hyoscyamine sulfate oral tablet	3	MO
hyoscyamine sulfate oral tablet dispersible	3	MO
hyoscyamine sulfate sublingual	3	MO
lactulose	2	MO
encephalopathy oral solution 10 gm/15ml		
lactulose oral solution	2	MO
lansoprazole oral capsule delayed release 15 mg	4	MO
lansoprazole oral capsule delayed release 30 mg	4	QL (30 per 30 days); MO
LINZESS	3	QL (30 per 30 days); MO
loperamide hcl oral capsule	2	
lubiprostone	3	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
meclizine hcl oral tablet 12.5 mg, 25 mg	2		ondansetron hcl oral tablet 4 mg	2	B/D PA; QL (90 per 30 days)
mesalamine er oral capsule extended release 24 hour	3	MO	ondansetron hcl oral tablet 8 mg	3	B/D PA; QL (90 per 30 days)
mesalamine oral capsule delayed release	3	MO	ondansetron oral tablet dispersible 16 mg	4	B/D PA; QL (30 per 30 days)
mesalamine oral tablet delayed release 1.2 gm	3	MO	ondansetron oral tablet dispersible 4 mg	4	B/D PA; QL (90 per 30 days)
mesalamine oral tablet delayed release 800 mg	3		ondansetron oral tablet dispersible 8 mg	3	B/D PA; QL (90 per 30 days)
mesalamine rectal	4		opium	2	
mesalamine-cleanser	4		pantoprazole sodium intravenous	4	
methscopolamine bromide oral	4		pantoprazole sodium oral tablet delayed release	1	MO
metoclopramide hcl injection	4		peg 3350-kcl-na bicarb-nacl	2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	2		peg-3350/electrolytes	2	
metoclopramide hcl oral tablet	1		peg-3350/electrolytes/ascorbat	4	
misoprostol oral tablet 100 mcg	3	MO	peg-kcl-nacl-nasulf-na asc-c	4	
misoprostol oral tablet 200 mcg	4	MO	prochlorperazine	4	
MOVANTIK	3	QL (30 per 30 days)	prochlorperazine edisylate injection solution 10 mg/2ml	4	
nizatidine oral capsule 150 mg	2	MO	prochlorperazine maleate oral	2	MO
nizatidine oral capsule 300 mg	3	MO	promethazine hcl injection solution 25 mg/ml	3	
omeprazole oral capsule delayed release	6	MO	promethazine hcl injection solution 50 mg/ml	4	
ondansetron hcl +rfid	4		promethazine hcl oral solution	2	
ondansetron hcl injection	4		promethazine hcl oral tablet	2	
ondansetron hcl oral solution	4	B/D PA; QL (450 per 30 days)	scopolamine	4	QL (10 per 28 days)
ondansetron hcl oral tablet 24 mg	4	B/D PA; QL (30 per 30 days)	sucralfate oral suspension	4	MO
			sucralfate oral tablet	2	MO
			sulfasalazine oral	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
ursodiol oral capsule 300 mg	3	MO	bethanechol chloride oral tablet 5 mg	2	
ursodiol oral tablet	4	MO	bethanechol chloride oral tablet 50 mg	4	
VOWST	5	PA; QL (12 per 30 days)	clindamycin phosphate vaginal	4	
XERMELO	5	PA; QL (90 per 30 days); LA	dutasteride oral	4	QL (30 per 30 days); MO
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment					
betaine	5	LA	dutasteride-tamsulosin hcl	3	QL (30 per 30 days); MO
CREON	3	MO	ELMIRON	5	
cromolyn sodium oral	4	MO	fesoterodine fumarate er	3	QL (30 per 30 days); MO
CYSTAGON	3	PA; LA	finasteride oral tablet 5 mg	2	MO
FABRAZYME	5	PA; LA	GEMTESA	4	QL (30 per 30 days); MO
LUMIZYME	5	PA; LA	metronidazole vaginal	2	
NAGLAZYME	5	PA; LA	miconazole 3 vaginal suppository	3	
nitisinone	5	PA	MYRBETRIQ ORAL SUSPENSION	4	QL (300 per 30 days); MO
PROLASTIN-C	5	PA; LA	RECONSTITUTED ER		
INTRAVENOUS SOLUTION			MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days); MO
sapropterin dihydrochloride oral tablet	5	PA	oxybutynin chloride er oral tablet extended release 24 hour 10 mg	3	QL (60 per 30 days); MO
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA	oxybutynin chloride er oral tablet extended release 24 hour 15 mg	4	QL (60 per 30 days); MO
sodium phenylbutyrate oral tablet	5	PA	oxybutynin chloride er oral tablet extended release 24 hour 5 mg	4	QL (30 per 30 days); MO
SUCRAID	5	PA; LA	oxybutynin chloride oral solution	2	QL (600 per 30 days); MO
VPRIV	5	PA	oxybutynin chloride oral tablet 2.5 mg	2	QL (90 per 30 days); MO
YARGESA	5	PA	oxybutynin chloride oral tablet 5 mg	2	QL (120 per 30 days); MO
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	penicillamine oral tablet	5	
Genitourinary Agents					
alfuzosin hcl er	2	MO			
bethanechol chloride oral tablet 10 mg, 25 mg	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
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)	4		AZURETTE	4	MO
potassium citrate er oral tablet extended release 5 meq (540 mg)	3		BALZIVA	4	MO
solifenacain succinate	4	QL (30 per 30 days); MO	BIJUVA	3	PA; MO
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days); MO	BLISOVI 24 FE	4	MO
tamsulosin hcl	2	MO	BLISOVI FE 1.5/30	2	MO
terconazole vaginal cream	2		BLISOVI FE 1/20	3	MO
terconazole vaginal suppository	4		briellyn	4	MO
tolterodine tartrate	4	QL (60 per 30 days); MO	cabergoline	3	
tolterodine tartrate er	4	QL (30 per 30 days); MO	CAMILA	2	MO
trospium chloride	4	QL (60 per 30 days); MO	CAMRESE	4	MO
trospium chloride er	4	QL (30 per 30 days); MO	CHATEAL EQ	3	MO
VANDAZOLE	4		CRYSELLE-28	4	MO
Hormonal Agents					
ABIGALE	4	PA; MO	CYRED EQ	3	MO
ABIGALE LO	4	PA; MO	danazol oral	4	
AFIRMELLE	3	MO	DASETTA 1/35 (28)	4	MO
ALTAVERA	2	MO	DASETTA 7/7/7	3	MO
alyacen 1/35	4	MO	DAYSEE	4	MO
alyacen 7/7/7	3	MO	DEBLITANE	2	MO
AMETHIA	4	MO	DELYLA	3	MO
AMETHYST	3	MO	DEPO-ESTRADIOL	3	
APRI	2	MO	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
ARANELLE	2	MO	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA; MO
ASHLYNA	4	MO	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	MO
AUBRA EQ	2	MO	desmopressin ace spray refrig	4	MO
AUROVELA 1.5/30	3	MO	desmopressin acetate injection	4	
AUROVELA 1/20	3	MO	desmopressin acetate oral tablet 0.1 mg	3	MO
AUROVELA 24 FE	4	MO	desmopressin acetate oral tablet 0.2 mg	4	MO
AUROVELA FE 1.5/30	3	MO	desmopressin acetate pf	4	
AUROVELA FE 1/20	3	MO	desmopressin acetate spray	4	MO
AVIANE	2	MO	desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	4	MO
AYUNA	3	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE	4		ethynodiol diac-eth	2	MO
INTENSOL			estradiol oral tablet 1-		
dexamethasone oral	4		35 mg-mcg		
elixir			ethynodiol diac-eth	4	MO
dexamethasone oral	4		estradiol oral tablet 1-		
solution			50 mg-mcg		
dexamethasone oral	2		etongestrel-ethinyl	4	MO
tablet			estradiol		
dexamethasone sod	3		FALMINA	2	MO
phos +rfid			FEIRZA 1.5/30	2	MO
dexamethasone sod	3		FEIRZA 1/20	2	MO
phosphate pf injection			FEMRING	4	QL (1 per 90 days); MO
solution			fludrocortisone acetate	2	MO
dexamethasone	3		oral		
sodium phosphate			FYAVOLV	3	PA; MO
injection			GALLIFREY	3	MO
DOLISHALE	3	MO	HAILEY 1.5/30	3	MO
DOTTI	3	PA; QL (8 per 28 days); MO	HAILEY 24 FE	4	MO
drospirenone-ethinyl	4	MO	HAILEY FE 1.5/30	3	MO
estradiol			HAILEY FE 1/20	3	MO
DUAVEE	4	PA; QL (30 per 30 days); MO	HALOETTE	4	MO
ELINEST	4	MO	HEATHER	3	MO
ELURYNG	3	MO	ICLEVIA	4	MO
EMZAH	2	MO	IMVEXXY MAINTENANCE	4	QL (18 per 28 days); MO
ENILLORING	4	MO	PACK		
ENPRESSE-28	2	MO	IMVEXXY STARTER PACK	4	QL (18 per 28 days); MO
ENSKYCE ORAL TABLET	2	MO	INCASSIA	2	MO
0.15-30 MG-MCG			INCRELEX	5	PA; LA
ERRIN	2	MO	INTROVALE	4	MO
ESTARYLLA	2	MO	ISIBLOOM	2	MO
estradiol oral	1	MO	JAIMIESS	4	MO
estradiol transdermal	3	PA; QL (8 per 28 days); MO	JASMIEL	4	MO
patch twice weekly			JENCYCLA	3	MO
estradiol transdermal	3	PA; QL (4 per 28 days); MO	JINTELI	3	PA; MO
patch weekly			JOLESSA	4	MO
estradiol vaginal	3	MO	JULEBER	2	MO
estradiol valerate	4		JUNEL 1.5/30	3	MO
intramuscular			JUNEL 1/20	3	MO
estradiol-	4	PA; MO	JUNEL FE 1.5/30	2	MO
norethindrone acet			JUNEL FE 1/20	2	MO
ESTRING VAGINAL RING	4	QL (1 per 90 days); MO	JUNEL FE 24	4	MO
7.5 MCG/24HR			KALLIGA	3	MO
			KARIVA	4	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
KELNOR 1/35	2	MO	LUPRON DEPOT-PED (1-MONTH)	4	PA; QL (1 per 28 days)
KELNOR 1/50	4	MO	INTRAMUSCULAR KIT		
KURVELO	2	MO	11.25 MG, 15 MG		
<i>lanreotide acetate</i>	5	PA	LUPRON DEPOT-PED (1-MONTH)	5	PA; QL (1 per 28 days)
LARIN 1.5/30	3	MO	INTRAMUSCULAR KIT 7.5		
LARIN 1/20	3	MO	MG		
LARIN 24 FE	4	MO	LUTERA	2	MO
LARIN FE 1.5/30	2	MO	LYLEQ	2	MO
LARIN FE 1/20	2	MO	LYZA	3	MO
LEENA	3	MO	<i>marlissa</i>	2	MO
LESSINA	2	MO	medroxyprogesterone acetate intramuscular suspension	3	
<i>levo-t</i>	6	MO	medroxyprogesterone acetate intramuscular suspension prefilled syringe	4	
LEVONEST	2	MO	medroxyprogesterone acetate oral	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	MO	MELEYA	3	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	4	MO	MENEST	4	PA; MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	MO	<i>methimazole oral</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	3	MO	methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	3	
LEVORA 0.15/30 (28)	2	MO	methylprednisolone oral tablet 16 mg, 32 mg, 4 mg	2	
<i>levothyroxine sodium oral capsule</i>	4	MO	methylprednisolone oral tablet 8 mg	4	
<i>levothyroxine sodium oral tablet</i>	6	MO	methylprednisolone oral tablet therapy pack	2	
LEVOXYL	1	MO	methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	4	
<i>liothyronine sodium intravenous</i>	5		MICROGESTIN 1.5/30	3	MO
<i>liothyronine sodium oral</i>	2	MO	MICROGESTIN 1/20	3	MO
LO-ZUMANDIMINE	4	MO	MICROGESTIN FE 1.5/30	2	MO
LOESTRIN 1.5/30 (21)	3	MO	MICROGESTIN FE 1/20	2	MO
LOESTRIN 1/20 (21)	3	MO	<i>mifepristone oral tablet</i>	5	PA; LA 300 mg
LOESTRIN FE 1.5/30	3	MO			
LOESTRIN FE 1/20	2	MO			
LORYNA	4	MO			
LOW-OGESTREL	4	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
MILI	2	MO	NORTREL 7/7/7	2	MO
MIMVEY	4	PA; MO	NP THYROID	2	PA; MO
MONO-LINYAH	3	MO	NYLIA 1/35	4	MO
NECON 0.5/35 (28)	3	MO	NYLIA 7/7/7	2	MO
NEXPLANON	3		OCELLA	4	MO
NIKKI	4	MO	octreotide acetate <i>injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
NORA-BE	2	MO	octreotide acetate <i>injection solution 500 mcg/ml</i>	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA	octreotide acetate <i>subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	4	PA
norelgestromin-eth estradiol	3	MO	octreotide acetate <i>subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	PA
norethin ace-eth estradiol oral tablet 1- 20 mg-mcg	2	MO	OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA
norethin ace-eth estradiol oral tablet 1.5- 30 mg-mcg	3	MO	OMNITROPE SUBCUTANEOUS SOLUTION	5	PA; LA
norethin-eth estradiol- fe oral tablet chewable 0.4-35 mg-mcg	4	MO	RECONSTITUTED		
norethindron-ethinyl estradiol	4	MO	ORQUIDEA	3	MO
norethindrone acet- ethinyl est oral tablet	3	MO	ORSYTHIA	3	MO
norethindrone acetate oral	3	MO	PHILITH	4	MO
norethindrone oral	2	MO	PIMTREA	4	MO
norethindrone-eth estradiol	3	PA; MO	PORTIA-28	2	MO
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	MO	prednisolone oral solution	2	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	4	MO	prednisolone sodium phosphate oral solution 15 mg/5ml	3	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	MO	prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	4	
NORLYROC	3	MO	PREDNISONE INTENSOL	4	
NORTREL 0.5/35 (28)	3	MO	prednisone oral solution	3	
NORTREL 1/35 (21)	4	MO	prednisone oral tablet	1	
NORTREL 1/35 (28)	4	MO	prednisone oral tablet therapy pack	1	

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
PREMARIN ORAL	3	PA; MO	testosterone	4	PA; QL (112.5 per 30 days); MO
PREMARIN VAGINAL	3	MO	transdermal gel 20.25 mg/1.25gm (1.62%)		
PREMPHASE	3	PA; MO	testosterone	4	PA; QL (150 per 30 days); MO
PREMPRO	3	PA; MO	transdermal gel 40.5 mg/2.5gm (1.62%)		
progesterone oral	3	MO	TILIA FE	4	MO
propylthiouracil oral	2	MO	TIROSINT ORAL	4	MO
raloxifene hcl	3	QL (30 per 30 days); MO	CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG		
RECLIPSEN	2	MO	TRI-ESTARYLLA	4	MO
SETLAKIN	4	MO	TRI-LEGEST FE	4	MO
SHAROBEL	2	MO	TRI-LINYAH	4	MO
SIGNIFOR	5	PA; LA	TRI-LO-ESTARYLLA	2	MO
SIMLIYA	4	MO	TRI-LO-MARZIA	3	MO
SIMPESSE	4	MO	TRI-LO-MILI	3	MO
SKYLA	3		TRI-LO-SPRINTEC	2	MO
SOMATULINE DEPOT	5	PA	TRI-MILI	4	MO
SOMAVERT	5	PA; LA	TRI-NYMYO	4	MO
SPRINTEC 28	2	MO	TRI-SPRINTEC	4	MO
SRONYX	2	MO	TRI-VYLIBRA	4	MO
SYEDA	4	MO	TRI-VYLIBRA LO	3	MO
SYNAREL	5	PA	triamicinolone acetonide injection suspension 40 mg/ml		
SYNTROID	3	MO	TRIVORA (28)	2	MO
TARINA 24 FE	4	MO	TURQOZ	4	MO
TARINA FE 1/20 EQ	2	MO	UNITHROID	1	MO
testosterone cypionate intramuscular solution 100 mg/ml	2	PA; MO	VALTYA 1/50	4	MO
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	2	MO	VELIVET	2	MO
testosterone enanthate intramuscular solution	4	PA; MO	VIENVA	2	MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	3	PA; QL (150 per 30 days); MO	viorele	4	MO
testosterone transdermal gel 10 mg/act (2%)	3	PA; QL (120 per 30 days); MO	VOLNEA	4	MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	3	PA; QL (300 per 30 days); MO	VYFEMLA	4	MO
			VYLIBRA	3	MO
			WERA	3	MO
			WYMZYA FE	4	MO
			XARAH FE	4	MO
			XELRIA FE	4	MO
			XULANE	4	MO
			yuvafem	4	MO
			ZAFEMY	4	MO
			ZOVIA 1/35 (28)	2	MO
			ZUMANDIMINE	4	MO

Immunological Agents

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
ABRYSVO	6		DAPTACEL	6	
ACTHIB	6		INTRAMUSCULAR		
ACTIMMUNE	5	PA; LA	SUSPENSION 23-15-5		
ADACEL	6		diphtheria-tetanus	6	
ARCALYST	5	PA	toxoids dt		
AREXVY	6		ENBREL MINI	5	PA; QL (8 per 28 days)
azathioprine oral tablet 50 mg	2	B/D PA	ENBREL	5	PA; QL (4 per 28 days)
bcg vaccine injection solution reconstituted	6		SUBCUTANEOUS		
BENLYSTA	5	PA	SOLUTION 25 MG/0.5ML		
BEXSERO	6		ENBREL	5	PA; QL (4.08 per 28 days)
BOOSTRIX	6		SUBCUTANEOUS		
INTRAMUSCULAR			SOLUTION PREFILLED		
SUSPENSION 5-2.5-18.5			SYRINGE 25 MG/0.5ML		
LF-MCG/0.5			ENBREL	5	PA; QL (8 per 28 days)
BOOSTRIX	6		SUBCUTANEOUS		
INTRAMUSCULAR			SOLUTION PREFILLED		
SUSPENSION PREFILLED			SYRINGE 50 MG/ML		
SYRINGE			ENBREL SURECLICK	5	PA; QL (8 per 28 days)
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); LA	SUBCUTANEOUS		
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); LA	SOLUTION AUTO-INJECTOR		
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); LA	ENGERIX-B INJECTION	6	B/D PA
COSENTYX SUBCUTANEOUS	5	PA; QL (8 per 28 days); LA	SUSPENSION 20 MCG/ML		
SOLUTION PREFILLED			ENGERIX-B INJECTION	6	B/D PA
SYRINGE 150 MG/ML			SUSPENSION PREFILLED		
COSENTYX SUBCUTANEOUS	5	PA; QL (2 per 28 days)	SYRINGE		
SOLUTION PREFILLED			ENVARSUS XR	4	B/D PA
SYRINGE 75 MG/0.5ML			everolimus oral tablet 0.25 mg, 0.75 mg	4	B/D PA
COSENTYX UNOREADY	5	PA; QL (8 per 28 days)	everolimus oral tablet 0.5 mg, 1 mg	5	B/D PA
cyclosporine modified oral capsule 100 mg, 25 mg	4	B/D PA	GAMUNEX-C	5	PA
cyclosporine modified oral capsule 50 mg	2	B/D PA	GARDASIL 9	6	
cyclosporine modified oral solution	4	B/D PA	GENGRAF ORAL	4	B/D PA
cyclosporine oral capsule	4	B/D PA	CAPSULE 100 MG, 25 MG		

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
HAVRIX	6		IMOVAX RABIES	6	
INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE			INTRAMUSCULAR SUSPENSION RECONSTITUTED		
HEPLISAV-B	6	B/D PA	INFANRIX	6	
INTRAMUSCULAR SOLUTION PREFILLED SYRINGE			infliximab	5	PA
HIBERIX INJECTION	6		IPOL	6	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)	IXCHIQ	6	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (2 per 28 days)	IXIARO	6	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	5	PA; QL (2 per 28 days)	JYlamvo	4	ST
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	5	PA; QL (4 per 28 days)	JYNNEOS	6	
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO- INJECTOR KIT	5	PA; QL (8 per 365 days)	<i>kedrab injection</i>	3	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (6 per 365 days)	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
HUMIRA-PSORIASIS/ UVEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	5	PA; QL (6 per 365 days)	<i>leflunomide oral tablet</i>	4	QL (30 per 30 days); MO
HYPERRAB	5		<i>leflunomide oral tablet</i>	3	QL (30 per 30 days); MO
IMOgam RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3		M-M-R II INJECTION	6	
			MENACTRA	6	
			INTRAMUSCULAR SOLUTION		
			MENQUADFI	6	
			INTRAMUSCULAR SOLUTION		
			MENVEO	6	
			<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/ 40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
			<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	4	
			<i>methotrexate sodium injection solution reconstituted</i>	2	
			<i>methotrexate sodium oral</i>	2	
			MRESVIA	6	
			<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
			<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D PA

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

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil oral tablet	2	B/D PA
mycophenolate sodium	4	B/D PA
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	4	B/D PA
MYHIBBIN	5	B/D PA
NULOJIX	5	PA
OCTAGAM	5	PA
INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML		
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA
PEDIARIX	6	
INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
PEDVAX HIB	6	
INTRAMUSCULAR SUSPENSION		
PEGASYS	5	
SUBCUTANEOUS SOLUTION 180 MCG/ML		
PEGASYS	5	
SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		
PENBRAYA	6	
penmenvy	6	
PENTACEL	6	
PRIORIX	6	
PROGRAF	5	B/D PA
INTRAVENOUS		
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD	6	
SUBCUTANEOUS SUSPENSION RECONSTITUTED		
QUADRACEL	6	
RABAVERT	6	
RECOMBIVAX HB	6	B/D PA

Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA
REZUROCK	5	PA; LA
RINVOQ	5	PA; QL (30 per 30 days)
RINVOQ LQ	5	PA; QL (360 per 30 days)
ROTARIX ORAL SUSPENSION	6	
ROTATEQ ORAL SOLUTION	6	
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SELARSDI	5	PA; QL (1 per 28 days)
SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		
SHINGRIX	6	
INTRAMUSCULAR SUSPENSION		
RECONSTITUTED 50 MCG/0.5ML		
SIMLANDI (1 PEN)	5	PA; QL (4 per 28 days)
SIMLANDI (1 SYRINGE)	5	PA; QL (4 per 28 days)
SIMLANDI (2 PEN)	5	PA; QL (4 per 28 days)
SIMLANDI (2 SYRINGE)	5	PA; QL (2 per 28 days)
SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		
SIMLANDI (2 SYRINGE)	5	PA; QL (4 per 28 days)
SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML		
sirolimus oral	4	B/D PA
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)
SKYRIZI PEN	5	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days)

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
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days)	abacavir sulfate oral solution	4	QL (960 per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); LA	abacavir sulfate oral tablet	4	QL (60 per 30 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days)	abacavir sulfate-lamivudine	4	QL (30 per 30 days)
tacrolimus oral	4	B/D PA	ABELCET	4	B/D PA
TENIVAC	6		acyclovir oral capsule	2	MO
TICOVAC	6		acyclovir oral suspension 200 mg/5ml	4	MO
TREMFYA CROHNS INDUCTION	5	PA; QL (4 per 28 days)	acyclovir oral suspension 800 mg/20ml	4	
TREMFYA ONE-PRESS	5	PA; QL (2 per 28 days)	acyclovir oral tablet	2	MO
TREMFYA PEN	5	PA; QL (2 per 28 days)	acyclovir sodium intravenous solution	4	B/D PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 per 28 days)	adefovir dipivoxil	4	PA
TRUMENBA	6		albendazole oral	4	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6		amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4	
TYPHIM VI	6		amoxicillin oral capsule	6	
VAQTA	6		amoxicillin oral suspension reconstituted	1	
VARIVAX	6		amoxicillin oral tablet	6	
VARIZIG INTRAMUSCULAR SOLUTION	3		amoxicillin oral tablet chewable 125 mg	2	
VAXCHORA	6		amoxicillin oral tablet chewable 250 mg	1	
VIMKUNYA	6		amoxicillin-pot clavulanate er	4	
VIVOTIF	6		amoxicillin-pot clavulanate oral suspension	2	
XATMEP	4	ST	reconstituted 200-28.5 mg/5ml, 600-42.9 mg/5ml		
XELJANZ ORAL SOLUTION	5	PA; QL (240 per 24 days)	amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	
XELJANZ ORAL TABLET	5	PA; QL (60 per 30 days)			
XELJANZ XR	5	PA; QL (30 per 30 days)			
YF-VAX	6				

Infectious Disease Agents

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-pot clavulanate oral suspension reconstituted 400-57 mg/5ml	3		azithromycin oral suspension reconstituted 100 mg/5ml	4	
amoxicillin-pot clavulanate oral tablet 250-125 mg	3		azithromycin oral suspension reconstituted 200 mg/5ml	2	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2		azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
amphotericin b intravenous	4	B/D PA	azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	2	
amphotericin b liposome	5	B/D PA	aztreonam	4	
ampicillin oral capsule 500 mg	2		BARACLODE ORAL SOLUTION	5	PA
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4		BICILLIN C-R	4	
ampicillin sodium intravenous	4		BICILLIN C-R 900/300	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4		BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
ampicillin-sulbactam sodium intravenous	4		BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days)	BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
ARIKAYCE	5	LA	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (4 per 28 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days)	CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (6 per 28 days)
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days)	cefaclor er	3	
atovaquone oral	4	PA	cefaclor oral capsule 250 mg	2	
atovaquone-proguanil hcl	4		cefaclor oral capsule 500 mg	3	
azithromycin intravenous	4		cefaclor oral suspension reconstituted 250 mg/5ml	2	
azithromycin oral packet	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
cefadroxil oral capsule	2		cefpodoxime proxetil oral suspension	4	
cefadroxil oral suspension reconstituted	3		reconstituted 100 mg/5ml		
cefadroxil oral tablet	4		cefpodoxime proxetil oral suspension	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm	4		reconstituted 50 mg/5ml		
cefazolin sodium injection solution reconstituted 500 mg	3		cefpodoxime proxetil oral tablet 100 mg	3	
cefazolin sodium intravenous solution reconstituted	4		cefpodoxime proxetil oral tablet 200 mg	4	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 3-4 gm/150ml-%	3		cefprozil oral suspension reconstituted	3	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 3-2 gm-%(50ml)	3		cefprozil oral tablet 250 mg	2	
cefazolin sodium-dextrose intravenous solution reconstituted 2-3 gm-%(50ml)	4		cefprozil oral tablet 500 mg	3	
cefdinir oral capsule	2		ceftazidime injection solution reconstituted 1 gm, 6 gm	4	
cefdinir oral suspension reconstituted	4		ceftazidime intravenous	4	
cefepime hcl injection solution reconstituted 1 gm	4		ceftriaxone sodium in dextrose intravenous solution 20 mg/ml	3	
cefepime hcl intravenous	4		ceftriaxone sodium in dextrose intravenous solution 40 mg/ml	4	
cefixime oral capsule	4		ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 500 mg	4	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4		ceftriaxone sodium injection solution reconstituted 250 mg	3	
cefoxitin sodium intravenous	4		ceftriaxone sodium intravenous solution reconstituted 1 gm	3	
			ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 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
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	4		clarithromycin oral tablet	3	
cefuroxime axetil oral tablet 250 mg	1		clindamycin hcl oral	2	
cefuroxime axetil oral tablet 500 mg	2		clindamycin phosphate in d5w	4	
cefuroxime sodium injection solution reconstituted 750 mg	4		clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4		COARTEM	4	
cephalexin oral capsule 250 mg, 500 mg	1		colistimethate sodium (cba)	4	
cephalexin oral suspension reconstituted 125 mg/5ml	1		COMPLERA	5	QL (30 per 30 days)
cephalexin oral suspension reconstituted 250 mg/5ml	2		dapsone oral	3	MO
cephalexin oral tablet	2		daptomycin	5	
chloroquine phosphate oral	1	MO	darunavir oral tablet 600 mg	4	QL (60 per 30 days)
cidofovir intravenous	5	B/D PA	darunavir oral tablet 800 mg	5	QL (60 per 30 days)
CIMDUO	5	QL (30 per 30 days)	DELSTRIGO	5	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1		demeocycline hcl oral	4	
ciprofloxacin hcl oral tablet 750 mg	2		DESCOVY	5	QL (30 per 30 days)
ciprofloxacin in d5w	4		dicloxacillin sodium	2	
clarithromycin er	3		DIFICID ORAL TABLET	5	PA
clarithromycin oral suspension reconstituted 125 mg/5ml	2		DOVATO	5	QL (30 per 30 days)
clarithromycin oral suspension reconstituted 250 mg/5ml	4		DOXY 100	4	
doxycycline hyclate intravenous			doxycycline hyclate oral capsule	4	
doxycycline hyclate oral tablet 100 mg			doxycycline hyclate oral tablet 20 mg	3	
doxycycline monohydrate oral capsule 100 mg, 50 mg			doxycycline	3	
doxycycline monohydrate oral suspension			monohydrate oral capsule 100 mg, 50 mg	2	
reconstituted 250 mg/5ml			doxycycline monohydrate oral suspension reconstituted	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral tablet 100 mg	2		erythromycin base oral capsule delayed release particles	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	3		erythromycin base oral tablet	4	
E.E.S. 400 ORAL TABLET	3		erythromycin base oral tablet delayed release 250 mg, 333 mg	3	
EDURANT	5	QL (30 per 30 days)	erythromycin base oral tablet delayed release 500 mg	4	
EDURANT PED	5	QL (180 per 30 days)	erythromycin ethylsuccinate oral tablet	3	
efavirenz oral tablet	4	QL (30 per 30 days)	erythromycin lactobionate	4	
efavirenz-emtricitab-tenofo df	4	QL (30 per 30 days)	erythromycin oral tablet delayed release 250 mg, 333 mg	3	
efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days)	erythromycin oral tablet delayed release 500 mg	4	
emtricitab-rilpivir-tenofov df	5	QL (30 per 30 days)	ethambutol hcl oral	4	
emtricitabine	4	QL (30 per 30 days)	etravirine oral tablet	4	QL (120 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg	4	QL (30 per 30 days)	etravirine oral tablet	4	QL (60 per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	5	QL (30 per 30 days)	EVOTAZ	5	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)	famciclovir oral tablet	3	QL (60 per 30 days)
entecavir	4	PA	famciclovir oral tablet	3	QL (21 per 7 days)
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4	
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days)	fluconazole oral suspension	3	
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days)	reconstituted 10 mg/ml		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days)	fluconazole oral suspension	4	
ertapenem sodium	4		reconstituted 40 mg/ml		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	3		fluconazole oral tablet	2	
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	4		100 mg, 150 mg, 50 mg		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
fluconazole oral tablet 200 mg	3		ISENTRESS ORAL PACKET	5	QL (180 per 30 days)
flucytosine oral	5		ISENTRESS ORAL TABLET	5	QL (120 per 30 days)
fosamprenavir calcium	4	QL (120 per 30 days)	ISENTRESS ORAL TABLET	4	QL (180 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days)	CHEWABLE 100 MG		
ganciclovir sodium intravenous solution reconstituted	5	B/D PA	ISENTRESS ORAL TABLET	3	QL (720 per 30 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4		isoniazid injection	4	
gentamicin in saline intravenous solution 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%	3		isoniazid oral syrup	4	MO
gentamicin sulfate injection	4		isoniazid oral tablet 100 mg	1	MO
GENVOYA	5	QL (30 per 30 days)	isoniazid oral tablet 300 mg	2	MO
griseofulvin microsize oral	4		itraconazole oral capsule	4	PA
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4		ivermectin oral	3	PA
HARVONI	5	PA; QL (28 per 28 days)	JULUCA	5	QL (30 per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	1	MO	KALETRA ORAL SOLUTION	4	QL (480 per 30 days)
imipenem-cilastatin intravenous solution reconstituted 250 mg	3		ketoconazole oral	2	
imipenem-cilastatin intravenous solution reconstituted 500 mg	4		LAGEVRIO	5	QL (40 per 90 days)
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)	lamivudine oral solution	3	
ISENTRESS HD	5	QL (60 per 30 days)	lamivudine oral tablet 100 mg		
			lamivudine oral tablet 150 mg	4	QL (60 per 30 days)
			lamivudine oral tablet 300 mg	4	QL (30 per 30 days)
			lamivudine-zidovudine	4	QL (60 per 30 days)
			levofloxacin in d5w	4	
			levofloxacin intravenous	4	
			levofloxacin oral solution	4	
			levofloxacin oral tablet 250 mg, 500 mg	1	
			levofloxacin oral tablet 750 mg	2	
			lincomycin hcl injection	4	
			linezolid in sodium chloride	4	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
linezolid intravenous solution 600 mg/300ml	4		nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
linezolid oral suspension reconstituted	5	PA; QL (1800 per 30 days)	nafcillin sodium intravenous solution reconstituted 10 gm	5	
linezolid oral tablet	4	PA; QL (56 per 28 days)	neomycin sulfate oral	2	
LIVTENCITY	5	PA	nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 per 30 days)
lopinavir-ritonavir oral solution	4	QL (480 per 30 days)	nevirapine oral suspension	4	QL (1200 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 per 30 days)	nevirapine oral tablet	2	QL (60 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 per 30 days)	nitazoxanide oral	4	QL (6 per 30 days)
maraviroc	4	QL (120 per 30 days)	nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days)	nitrofurantoin monohyd macro	3	
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days)	NORVIR ORAL PACKET	4	QL (360 per 30 days)
mefloquine hcl	2	MO	nystatin oral tablet	2	
meropenem intravenous solution reconstituted 1 gm	4		ODEFSEY	5	QL (30 per 30 days)
meropenem intravenous solution reconstituted 500 mg	3		ofloxacin oral tablet 300 mg, 400 mg	3	
methenamine hippurate	4		oseltamivir phosphate oral capsule 30 mg	2	QL (168 per 365 days)
methenamine mandelate oral	2		oseltamivir phosphate oral capsule 45 mg	3	QL (84 per 365 days)
metronidazole intravenous solution 500 mg/100ml	3		oseltamivir phosphate oral capsule 75 mg	2	QL (84 per 365 days)
metronidazole oral tablet	2		oseltamivir phosphate oral suspension reconstituted	2	QL (1080 per 365 days)
micafungin sodium	5		oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	
minocycline hcl oral capsule	2		oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	
minocycline hcl oral tablet	4				
MONDOXYNE NL ORAL CAPSULE 100 MG	2				
moxifloxacin hcl in nacl	4				
moxifloxacin hcl oral	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
oxacillin sodium <i>intravenous</i>	4		PRIFTIN	4	
PAXLOVID (150/100)	2	QL (20 per 90 days)	primaquine phosphate <i>oral tablet 26.3 (15 base) mg</i>	4	
PAXLOVID (300/100 & 150/100)	2	QL (11 per 90 days)	pyrazinamide oral	4	
PAXLOVID (300/100)	2	QL (30 per 90 days)	pyrimethamine oral	5	PA
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4		quinine sulfate oral	4	PA
penicillin g potassium	4		RELENZA DISKHALER <i>INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</i>	3	QL (60 per 180 days)
penicillin g sodium	4		RETROVIR <i>INTRAVENOUS</i>	4	
penicillin v potassium	1		REYATAZ ORAL PACKET	4	QL (240 per 30 days)
pentamidine <i>isethionate inhalation</i>	3	B/D PA	ribavirin oral capsule	3	
pentamidine <i>isethionate injection</i>	4		ribavirin oral tablet 200 mg	4	
PFIZERPEN	4		rifabutin	4	
PIFELTRO	5	QL (30 per 30 days)	rifampin intravenous	4	
<i>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</i>	4		rifampin oral	4	
polymyxin b sulfate <i>injection</i>	4		rimantadine hcl	3	
posaconazole oral	5	PA; MO	ritonavir	3	QL (360 per 30 days)
praziquantel oral	4		RUKOBIA	5	QL (60 per 30 days); MO
PREVYMIS ORAL PACKET	5	PA; QL (120 per 30 days)	SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days)
PREVYMIS ORAL TABLET	5	PA; QL (30 per 30 days)	SIRTURO	5	PA; LA
PREZCOBIX	5	QL (30 per 30 days)	SIVEXTRO INTRAVENOUS	5	PA
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)	SIVEXTRO ORAL	5	PA; QL (6 per 28 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)	streptomycin sulfate <i>intramuscular</i>	5	
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)	STRIBILD	5	QL (30 per 30 days)
			sulfadiazine oral	5	
			sulfamethoxazole-trimethoprim <i>intravenous</i>	3	
			sulfamethoxazole-trimethoprim oral <i>suspension</i>	2	
			sulfamethoxazole-trimethoprim oral <i>tablet</i>	1	

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
SUNLENCA ORAL TABLET	5		TROGARZO	5	PA; QL (23.94 per 28 days); LA
SUNLENCA ORAL TABLET THERAPY PACK	5	LA	TYBOST	3	QL (30 per 30 days)
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO	<i>valacyclovir hcl oral tablet 1 gm</i>	3	QL (90 per 30 days)
SYMTUZA	5	QL (30 per 30 days)	<i>valacyclovir hcl oral tablet 500 mg</i>	3	QL (60 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4		<i>valganciclovir hcl oral tablet</i>	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4		<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	4	
TEFLARO	5		<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	4	
<i>tenofovir disoproxil fumarate</i>	4	QL (30 per 30 days)	<i>vancomycin hcl</i>	4	
<i>terbinafine hcl oral</i>	2		<i>intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>tetracycline hcl oral capsule</i>	4		<i>vancomycin hcl</i>	4	
<i>tigecycline</i>	5		<i>intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	4	
<i>tinidazole oral tablet 250 mg</i>	2		<i>vancomycin hcl oral capsule</i>	4	PA; QL (240 per 30 days)
<i>tinidazole oral tablet 500 mg</i>	4		VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days)	VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days)	VIREAD ORAL POWDER	5	QL (240 per 30 days)
TIVICAY PD	5	QL (360 per 30 days)			
<i>tobramycin sulfate injection solution</i>	4				
<i>tobramycin sulfate injection solution reconstituted</i>	5				
TRECATOR	4				
<i>trifluridine ophthalmic</i>	3				
<i>trimethoprim oral</i>	2				
TRIUMEQ	5	QL (30 per 30 days)			
TRIUMEQ PD	5	QL (180 per 30 days)			

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
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days)	<i>lactated ringers irrigation</i>	4	
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days)	METHERGINE ORAL <i>methylergonovine maleate oral</i>	5	
voriconazole <i>intravenous</i>	4	PA	neomycin-polymyxin b <i>gu</i>	4	
voriconazole oral <i>suspension</i> <i>reconstituted</i>	5	PA; QL (300 per 30 days)	OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	
voriconazole oral tablet 200 mg	5	PA; QL (60 per 30 days)	OMNIPOD 5 DEXG7G6 PODS GEN 5	4	
voriconazole oral tablet 50 mg	4	PA; QL (120 per 30 days)	OMNIPOD 5 G7 INTRO (GEN 5)	4	
VOSEVI	5	PA; QL (30 per 30 days)	OMNIPOD 5 G7 PODS (GEN 5)	4	
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO	OMNIPOD 5 LIBRE2 G6 INTRO G5	4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3		OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3		OMNIPOD CLASSIC PODS (GEN 3)	4	
zidovudine oral capsule	4	QL (180 per 30 days)	OMNIPOD DASH INTRO (GEN 4)	4	
zidovudine oral syrup	2	QL (1920 per 30 days)	OMNIPOD DASH PODS (GEN 4)	4	
zidovudine oral tablet	2	QL (60 per 30 days)	PHYSIOLYTE <i>ringers irrigation</i>	4	
ZIRGAN	4		sodium chloride <i>irrigation solution 0.9 %</i>	2	
ZYVOX INTRAVENOUS SOLUTION 200 MG/ 100ML	5		sterile water for <i>irrigation</i>	3	
Miscellaneous Therapeutic Agents					
acetic acid irrigation	2		SYNAGIS	5	PA
acetylcysteine <i>intravenous</i>	2		TIS-U-SOL	4	
ALCOHOL SWABS	1	MO	Ophthalmic Agents		
GAUZE STERILE PADS 2	1	MO	acetazolamide er	4	MO
IGALMI	4	QL (30 per 30 days)	apraclonidine hcl	3	
INSULIN PEN NEEDLE	2	QL (200 per 30 days); MO	atropine sulfate <i>ophthalmic ointment</i>	3	MO
INSULIN SYRINGE	2	QL (200 per 30 days); MO	atropine sulfate <i>ophthalmic solution 1 %</i>	3	MO
KOSELUGO	5	PA	azelastine hcl <i>ophthalmic</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
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2		gatifloxacin ophthalmic	4	
betaxolol hcl ophthalmic	2	MO	gentamicin sulfate ophthalmic solution	2	
BETOPTIC-S	4	MO	ILEVRO	4	
bimatoprost ophthalmic	3	MO	ketorolac	2	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	3	MO	tromethamine ophthalmic		
brimonidine tartrate ophthalmic solution 0.2 %	2	MO	latanoprost ophthalmic	6	MO
brimonidine tartrate-timolol	3	MO	levobunolol hcl ophthalmic solution 0.5 %	2	MO
brinzolamide	3	MO	levofloxacin ophthalmic	4	
bromfenac sodium (once-daily)	4		LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	4		methazolamide oral	4	MO
carteolol hcl	1	MO	MIEBO	3	QL (12 per 30 days); MO
ciprofloxacin hcl ophthalmic	2		moxifloxacin hcl ophthalmic solution	3	
cromolyn sodium ophthalmic	2		NATACYN	4	
cyclopentolate hcl ophthalmic solution 1 %	2	MO	NEO-POLYCIN	2	
CYSTARAN	5	LA	NEO-POLYCIN HC	2	
dexamethasone sodium phosphate ophthalmic	2		neomycin-bacitracin zn-polymyx	2	
diclofenac sodium ophthalmic	2		neomycin-polymyxin-dexameth	2	
difluprednate	4		neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-025	2	
dorzolamide hcl ophthalmic	2	MO	neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	3	
dorzolamide hcl-timolol mal	2	MO	ofloxacin ophthalmic	2	
epinastine hcl	3		olopatadine hcl ophthalmic solution 0.1 %	4	
erythromycin ophthalmic	2	QL (3.5 per 30 days)	olopatadine hcl ophthalmic solution 0.2 %	3	
fluorometholone ophthalmic	2		pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO
flurbiprofen sodium	1		POLYCIN	2	
			polymyxin b-trimethoprim	1	

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
prednisolone acetate ophthalmic	2		neomycin-polymyxin-hc otic	2	
proparacaine hcl ophthalmic	3		ofloxacin otic	2	
RESTASIS	3	QL (60 per 30 days); MO	Respiratory Tract/Pulmonary Agents		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO	acetylcysteine inhalation	2	B/D PA
RHOPRESSA	3	MO	ADEMPAS	5	PA; QL (90 per 30 days); LA
ROCKLATAN	3	MO	ADVAIR HFA	3	QL (12 per 30 days); MO
SIMBRINZA	3	MO	albuterol sulfate hfa	2	MO
sulfacetamide sodium ophthalmic ointment	3		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
sulfacetamide sodium ophthalmic solution	2		albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	2	B/D PA; MO
sulfacetamide- prednisolone ophthalmic solution	2		albuterol sulfate oral syrup	1	MO
timolol maleate ophthalmic gel forming solution	2	MO	albuterol sulfate oral tablet	4	MO
timolol maleate ophthalmic solution	1	MO	ambrisentan	5	PA; QL (30 per 30 days); LA
TOBRADEX OPHTHALMIC OINTMENT	3		ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
TOBRADEX ST	3		arformoterol tartrate	4	B/D PA; QL (120 per 30 days); MO
tobramycin ophthalmic	2		ARNUITY ELLIPTA	3	QL (30 per 30 days); MO
tobramycin-dexamethasone	3		ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 per 30 days); MO
travoprost (bak free)	3	MO	ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 per 28 days); MO
VYZULTA	4	MO			
XDEMVVY	5	LA			
XiIDRA	3	QL (60 per 30 days); MO			
Otic Agents					
acetic acid otic	2				
ciprofloxacin-dexamethasone	3				
CORTISPORIN-TC	4				
FLAC	4				
fluocinolone acetonide otic	4				
hydrocortisone-acetic acid	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
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (1 per 30 days); MO	cromolyn sodium inhalation	2	B/D PA; MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 per 30 days); MO	cyproheptadine hcl oral syrup	3	PA
ASMANEX HFA	3	QL (13 per 30 days); MO	cyproheptadine hcl oral tablet	4	
ATROVENT HFA	4	QL (26 per 30 days); MO	desloratadine	2	
azelastine hcl nasal solution 0.1 %, 137 mcg/ spray	2	QL (30 per 25 days)	diphenhydramine hcl injection	3	
bosentan	5	PA; QL (60 per 30 days); LA	ELIXOPHYLLIN	3	MO
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	epinephrine (anaphylaxis) injection solution 30 mg/30ml	4	
breyna	3	QL (30.9 per 30 days); MO	epinephrine injection solution 0.3 mg/0.3ml	3	QL (2 per 28 days)
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days); MO	epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/ 0.3ml	3	QL (2 per 28 days)
BRONCHITOL	5	PA; LA	flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (75 per 30 days)
budesonide inhalation suspension 0.25 mg/ 2ml, 0.5 mg/2ml	4	B/D PA; QL (120 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
budesonide inhalation suspension 1 mg/2ml	4	B/D PA; QL (60 per 30 days); MO	fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	4	QL (240 per 30 days); MO
budesonide-formoterol fumarate	3	QL (30.6 per 30 days); MO	fluticasone propionate hfa inhalation aerosol 110 mcg/act	4	QL (12 per 30 days); MO
CAYSTON	5	PA; LA	fluticasone propionate hfa inhalation aerosol 220 mcg/act	4	QL (24 per 30 days); MO
cetirizine hcl oral solution	2		fluticasone propionate hfa inhalation aerosol 44 mcg/act	4	QL (11 per 30 days); MO
clemastine fumarate oral tablet 2.68 mg	2	PA	fluticasone propionate nasal	1	QL (16 per 30 days)
COMBIVENT RESPIMAT	4	QL (8 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.

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
fluticasone-salmeterol inhalation aerosol <i>powder breath</i> activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	3	QL (60 per 30 days); MO	levocetirizine dihydrochloride oral solution	4	QL (300 per 30 days)
formoterol fumarate inhalation	4	B/D PA; QL (120 per 30 days); MO	levocetirizine dihydrochloride oral tablet	2	QL (30 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml	4		mometasone furoate nasal	2	
hydroxyzine hcl intramuscular solution 50 mg/ml	3		montelukast sodium oral packet	4	MO
hydroxyzine hcl oral syrup	3	QL (2880 per 28 days)	montelukast sodium oral tablet	6	MO
hydroxyzine hcl oral tablet 10 mg	3	QL (120 per 30 days)	montelukast sodium oral tablet chewable	3	MO
hydroxyzine hcl oral tablet 25 mg	2	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA; QL (3 per 28 days); LA
hydroxyzine hcl oral tablet 50 mg	3	QL (240 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); LA
hydroxyzine pamoate oral	3	QL (120 per 30 days)	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days); LA
ipratropium bromide inhalation	2	B/D PA; MO	NUCALA SUBCUTANEOUS SOLUTION	5	PA; QL (3 per 28 days); LA
ipratropium bromide nasal	2	QL (30 per 30 days); MO	RECONSTITUTED		
ipratropium-albuterol inhalation solution 0.5- 2.5 (3) mg/3ml	2	B/D PA; QL (540 per 30 days); MO	OFEV	5	PA; QL (60 per 30 days)
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)	OPSUMIT	5	PA; QL (30 per 30 days); LA
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	ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PA; QL (540 per 30 days); MO	pirfenidone oral tablet	5	PA; QL (270 per 30 days)
levalbuterol tartrate	4	QL (45 per 30 days); MO	pirfenidone oral tablet	5	PA; QL (90 per 534 mg, 801 mg 30 days)
			PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA

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
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	3	QL (11 per 30 days); MO	wixela inhale inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (60 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	3	QL (22 per 30 days); MO	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	5	PA; LA	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA
roflumilast	4	PA; QL (30 per 30 days); MO	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA
sildenafil citrate oral tablet 20 mg	3	PA; QL (360 per 30 days)	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); LA
SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO	zafirlukast	4	MO
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO			
STIOLTO RESPIMAT	3	QL (4 per 30 days); MO			
terbutaline sulfate injection	4				
terbutaline sulfate oral	3	MO			
theophylline er	2	MO			
theophylline oral	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			
treprostинil	5	PA; LA			
umeclidinium-vilanterol	3	QL (60 per 30 days); MO			
VENTOLIN HFA	3	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.

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<i>XERMELO</i>	50
<i>XGEVA</i>	47
<i>XIFAXAN</i>	68
<i>XIGDUO XR</i>	47
<i>XIIDRA</i>	70
<i>XOFLUZA (40 MG DOSE)</i>	68
<i>XOFLUZA (80 MG DOSE)</i>	68
<i>XOLAIR</i>	73
<i>XOSPATA</i>	18
<i>XPOVIO (100 MG ONCE WEEKLY)</i>	18
<i>XPOVIO (40 MG ONCE WEEKLY)</i>	18
<i>XPOVIO (40 MG TWICE WEEKLY)</i>	18
<i>XPOVIO (60 MG ONCE WEEKLY)</i>	18
<i>XPOVIO (60 MG TWICE WEEKLY)</i>	18
<i>XPOVIO (80 MG ONCE WEEKLY)</i>	18
<i>XPOVIO (80 MG TWICE WEEKLY)</i>	18
<i>XTANDI</i>	18
<i>XULANE</i>	55
<i>Y</i>	
<i>YARGESA</i>	50
<i>YEROVY</i>	18
<i>YF-VAX</i>	59
<i>yuvafem</i>	55
<i>Z</i>	
<i>ZAFEMY</i>	55
<i>zafirlukast</i>	73
<i>zaleplon</i>	37
<i>ZARXIO</i>	20
<i>ZEJULA</i>	18
<i>ZELBORAF</i>	18
<i>ZENATANE</i>	42
<i>ZENPEP</i>	50
<i>ZENZEDI</i>	37
<i>ZEPZELCA</i>	18
<i>zidovudine</i>	68
<i>ziprasidone hcl</i>	37
<i>ziprasidone mesylate</i>	37
<i>ZIRGAN</i>	68
<i>zoledronic acid</i>	47
<i>ZOLINZA</i>	18
<i>zolpidem tartrate</i>	37
<i>ZONISADE</i>	37
<i>zonisamide</i>	37
<i>ZOVIA 1/35 (28)</i>	55
<i>ZTALMY</i>	37
<i>ZUMANDIMINE</i>	55
<i>ZURZUVAE</i>	37
<i>ZYDELIG</i>	18
<i>ZYKADIA</i>	18
<i>ZYPREXA RELPREVV</i>	38
<i>ZYVOX</i>	68

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 **1-888-346-0095** (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 **1-888-346-0095** (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**1-888-346-0095**(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**1-888-346-0095**(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 **1-888-346-0095** (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 **1-888-346-0095** (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 **1-888-346-0095** (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 **1-888-346-0095** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-346-0095** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-346-0095** (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**) **1-888-346-0095** سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे सुवा स्थूय या दवा की योजना के बारे में आपके कसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषणी सेवाएँ उपलब्ध हैं। एक दुभाषणी प्रा प्रत करने के लिए, वस हमें **1-888-346-0095** (TTY: 711) पर फोन करें। कोई व्यक्ति जो हन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-346-0095** (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

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 **1-888-346-0095** (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 **1-888-346-0095** (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 znajdującego język polski, należy zadzwonić pod numer **1-888-346-0095** (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、**1-888-346-0095** (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Anthem Blue Cross and Blue Shield is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

This formulary was updated on 9/1/2025. For more recent information or other questions, please contact Anthem Medicare Advantage (HMO) Pharmacy Customer Service, at **1-833-341-4608** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com**.

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