



Anthem MediBlue Rx Standard (PDP)

2025 Formulary

List of covered drugs or "Drug List"

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 9/1/2025. For more recent information or other questions, please contact Anthem MediBlue Rx Standard (PDP) Pharmacy Customer Service, at **1-833-285-4639** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com**.

Note to existing members:

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

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

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

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

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

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 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 57. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can

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

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

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

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

Are there any restrictions on my coverage?

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

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

Quantity Limits: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for *donepezil*. This may be in

addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

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

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

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

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

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

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

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

You can ask us to 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 57.

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

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

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

PA – Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your

doctor or other network provider will need to request prior authorization before you fill the prescription.

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-285-4639, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit www.anthem.com.

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

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

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

Cost-Sharing Tier 1: Preferred Generic		
Network Pharmacy with preferred cost-sharing (30-day supply)		\$1.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		\$4.00
Cost-Sharing Tier 2: Generic		
Network Pharmacy with preferred cost-sharing (30-day supply)		\$4.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		\$7.00
Cost-Sharing Tier 3: Preferred Brand		
Network Pharmacy with preferred cost-sharing (30-day supply) You pay \$35.00 per month for each covered insulin product on this tier.		17%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) You pay \$35.00 per month for each covered insulin product on this tier.		17%
Cost-Sharing Tier 4: Non-Preferred Drug		
Network Pharmacy with preferred cost-sharing (30-day supply)		49%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		49%
Cost-Sharing Tier 5: Specialty Tier*		
Network Pharmacy with preferred cost-sharing (30-day supply)		25%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)		25%

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

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

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

Covered Medications by Therapeutic Category

Legend

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-285-4639, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit www.anthem.com.

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

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

Drug Name	Drug Tier	Requirements/Limits
Analgesics And Anti-Inflammatory Agents		
acetaminophen-	2	QL (900 per 30 days); NEDS
codeine oral solution		
acetaminophen-	2	QL (180 per 30 days); NEDS
codeine oral tablet		
allopurinol oral tablet 100 mg, 300 mg	2	MO
celecoxib oral capsule 100 mg, 200 mg, 50 mg	4	QL (60 per 30 days); MO
celecoxib oral capsule 400 mg	4	QL (30 per 30 days); MO
colchicine oral tablet	4	
colchicine-probenecid	2	MO
diclofenac potassium oral tablet 50 mg	2	MO
diclofenac sodium er	2	MO
diclofenac sodium external gel 1 %	3	QL (1000 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium external solution 1.5 %	4	QL (300 per 30 days)
diclofenac sodium oral	2	MO
diflunisal oral	2	MO
duramorph	4	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	QL (180 per 30 days); NEDS
etodolac oral	2	MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 800 mcg	5	PA; QL (120 per 30 days); NEDS
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg	4	PA; QL (120 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
fentanyl 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	METHADONE HCL INTENSOL	4	QL (180 per 30 days); NEDS
flurbiprofen oral tablet 100 mg	2	MO	methadone hcl oral concentrate	4	QL (180 per 30 days); NEDS
GLYDO EXTERNAL PREFILLED SYRINGE	2		methadone hcl oral solution	2	QL (900 per 30 days); NEDS
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	methadone hcl oral tablet	2	PA; QL (180 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (180 per 30 days); NEDS	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	4	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 7.5-200 mg	2	QL (50 per 10 days); NEDS	morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 8 mg/ml	4	
hydromorphone hcl oral tablet	2	QL (180 per 30 days); NEDS	morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	3	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml	4		morphine sulfate (pf) intravenous solution 10 mg/ml, 8 mg/ml	4	
ibu	1	MO	morphine sulfate er oral tablet extended release 100 mg, 200 mg	4	PA; QL (60 per 30 days); NEDS
ibuprofen oral suspension	2		morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	4	PA; QL (90 per 30 days); NEDS
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO	morphine sulfate injection solution 2 mg/ml, 4 mg/ml	4	
lidocaine external patch 5 %	4	PA; QL (90 per 30 days)	morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 8 mg/ml	4	
lidocaine hcl external solution	4	PA; QL (300 per 30 days)	morphine sulfate intravenous solution 4 mg/ml	3	
lidocaine hcl urethral/mucosal external gel	3		morphine sulfate oral solution	4	QL (900 per 30 days); NEDS
lidocaine hcl urethral/mucosal external prefilled syringe	2		morphine sulfate oral tablet	4	QL (180 per 30 days); NEDS
lidocaine viscous hcl	2		nabumetone oral	2	MO
lidocaine-prilocaine external cream	2	QL (30 per 30 days)			
meloxicam oral tablet	1	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
naproxen dr oral tablet delayed release 500 mg	2	MO	AVMAPKI FAKZYNJA CO-PACK	5	PA; QL (66 per 28 days)
naproxen oral tablet	1	MO	AYVAKIT	5	PA; QL (30 per 30 days); LA
naproxen oral tablet delayed release	2	MO	azacitidine	5	PA; LA
oxycodone hcl oral solution	4	QL (900 per 30 days); NEDS	BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); LA
oxycodone hcl oral tablet	2	QL (180 per 30 days); NEDS	BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); LA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	QL (180 per 30 days); NEDS	BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); LA
probenecid oral	4	MO	BESREMI	5	PA; LA
sulindac oral	2	MO	bexarotene oral	5	PA; QL (300 per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 per 30 days); NEDS	bicalutamide	2	QL (30 per 30 days)
tramadol-acetaminophen	2	QL (40 per 5 days); NEDS	BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); LA
Antineoplastics			BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); LA
abiraterone acetate oral tablet 250 mg	4	PA; QL (120 per 30 days)	BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)
abiraterone acetate oral tablet 500 mg	4	PA; QL (60 per 30 days)	BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
ABIRTEGA	4	PA; QL (120 per 30 days)	BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); LA
AKEEGA	5	PA; QL (60 per 30 days)	BRUKINSA	5	PA; QL (120 per 30 days); LA
ALECensa	5	PA; QL (240 per 30 days); LA	CABOMETYX	5	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); LA	CALQUENCE	5	PA; QL (60 per 30 days); LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); LA	CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); LA	CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); LA	COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); LA
anastrozole oral	2	QL (30 per 30 days); MO	COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); LA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)	COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); LA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)	COPIKTRA	5	PA; QL (60 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
COTELLIC	5	PA; QL (90 per 30 days); LA	fulvestrant <i>intramuscular solution prefilled syringe</i>	4	PA
cyclophosphamide oral capsule	2	B/D PA	GAVRETO	5	PA; QL (120 per 30 days); LA
DANZITEN	5	PA; QL (112 per 28 days)	gefitinib	5	PA; QL (60 per 30 days)
dasatinib	5	PA; QL (30 per 30 days)	GILOTRIF	5	PA; QL (30 per 30 days); LA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA	GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days)
<i>doxorubicin hcl intravenous solution reconstituted 50 mg</i>	4	B/D PA	GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days)
ERIVEDGE	5	PA; QL (30 per 30 days); LA	GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); LA	hydroxyurea oral	2	
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); LA	IBRANCE	5	PA; QL (21 per 28 days); LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days)	ICLUSIG	5	PA; QL (30 per 30 days); LA
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days)	IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
EULEXIN	5		IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); LA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA	<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days)
<i>everolimus oral tablet soluble</i>	5	PA	<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days)
exemestane	4	QL (60 per 30 days); MO	IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); LA
FIRMAGON (240 MG DOSE)	4	PA	IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); LA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA	IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); LA
FOTIVDA	5	PA; QL (21 per 28 days)	IMBRUVICA ORAL TABLET 420 MG	5	PA; QL (30 per 30 days); LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); LA	<i>imkeldi</i>	5	PA; QL (280 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); LA	INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); LA
			INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); LA

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
INQOVI	5	PA; QL (5 per 28 days); LA	LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
INREBIC	5	PA; QL (120 per 30 days); LA	LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days)	LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days)	LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
IWLFIN	5	PA; QL (240 per 30 days)	LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
JAKAFI	5	PA; QL (60 per 30 days); LA	LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)	LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)	<i>letrozole oral</i>	4	QL (30 per 30 days); MO
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days)	<i>leucovorin calcium injection solution reconstituted</i>	4	B/D PA
KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days)	<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	
KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days)	<i>leucovorin calcium oral tablet 5 mg</i>	2	
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days)	LEUKERAN	4	
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days)	<i>leuprolide acetate (3 month)</i>	4	PA
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days)	<i>leuprolide acetate injection</i>	4	PA
KRAZATI	5	PA; QL (180 per 30 days)	LONSURF	5	PA
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days)	LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)	LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); LA
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)	LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); LA
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); LA	LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days)
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); LA	LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); LA	LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days)
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA	INTRAMUSCULAR KIT 3.75 MG		
			LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); LA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LYSODREN	5		OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days)
LYTGOBI (12 MG DAILY DOSE)	5	PA	OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days)
LYTGOBI (16 MG DAILY DOSE)	5	PA	OJJAARA	5	PA; QL (30 per 30 days); LA
LYTGOBI (20 MG DAILY DOSE)	5	PA	ONUREG	4	PA; QL (14 per 28 days); LA
MATULANE	5	LA	ORGOVYX	5	PA; QL (30 per 28 days); LA
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	4	PA	ORSERDU ORAL TABLET	5	PA; QL (30 per 30 days)
megestrol acetate oral tablet	2	PA	ORSERDU ORAL TABLET	5	PA; QL (90 per 30 days)
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days)	pazopanib hcl	5	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); LA	PEMAZYRE	5	PA; QL (30 per 30 days); LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); LA	PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)
MEKTOVI	5	PA; QL (180 per 30 days); LA	PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
mercaptopurine oral suspension	5	PA	PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
mercaptopurine oral tablet	4		POMALYST	5	PA; QL (21 per 28 days); LA
mesna oral	4		PURIXAN	5	PA
NERLYNX	5	PA; QL (180 per 30 days); LA	QINLOCK	5	PA; QL (90 per 30 days)
nilotinib hcl	5	PA; QL (112 per 28 days)	RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days)
nilutamide	5	QL (30 per 30 days)	RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days)
NINLARO	5	PA; QL (3 per 28 days)	RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days)
NUBEQA	5	PA; QL (120 per 30 days); LA	RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 per 30 days)
ODOMZO	5	PA; QL (30 per 30 days); LA	RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)	REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)	REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)
			REVUFORJ ORAL TABLET 25 MG	5	PA; QL (180 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA	5	PA; QL (60 per 30 days); LA	TAZVERIK	5	PA; QL (240 per 30 days); LA
ROMVIMZA	5	PA; QL (8 per 28 days)	TECVAYLI	5	PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); LA	TEPMETKO	5	PA; QL (60 per 30 days); LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); LA	THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days)
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); LA	THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days)
RUBRACA	5	PA; QL (120 per 30 days); LA	TIBSOVO	5	PA; QL (60 per 30 days); LA
RYDAPT	5	PA; QL (240 per 30 days)	toremifene citrate	4	QL (30 per 30 days)
RYLAZE	5	PA	tretinoin oral	5	
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)	TRUQAP	5	PA; QL (64 per 28 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)	TUKYSA	5	PA; QL (120 per 30 days); LA
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)	TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); LA
SOLTAMOX	4	MO	VANFLYTA	5	PA; QL (56 per 28 days)
sorafenib tosylate	5	PA; QL (120 per 30 days)	VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); LA
STIVARGA	5	PA; QL (84 per 28 days); LA	VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); LA
sunitinib malate	5	PA; QL (30 per 30 days)	VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); LA
TABLOID	4		VENCLEXTA STARTING PACK	5	PA; LA
TABRECTA	5	PA; QL (120 per 30 days)	VERZENIO	5	PA; QL (56 per 28 days); LA
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); LA	VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)	VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); LA
TAGRISSO	5	PA; QL (30 per 30 days); LA	VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days)	VIZIMPRO	5	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); LA	VONJO	5	PA; QL (120 per 30 days); LA
tamoxifen citrate oral	2	MO	VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
TASIGNA	5	PA; QL (112 per 28 days)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)	ZELBORAF	5	PA; QL (240 per 30 days); LA
WELIREG	5	PA; QL (90 per 30 days); LA	ZOLINZA	5	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (120 per 30 days); LA	ZYDELIG	5	PA; QL (60 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (180 per 30 days); LA	ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (240 per 30 days); LA	Blood Products And Modifiers		
XOSPATA	5	PA; QL (120 per 30 days); LA	<i>anagrelide hcl oral capsule 0.5 mg</i>	3	MO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); LA	<i>anagrelide hcl oral capsule 1 mg</i>	4	MO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days)	<i>aspirin-dipyridamole er cilostazol</i>	4	ST; QL (60 per 30 days); MO
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); LA	<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	MO
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA	<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); LA	<i>dabigatran etexilate mesylate</i>	4	QL (60 per 30 days); MO
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); LA	<i>DROXIA</i>	3	MO
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA	<i>ELIQUIS</i>	3	QL (60 per 30 days); MO
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); LA	<i>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK</i>	3	QL (74 per 180 days)
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA	<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)	<i>eltrombopag olamine oral tablet 50 mg</i>	5	PA; QL (90 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)	<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)	<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	QL (168 per 28 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days)	<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (56 per 28 days)
			<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (44.8 per 28 days)

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
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (16.8 per 28 days)	heparin sodium (porcine) pf injection solution 1000 unit/ml	3	B/D PA
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (22.4 per 28 days)	icatibant acetate subcutaneous solution prefilled syringe	5	PA
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (33.6 per 28 days)	jantoven	1	MO
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	4	QL (24 per 30 days)	l-glutamine oral packet	5	PA
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 per 30 days)	pentoxifylline er	2	MO
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	4	QL (12 per 30 days)	plerixafor	4	PA
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	4	QL (18 per 30 days)	PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
HAEGARDA	5	PA; LA	PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
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	SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	4		ticagrelor	4	QL (60 per 30 days); MO
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	2	B/D PA	tranexamic acid oral	3	
heparin sodium (porcine) injection solution 20000 unit/ml, 5000 unit/ml	4	B/D PA	warfarin sodium oral	1	MO
Cardiovascular Agents					
acebutolol hcl oral					
acetazolamide oral					
aliskiren fumarate					
amiloride hcl oral					
amiloride-hydrochlorothiazide					
amiodarone hcl oral					
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
amlodipine besy- benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1	QL (60 per 30 days); MO	chlorthalidone oral tablet 25 mg, 50 mg	2	MO
amlodipine besylate oral	1	MO	cholestyramine light oral packet	4	MO
amlodipine besylate- valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	2	QL (30 per 30 days); MO	cholestyramine light oral powder	3	MO
amlodipine besylate- valsartan oral tablet 5- 160 mg	2	QL (60 per 30 days); MO	cholestyramine oral packet	4	MO
atenolol oral	1	MO	cholestyramine oral powder	3	MO
atenolol-chlorthalidone	2	MO	clonidine hcl oral	1	MO
atorvastatin calcium oral	1	QL (30 per 30 days); MO	clonidine transdermal patch weekly 0.1 mg/ 24hr, 0.2 mg/24hr	4	QL (12 per 28 days); MO
benazepril hcl oral	1	MO	clonidine transdermal patch weekly 0.3 mg/ 24hr	4	QL (4 per 28 days); MO
benazepril- hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg	2	QL (60 per 30 days); MO	colestipol hcl oral granules	3	MO
benazepril- hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	2	QL (30 per 30 days); MO	colestipol hcl oral packet	4	MO
bisoprolol fumarate oral	2	MO	colestipol hcl oral tablet	4	MO
bisoprolol- hydrochlorothiazide	2	MO	digox oral tablet 125 mcg	2	QL (30 per 30 days); MO
bumetanide injection	4		digox oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO
bumetanide oral	2	MO	digoxin injection	4	PA
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	2	QL (60 per 30 days); MO	digoxin oral solution	4	MO
candesartan cilexetil oral tablet 32 mg	2	QL (30 per 30 days); MO	digoxin oral tablet 125 mcg	2	QL (30 per 30 days); MO
candesartan cilexetil- hctz oral tablet 16-12.5 mg	4	QL (60 per 30 days); MO	digoxin oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO
candesartan cilexetil- hctz oral tablet 32-12.5 mg, 32-25 mg	4	QL (30 per 30 days); MO	dilt-xr	2	MO
CARTIA XT	2	MO	diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	MO
carvedilol	1	MO	diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	MO	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	3	MO	flecainide acetate	2	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO	fosinopril sodium	2	MO
diltiazem hcl oral tablet	2	MO	fosinopril sodium-hctz oral tablet 10-12.5 mg	2	QL (60 per 30 days); MO
dofetilide	4		fosinopril sodium-hctz oral tablet 20-12.5 mg	2	QL (120 per 30 days); MO
doxazosin mesylate oral	2	MO	furosemide injection	4	
droxidopa oral capsule 100 mg	4	PA; QL (90 per 30 days)	furosemide oral solution 10 mg/ml, 8 mg/ml	2	MO
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days)	furosemide oral tablet	1	MO
enalapril maleate oral tablet	2	MO	gemfibrozil oral	2	MO
enalapril- hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO	guanfacine hcl oral	2	PA; MO
enalapril- hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO	hydralazine hcl injection	4	
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days); MO	hydralazine hcl oral	1	MO
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days); MO	hydrochlorothiazide oral	1	MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days); MO	icosapent ethyl	4	MO
eplerenone	4	MO	indapamide oral	2	MO
ezetimibe	2	QL (30 per 30 days); MO	irbesartan	1	QL (30 per 30 days); MO
felodipine er	2	MO	irbesartan- hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	MO	irbesartan- hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	MO	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
			isosorbide mononitrate	2	MO
			isosorbide mononitrate er	1	MO
			ivabradine hcl	4	PA; QL (60 per 30 days); MO
			labetalol hcl intravenous solution	4	
			labetalol hcl oral	2	MO
			lisinopril oral	1	MO
			lisinopril- hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO	nitroglycerin transdermal patch 24 hour	2	MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO	olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO	olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO	olmesartan medoxomil-hctz oral tablet 20-12.5 mg	2	QL (60 per 30 days); MO
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO	olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	2	QL (30 per 30 days); MO
losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO	pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
lovastatin oral	1	QL (60 per 30 days); MO	perindopril erbumine	2	MO
methyldopa oral	3	PA	pindolol	4	MO
metolazone	2	MO	pravastatin sodium	1	QL (30 per 30 days); MO
metoprolol succinate er	1	MO	prazosin hcl oral	2	MO
metoprolol tartrate intravenous solution 5 mg/5ml	4		prevalite oral packet	4	MO
metoprolol tartrate oral	1	MO	prevalite oral powder	3	MO
metoprolol-hydrochlorothiazide	2	MO	propafenone hcl	2	MO
metyrosine	5		propranolol hcl er	2	MO
midodrine hcl	4		propranolol hcl	4	
minoxidil oral	2	MO	intravenous		
moexipril hcl	2	MO	propranolol hcl oral	2	MO
niacin er (antihyperlipidemic)	4	MO	quinapril hcl	1	MO
nifedipine er	2	MO	quinapril-hydrochlorothiazide	2	QL (60 per 30 days); MO
nifedipine er osmotic release	2	MO	quinidine sulfate oral	4	MO
nimodipine oral capsule	4		ramipril	1	MO
NITRO-BID	3	MO	ranolazine er	4	PA; QL (60 per 30 days); MO
nitroglycerin intravenous	4	B/D PA	REPATHA	3	PA; QL (3 per 28 days)
nitroglycerin sublingual	2	MO	REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)
			REPATHA SURECLICK	3	PA; QL (3 per 28 days)
			rosuvastatin calcium oral	2	QL (30 per 30 days); MO
			simvastatin oral tablet	1	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl (af)	2	MO
sotalol hcl oral	2	MO
spironolactone oral tablet	2	MO
spironolactone-hctz	2	MO
telmisartan oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	2	QL (60 per 30 days); MO
terazosin hcl oral	2	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	2	MO
timolol maleate oral tablet 10 mg, 5 mg	2	MO
timolol maleate oral tablet 20 mg	4	MO
torsemide oral	2	MO
trandolapril	2	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	1	MO
valsartan oral tablet 160 mg	2	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	2	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	2	QL (60 per 30 days); MO
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	2	QL (30 per 30 days); MO
VASCEPA	4	MO

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl er oral tablet extended release	2	MO
verapamil hcl intravenous	4	
verapamil hcl oral	2	MO
VERQUVO	4	PA; MO
Central Nervous System Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO
acamprosate calcium	4	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days); MO
alprazolam oral tablet	2	QL (120 per 30 days)
amantadine hcl oral capsule	3	MO
amantadine hcl oral solution	2	MO
amantadine hcl oral tablet	4	MO
amitriptyline hcl oral	2	MO
amoxapine	2	PA; MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO
ariPIPRAZOLE oral solution	4	QL (900 per 30 days); MO

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
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 5 mg	4	MO
ariPIPRAZOLE oral tablet 20 mg, 30 mg	4	QL (30 per 30 days); MO
ariPIPRAZOLE oral tablet dispersible 10 mg	4	QL (90 per 30 days); MO
ariPIPRAZOLE oral tablet dispersible 15 mg	4	QL (60 per 30 days); MO
armODAFINIL oral tablet 150 mg, 200 mg	4	PA; QL (30 per 30 days); MO
armODAFINIL oral tablet 250 mg	3	PA; QL (30 per 30 days); MO
armODAFINIL oral tablet 50 mg	4	PA; QL (60 per 30 days); MO
asENAPINE maleate sublingual tablet sublingual 10 mg	4	QL (60 per 30 days); MO
asENAPINE maleate sublingual tablet sublingual 2.5 mg	4	QL (240 per 30 days); MO
asENAPINE maleate sublingual tablet sublingual 5 mg	4	QL (120 per 30 days); MO
atOMOXETINE hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60 per 30 days); MO
atOMOXETINE hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 per 30 days); MO
AUSTEDO	5	PA; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	5	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
AUVELITY	4	PA; QL (60 per 30 days); MO
bACLOFEN oral tablet 10 mg, 15 mg, 5 mg	2	QL (90 per 30 days)
bACLOFEN oral tablet 20 mg	2	QL (120 per 30 days)
benZTROPINE mesylate oral	2	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO
bromocriptine mesylate oral	4	MO
buprenorphine hcl injection	4	
buprenorphine hcl sublingual tablet sublingual 2 mg	2	QL (240 per 30 days); NEDS
buprenorphine hcl sublingual tablet sublingual 8 mg	2	QL (60 per 30 days); NEDS
buprenorphine hcl- naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (480 per 30 days); NEDS
buprenorphine hcl- naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	2	QL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (120 per 30 days); MO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	2	QL (30 per 30 days); MO	clonazepam oral tablet 0.5 mg	2	QL (1200 per 30 days)
bupropion hcl oral tablet 100 mg	2	QL (135 per 30 days); MO	clonazepam oral tablet 1 mg	2	QL (600 per 30 days)
bupropion hcl oral tablet 75 mg	2	QL (180 per 30 days); MO	clonazepam oral tablet 2 mg	2	QL (300 per 30 days)
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg	1		clonazepam oral tablet dispersible 0.125 mg	4	QL (4800 per 30 days)
buspirone hcl oral tablet 30 mg	2		clonazepam oral tablet dispersible 0.25 mg	4	QL (2400 per 30 days)
CAPLYTA	4	QL (30 per 30 days); MO	clonazepam oral tablet dispersible 0.5 mg	4	QL (1200 per 30 days)
carbamazepine er	4	MO	clonazepam oral tablet dispersible 1 mg	4	QL (600 per 30 days)
carbamazepine oral	4	MO	clorazepate dipotassium	4	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	4	MO	clozapine oral tablet 100 mg	4	QL (270 per 30 days)
carbidopa-levodopa oral tablet	2	MO	clozapine oral tablet 200 mg	4	QL (120 per 30 days)
carbidopa-levodopa oral tablet dispersible	4	MO	clozapine oral tablet 25 mg	2	QL (1080 per 30 days)
chlorpromazine hcl injection	4		clozapine oral tablet 50 mg	2	QL (540 per 30 days)
chlorpromazine hcl oral	4	MO	clozapine oral tablet dispersible 100 mg	4	QL (270 per 30 days)
citalopram	4	QL (600 per 30 days); MO	clozapine oral tablet dispersible 12.5 mg	4	QL (2160 per 30 days)
hydrobromide oral solution			clozapine oral tablet dispersible 150 mg	4	QL (180 per 30 days)
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO	clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days)
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO	clozapine oral tablet dispersible 25 mg	4	QL (1080 per 30 days)
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO	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
dalfampridine er	3	PA; QL (60 per 30 days)	disulfiram oral tablet 250 mg	3	MO
desipramine hcl oral	4	PA; MO	disulfiram oral tablet 500 mg	4	MO
desvenlafaxine succinate er	4	MO	divalproex sodium er oral tablet extended release 24 hour	4	MO
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 per 30 days); MO	divalproex sodium oral capsule delayed release sprinkle	2	MO
dextroamphetamine sulfate oral tablet 5 mg	4	QL (90 per 30 days); MO	divalproex sodium oral tablet delayed release	2	MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA	donepezil hcl oral tablet	1	QL (30 per 30 days); MO
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA	donepezil hcl oral tablet dispersible	2	QL (30 per 30 days); MO
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA	doxepin hcl oral capsule	2	PA; MO
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA	doxepin hcl oral concentrate	4	PA; MO
DIAZEPAM INTENSOL	4	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	4	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	4	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)	duloxetine hcl oral capsule delayed release particles 60 mg	4	QL (60 per 30 days); MO
diazepam oral tablet 5 mg	2	QL (240 per 30 days)	EMSAM	4	PA; QL (30 per 30 days); MO
diazepam rectal	4		entacapone	4	MO
dihydroergotamine mesylate nasal	4	PA; QL (8 per 28 days)	EPIDIOLEX	4	PA; LA
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO	EPITOL	4	MO
dimethyl fumarate oral capsule delayed release 120 mg	5	PA; QL (14 per 7 days)	EPRONTIA	4	PA; MO
dimethyl fumarate oral capsule delayed release 240 mg	5	PA; QL (60 per 30 days)	ergotamine-caffeine	3	
dimethyl fumarate starter pack oral capsule delayed release therapy pack	5	PA	escitalopram oxalate oral solution 5 mg/5ml	4	QL (600 per 30 days); MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
escitalopram oxalate oral tablet 10 mg	2	QL (60 per 30 days); MO	fluoxetine hcl oral solution	2	QL (600 per 30 days); MO
escitalopram oxalate oral tablet 20 mg	2	QL (30 per 30 days); MO	fluphenazine decanoate injection	4	
escitalopram oxalate oral tablet 5 mg	2	QL (120 per 30 days); MO	fluphenazine hcl injection	4	
eslicarbazepine acetate	4	MO	fluphenazine hcl oral	4	MO
ethosuximide oral capsule	3	MO	fluvoxamine maleate oral tablet 100 mg	2	QL (90 per 30 days); MO
ethosuximide oral solution	4	MO	fluvoxamine maleate oral tablet 25 mg, 50 mg	2	MO
FANAPT ORAL TABLET 1 MG	4	PA; QL (720 per 30 days); MO	FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days); MO	FYCOMPA ORAL TABLET	4	PA; QL (30 per 30 days); MO
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days); MO	gabapentin oral capsule 100 mg	4	QL (1080 per 30 days); MO
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days); MO	gabapentin oral capsule 300 mg	4	QL (360 per 30 days); MO
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days); MO	gabapentin oral capsule 400 mg	4	QL (270 per 30 days); MO
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 per 30 days); MO	gabapentin oral solution	4	QL (2160 per 30 days); MO
FANAPT TITRATION PACK	4	PA	gabapentin oral tablet 600 mg	2	QL (180 per 30 days); MO
FANAPT TITRATION PACK A	4	PA	gabapentin oral tablet 800 mg	2	QL (120 per 30 days); MO
FANAPT TITRATION PACK B ORAL TABLET	4	PA	galantamine hydrobromide er	4	QL (30 per 30 days); MO
FANAPT TITRATION PACK C ORAL TABLET	4	PA	galantamine hydrobromide oral solution	4	QL (200 per 30 days); MO
felbamate	4	MO	galantamine hydrobromide oral tablet	4	QL (60 per 30 days); MO
FETZIMA	4	PA; QL (30 per 30 days); MO	glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 per 30 days)
FETZIMA TITRATION	4	PA	glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 per 28 days)
fingolimod hcl	4	PA; QL (30 per 30 days)			
FINTEPLA	4	PA; LA			
fluoxetine hcl oral capsule 10 mg	2	MO			
fluoxetine hcl oral capsule 20 mg	2	QL (120 per 30 days); MO			
fluoxetine hcl oral capsule 40 mg	2	QL (60 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days)
guanfacine hcl er	2	QL (30 per 30 days); MO	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days)
haloperidol decanoate intramuscular	4		INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days)
haloperidol lactate injection	4		INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days)
haloperidol lactate oral concentrate 10 mg/5ml	3	MO	lacosamide oral solution	4	QL (1200 per 30 days); MO
haloperidol lactate oral concentrate 2 mg/ml	2	MO	lacosamide oral tablet	4	QL (60 per 30 days); MO
haloperidol oral	2	MO	lamotrigine oral tablet	2	MO
imipramine hcl oral	4	PA; MO	lamotrigine oral tablet chewable	4	MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days)	levetiracetam intravenous	4	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days)	levetiracetam oral solution	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days)	levetiracetam oral tablet	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days)	LIBERVANT	4	QL (10 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days)	lithium	4	MO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)	lithium carbonate er	2	MO
			lithium carbonate oral	2	MO
			LORAZEPAM INTENSOL	4	QL (150 per 30 days)
			lorazepam oral concentrate	4	QL (150 per 30 days)
			lorazepam oral tablet 0.5 mg	2	QL (120 per 30 days)
			lorazepam oral tablet 1 mg	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
lorazepam oral tablet 2 mg	2	QL (150 per 30 days)
loxapine succinate oral	2	MO
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO
MARPLAN	4	MO
memantine hcl er	4	PA; QL (30 per 30 days); MO
memantine hcl oral solution 2 mg/ml	4	PA; QL (300 per 30 days); MO
memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); MO
memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); MO
methsuximide	4	MO
methylphenidate hcl er oral tablet extended release	4	PA; QL (90 per 30 days); MO
methylphenidate hcl oral tablet 10 mg, 20 mg	4	PA; QL (90 per 30 days); MO
methylphenidate hcl oral tablet 5 mg	3	PA; QL (90 per 30 days); MO
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	2	MO
mirtazapine oral tablet 45 mg	2	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	4	QL (30 per 30 days); MO
molindone hcl	4	MO
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution 4 mg/10ml	4	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
naloxone hcl nasal	4	
naltrexone hcl oral	4	
NAYZILAM	4	PA

Drug Name	Drug Tier	Requirements/Limits
nefazodone hcl	4	MO
NICOTROL NS	4	QL (120 per 30 days)
nortriptyline hcl oral capsule	2	MO
nortriptyline hcl oral solution	4	MO
NUEDEXTA	4	PA; QL (60 per 30 days); MO
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA
NURTEC	4	PA; QL (16 per 30 days)
olanzapine intramuscular	4	QL (90 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	4	MO
olanzapine oral tablet 20 mg	4	QL (30 per 30 days); MO
olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	4	MO
olanzapine oral tablet dispersible 20 mg	4	QL (30 per 30 days); MO
olanzapine-fluoxetine hcl oral capsule 12-25 mg	4	QL (30 per 30 days); MO
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	QL (90 per 30 days); MO
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days); MO
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days); MO
oxcarbazepine oral suspension	4	MO
oxcarbazepine oral tablet 150 mg, 300 mg	2	MO
oxcarbazepine oral tablet 600 mg	4	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days); MO	pregabalin oral solution	4	QL (900 per 30 days); MO
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 per 30 days); MO	primidone oral	2	MO
paroxetine hcl oral suspension	4	QL (900 per 30 days); MO	protriptyline hcl	4	PA; MO
paroxetine hcl oral tablet 10 mg, 40 mg	2	QL (45 per 30 days); MO	pyridostigmine bromide oral tablet 60 mg	3	
paroxetine hcl oral tablet 20 mg	2	QL (30 per 30 days); MO	quetiapine fumarate oral tablet 100 mg	2	QL (240 per 30 days); MO
paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days); MO	quetiapine fumarate oral tablet 150 mg	2	QL (150 per 30 days); MO
perphenazine oral	4	MO	quetiapine fumarate oral tablet 200 mg	2	QL (120 per 30 days); MO
perphenazine-amitriptyline	4	PA; MO	quetiapine fumarate oral tablet 25 mg	2	QL (960 per 30 days); MO
PERSERIS	4	QL (1 per 28 days); MO	quetiapine fumarate oral tablet 300 mg	2	QL (80 per 30 days); MO
phenelzine sulfate oral	3	MO	quetiapine fumarate oral tablet 400 mg	2	QL (60 per 30 days); MO
phenobarbital oral elixir	4	PA; QL (3000 per 30 days); MO	quetiapine fumarate oral tablet 50 mg	2	QL (480 per 30 days); MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	4	PA; QL (120 per 30 days); MO	RALDESY	5	MO
phenobarbital oral tablet 16.2 mg, 32.4 mg	4	PA; QL (210 per 30 days); MO	rasagiline mesylate oral	4	MO
PHENYTEK	2	MO	REXULTI	4	QL (30 per 30 days); MO
PHENYTOIN INFATABS	2	MO	riluzole	4	
phenytoin oral	2	MO	risperidone microspheres er	4	QL (2 per 28 days)
phenytoin sodium extended	2	MO	risperidone oral solution	4	QL (480 per 30 days); MO
pimozide	4	MO	risperidone oral tablet	2	QL (1920 per 0.25 mg 30 days); MO
pramipexole dihydrochloride	2	MO	risperidone oral tablet	2	QL (960 per 30 0.5 mg days); MO
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	MO	risperidone oral tablet	2	QL (480 per 30 1 mg days); MO
pregabalin oral capsule 200 mg	3	QL (90 per 30 days); MO	risperidone oral tablet	2	QL (240 per 30 2 mg days); MO
pregabalin oral capsule 225 mg, 300 mg	3	QL (60 per 30 days); MO	risperidone oral tablet	2	QL (120 per 30 3 mg, 4 mg days); MO
			risperidone oral tablet	4	QL (1920 per dispersible 0.25 mg 30 days); MO
			risperidone oral tablet	4	QL (960 per 30 dispersible 0.5 mg days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
risperidone oral tablet dispersible 1 mg	4	QL (480 per 30 days); MO	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO
risperidone oral tablet dispersible 2 mg	4	QL (240 per 30 days); MO	SUBVENITE	2	MO
risperidone oral tablet dispersible 3 mg	4	QL (150 per 30 days); MO	sumatriptan succinate oral	2	QL (9 per 30 days)
risperidone oral tablet dispersible 4 mg	4	QL (120 per 30 days); MO	SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO
rivastigmine tartrate	4	QL (60 per 30 days); MO	SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO
rizatriptan benzoate	4	QL (12 per 30 days)	tasimelteon	5	PA; QL (30 per 30 days)
ropinirole hcl	2	MO	temazepam oral capsule 15 mg, 30 mg	2	QL (30 per 30 days)
ROWEPPRA ORAL TABLET 500 MG	2	MO	teriflunomide	5	PA; QL (30 per 30 days)
rufinamide oral suspension	4	PA; QL (2400 per 30 days); MO	tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)
rufinamide oral tablet 200 mg	4	PA; QL (480 per 30 days); MO	tetrabenazine oral tablet 25 mg	4	PA; QL (120 per 30 days)
rufinamide oral tablet 400 mg	4	PA; QL (240 per 30 days); MO	thioridazine hcl oral	2	MO
RYKINDO	5	QL (2 per 28 days)	thiothixene oral	4	MO
RYTARY	4	MO	tiagabine hcl	4	MO
SECUADO	4	QL (30 per 30 days); MO	tizanidine hcl oral tablet	2	
selegiline hcl oral	3	MO	topiramate oral capsule sprinkle	4	MO
sertraline hcl oral concentrate	4	QL (300 per 30 days); MO	topiramate oral solution	4	MO
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO	topiramate oral tablet	2	MO
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO	tranylcypromine sulfate	4	MO
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO	trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	2	MO
sodium oxybate	5	PA; QL (540 per 30 days); LA	trifluoperazine hcl oral	2	MO
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)	trihexyphenidyl hcl oral solution	4	PA; MO
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)	trihexyphenidyl hcl oral tablet	2	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO	trimipramine maleate oral	4	MO
			TRINTELLIX	4	QL (30 per 30 days); MO
			valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	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
valproic acid oral capsule	2	MO	VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO
valproic acid oral solution	2	MO	XCOPRI (250 MG DAILY DOSE) ORAL TABLET	4	PA; QL (56 per 28 days); MO
VALTOCO 10 MG DOSE	4		THERAPY PACK 100 & 150 MG		
VALTOCO 15 MG DOSE	4		XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO
NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML			XCOPRI ORAL TABLET	4	PA; QL (30 per 30 days); MO
VALTOCO 20 MG DOSE	4		XCOPRI ORAL TABLET	4	PA; QL (60 per 150 MG, 200 MG 30 days); MO
NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML			XCOPRI ORAL TABLET	4	PA; QL (56 per THERAPY PACK 365 days)
VALTOCO 5 MG DOSE	4		zaleplon oral capsule	2	QL (60 per 30 days)
varenicline tartrate (starter)	4	PA	zaleplon oral capsule 5 mg	2	QL (30 per 30 days)
varenicline tartrate oral tablet 0.5 mg	4	PA; QL (60 per 30 days)	ziprasidone hcl oral capsule 20 mg	4	QL (240 per 30 days); MO
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	4	PA; QL (56 per 28 days)	ziprasidone hcl oral capsule 40 mg	4	QL (120 per 30 days); MO
varenicline tartrate(continue)	4	PA; QL (56 per 28 days)	ziprasidone hcl oral capsule 60 mg, 80 mg	4	QL (60 per 30 days); MO
venlafaxine hcl	2	QL (90 per 30 days); MO	ziprasidone mesylate	4	QL (6 per 3 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	2	QL (30 per 30 days); MO	zolpidem tartrate oral tablet	4	QL (30 per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	2	QL (180 per 30 days); MO	ZONISADE	4	PA; MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	2	QL (90 per 30 days); MO	zonisamide oral capsule 100 mg	4	MO
VERSACLOZ	4	QL (600 per 30 days)	zonisamide oral capsule 25 mg, 50 mg	2	MO
vigabatrin oral packet	5	PA; QL (150 per 25 days); LA	ZTALMY	5	QL (1100 per 30 days)
vigabatrin oral tablet	5	PA; QL (180 per 30 days); LA	ZURZUVAE	5	
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); LA	ZYPREXA RELPREVV	4	QL (2 per 28 days)
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)			
VIGPODER	5	PA; QL (150 per 25 days)			
vilazodone hcl	4	QL (30 per 30 days); MO			

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

Dermatological Agents

ACCUTANE	4
acitretin	4 PA
ala-cort external cream	2
alclometasone	4
dipropionate external cream	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
alclometasone	2		clindamycin phosphate external gel	4	
dipropionate external ointment			clindamycin phosphate external lotion	4	QL (120 per 30 days)
ammonium lactate	2		clindamycin phosphate external solution	4	QL (120 per 30 days)
external			clindamycin phosphate external swab	2	
AMNESTEEM	4		CLINPRO 5000	3	MO
betamethasone dipropionate aug	4		clobetasol propionate e	4	QL (120 per 30 days)
betamethasone dipropionate external	4		clotrimazole external cream	2	
betamethasone valerate external cream	2		clotrimazole external solution	2	
betamethasone valerate external lotion	2		clotrimazole mouth/ throat troche	2	QL (150 per 30 days)
betamethasone valerate external ointment	2		clotrimazole- betamethasone external cream	2	QL (120 per 30 days)
bexarotene external	5	PA; QL (60 per 30 days)	DENTA 5000 PLUS	3	MO
calcipotriene external cream	3	QL (120 per 30 days)	DENTAGEL	3	MO
calcipotriene external ointment	4	QL (120 per 30 days)	desonide external ointment	4	
calcipotriene external solution	4	QL (60 per 30 days)	diclofenac sodium external gel 3 %	4	PA; QL (100 per 30 days)
CALCITRENE	4	QL (120 per 30 days)	DUPIXENT	5	PA; QL (4.56 per 28 days)
CAVAREST	3	MO	SUBCUTANEOUS SOLUTION AUTO- INJECTOR 200 MG/ 1.14ML		
chlorhexidine gluconate mouth/ throat	2		DUPIXENT	5	PA; QL (8 per 28 days)
CICLODAN EXTERNAL SOLUTION	4		SUBCUTANEOUS SOLUTION AUTO- INJECTOR 300 MG/2ML		
ciclopirox external solution	4		DUPIXENT	5	PA; QL (1.34 per 28 days)
ciclopirox olamine external cream	2	QL (90 per 30 days)	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		
ciclopirox olamine external suspension	4		DUPIXENT	5	PA; QL (4.56 per 28 days)
CLARAVIS	4		SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		
clindamycin phos (once-daily)	4				
clindamycin phos (twice-daily)	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
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days)	hydrocortisone (perianal) external cream 1 %	3	
econazole nitrate external	4	QL (90 per 30 days)	hydrocortisone (perianal) external cream 2.5 %	2	
ery	2		hydrocortisone butyrate external ointment	4	
erythromycin external gel	4		hydrocortisone external cream 1 %, 2.5 %	2	
erythromycin external solution	4		hydrocortisone external lotion 2.5 %	2	
fluocinolone acetonide external	4	QL (120 per 30 days)	hydrocortisone external ointment 2.5 %	2	
fluocinonide emulsified base	4	QL (240 per 30 days)	imiquimod external cream 5 %	2	QL (24 per 28 days)
fluocinonide external cream 0.05 %	4	QL (240 per 30 days)	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
fluocinonide external gel	4	QL (240 per 30 days)	JUST RIGHT 5000 DENTAL PASTE	3	MO
fluocinonide external ointment	4	QL (240 per 30 days)	ketoconazole external cream	2	QL (120 per 30 days)
fluocinonide external solution	4	QL (240 per 30 days)	ketoconazole external shampoo 2 %	2	QL (120 per 30 days)
FLUORIDEX	3	MO	KLAYESTA	2	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	MO	KOURZEQ	2	
FLUORIMAX 5000	3	MO	malathion external	4	
fluorouracil external cream 5 %	4	QL (40 per 28 days)	metronidazole external cream	4	
fluorouracil external solution	2	QL (10 per 28 days)	metronidazole external gel 0.75 %	2	
fluticasone propionate external cream	2		metronidazole external lotion	4	
fluticasone propionate external ointment	2		mometasone furoate external	2	
gentamicin sulfate external cream	4	QL (30 per 30 days)	mupirocin external	2	QL (120 per 30 days)
gentamicin sulfate external ointment	2	QL (30 per 30 days)	nitroglycerin rectal	4	QL (30 per 30 days)
halobetasol propionate external cream	4		NYAMYC	2	
halobetasol propionate external ointment	4		nystatin external	2	
			nystatin mouth/throat	2	
			NYSTOP	2	
			ORALONE	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
PANRETIN	5		triamcinolone acetonide external lotion	2	
PERIOGARD	2		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
permethrin external cream	2		triamcinolone acetonide mouth/throat	2	
pilocarpine hcl oral	4	MO	VALCHLOR	5	PA; LA
pimecrolimus	4	PA; QL (100 per 30 days)	ZENATANE	4	
podofilox external solution	4		Electrolytes / Minerals / Metals / Vitamins		
PROCTO-MED HC EXTERNAL	2		carglumic acid oral tablet soluble	5	PA; LA
PROCTOSOL HC EXTERNAL	2		clinimix e/dextrose (8/10)	4	B/D PA
PROCTOZONE-HC EXTERNAL	2		clinimix e/dextrose (8/14)	4	B/D PA
SANTYL	4	QL (30 per 30 days)	CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
selenium sulfide external lotion	2		CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
sf	3	MO	CLINIMIX/DEXTROSE (5/15)	4	B/D PA
sf 5000 plus	3	MO	CLINIMIX/DEXTROSE (5/20)	4	B/D PA
silver sulfadiazine external	2		clinimix/dextrose (6/5)	4	B/D PA
sodium fluoride 5000 plus	3	MO	clinimix/dextrose (8/10)	4	B/D PA
sodium fluoride 5000 ppm	3	MO	clinimix/dextrose (8/14)	4	B/D PA
sodium fluoride dental cream	3	MO	CLINOLIPID	4	B/D PA
sodium fluoride dental gel 1.1 %	3	MO	dextrose in lactated ringers	4	
SSD (SILVER SULFADIAZINE)	2		dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %	4	
sulfacetamide sodium (acne)	4		dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	4	
tacrolimus external ointment 0.1 %	4	PA; QL (100 per 30 days)	EFFER-K ORAL TABLET	2	MO
tazarotene external cream 0.1 %	4	PA	EFFERVESCENT 25 MEQ		
tretinoin external cream 0.05 %, 0.1 %	4	PA; QL (45 per 30 days)			
tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 per 30 days)			
triamcinolone acetonide external cream	2	QL (454 per 30 days)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
glucose (dextrose)	4		NUTRILIPID	4	B/D PA
intravenous solution 50 %			pnv-dha	3	
INTRALIPID	4	B/D PA	potassium chloride crys	2	MO
ISOLYTE-P IN D5W	4		er		
ISOLYTE-S	4		potassium chloride er	2	MO
kcl (0.149%) in nacl	3		potassium chloride in	4	
intravenous solution 20-0.45 meq/l-%			nacl intravenous		
kcl in dextrose-nacl	4		solution 20-0.45 meq/l-%, 20-0.9 meq/l-%		
intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%			potassium chloride	4	
KLOR-CON 10	2	MO	intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml		
KLOR-CON M10	2	MO	potassium chloride oral	4	MO
KLOR-CON M15	2	MO	solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)		
KLOR-CON M20	2	MO	potassium cl in	4	
KLOR-CON ORAL	2	MO	dextrose 5% intravenous solution 10 meq/l, 20 meq/l		
TABLET EXTENDED RELEASE			PREMASOL	4	B/D PA
KLOR-CON/EF	2	MO	INTRAVENOUS SOLUTION 10 %		
lactated ringers	4		prenatal oral tablet 27-1 mg	3	
intravenous			prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	3	
levocarnitine oral solution	4	B/D PA; MO	PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
levocarnitine oral tablet	4	B/D PA; MO	PROSOL	4	B/D PA
levocarnitine sf	4	B/D PA; MO	ringers	4	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	4		sodium chloride	4	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	4		injection solution 2.5 meq/ml		
multiple electro type 1 ph 5.5	4		sodium chloride	2	
multiple electro type 1 ph 7.4	4		intravenous solution 0.45 %, 0.9 %, 3 %, 5 %		
			sodium chloride	4	
			intravenous solution 4 meq/ml		
			sodium fluoride oral tablet 2.2 (1 f) mg	2	MO

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
sodium fluoride oral tablet chewable	2	MO	glipizide er oral tablet extended release 24 hour 2.5 mg	2	QL (240 per 30 days); MO
TRAVASOL	4	B/D PA	glipizide er oral tablet extended release 24 hour 5 mg	2	QL (120 per 30 days); MO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA	glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO
Endocrine And Metabolic Disorder Agents			glipizide oral tablet 2.5 mg	1	MO
acarbose oral	2	QL (90 per 30 days); MO	glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO	glipizide-metformin hcl oral tablet 2.5-250 mg	2	QL (240 per 30 days); MO
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO	glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	2	QL (120 per 30 days); MO
calcitonin (salmon) injection	4	B/D PA	glucagon emergency injection kit	4	
calcitonin (salmon) nasal	3	QL (4 per 30 days); MO	GVOKE HYOPEN 1-PACK	3	
calcitriol intravenous solution 1 mcg/ml	4	B/D PA	GVOKE HYOPEN 2-PACK	3	
calcitriol oral capsule	2	B/D PA; MO	GVOKE KIT	3	
calcitriol oral solution	4	B/D PA; MO	GVOKE PFS	3	
cinacalcet hcl oral tablet 30 mg, 60 mg	4	B/D PA; QL (60 per 30 days)	SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		
cinacalcet hcl oral tablet 90 mg	4	B/D PA; QL (120 per 30 days)	HUMALOG INJECTION	3	MO
deferasirox oral tablet 90 mg	3	PA	HUMALOG JUNIOR	3	MO
deferasirox oral tablet soluble 125 mg	4	PA	KWIKPEN		
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA	HUMALOG KWIKPEN	3	MO
diazoxide oral	4	MO	SUBCUTANEOUS SOLUTION PEN-INJECTOR		
FARXIGA	3	QL (30 per 30 days); MO	HUMALOG MIX 50/50 KWIKPEN	3	MO
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN	3	MO
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO	SUBCUTANEOUS SUSPENSION PEN-INJECTOR		
glipizide er oral tablet extended release 24 hour 10 mg	2	QL (60 per 30 days); MO	HUMALOG MIX 75/25 KWIKPEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO	LANTUS	3	QL (30 per 30 days); MO
HUMULIN 70/30	3	MO	LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	QL (30 per 30 days); MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	MO	LYUMJEV	3	MO
HUMULIN N	3	MO	LYUMJEV KWIKPEN	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	MO	metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO
HUMULIN R <i>ibandronate sodium</i> <i>intravenous</i>	3	MO	metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO
<i>ibandronate sodium</i> oral	2	QL (1 per 28 days); MO	metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO
JANUMET	3	QL (60 per 30 days); MO	metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG	3	QL (30 per 30 days); MO	metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50- 1000 MG, 50-500 MG	3	QL (60 per 30 days); MO	MOUNJARO SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL (2 per 28 days)
JANUVIA	3	QL (30 per 30 days); MO	nateglinide oral tablet 120 mg	2	QL (90 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO	nateglinide oral tablet 60 mg	2	QL (180 per 30 days); MO
JENTADUETO	3	QL (60 per 30 days); MO	OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	PA; QL (3 per 28 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG	3	QL (60 per 30 days); MO	SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML		
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5- 1000 MG	3	QL (30 per 30 days); MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
KERENDIA	3	QL (30 per 30 days); MO	OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
KIONEX COMBINATION	3		paricalcitol oral	4	B/D PA; MO
			pioglitazone hcl oral tablet 15 mg	1	QL (90 per 30 days); MO
			pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days); MO
			pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)	TRADJENTA	3	QL (30 per 30 days); MO
repaglinide oral tablet 0.5 mg	2	QL (960 per 30 days); MO	TRESIBA	3	QL (30 per 30 days); MO
repaglinide oral tablet 1 mg	2	QL (480 per 30 days); MO	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days); MO
repaglinide oral tablet 2 mg	2	QL (240 per 30 days); MO	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days); MO
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)	trientine hcl	5	PA
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)	TRIARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)	TRIARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)	TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
sodium polystyrene sulfonate oral powder	2		VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO
SOLIQUA	3	QL (15 per 25 days); MO	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO
SPS (SODIUM POLYSTYRENE SULF)	3		VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO
SYNJARDY	3	QL (60 per 30 days); MO	XGEVA	5	PA; QL (5.1 per 28 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days); MO	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA; QL (3 per 28 days)	zoledronic acid intravenous concentrate	4	PA
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days); MO			
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
zoledronic acid intravenous solution 5 mg/100ml	4	PA	GAVILYTE-N WITH FLAVOR PACK	2	
Gastrointestinal Agents			generlac	2	MO
alosetron hcl	4	PA; QL (60 per 30 days); MO	glycopyrrolate oral tablet 1 mg, 2 mg	2	
aprepitant oral	4	B/D PA; QL (15 per 30 days)	gransetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	4	
aprepitant oral capsule 125 mg	4	B/D PA; QL (5 per 30 days)	gransetron hcl oral	4	B/D PA; QL (30 per 30 days)
aprepitant oral capsule 40 mg	4	B/D PA; QL (1 per 28 days)	hydrocortisone oral	2	
aprepitant oral capsule 80 & 125 mg	4	B/D PA; QL (15 per 30 days)	hydrocortisone rectal enema	4	
aprepitant oral capsule 80 mg	4	B/D PA; QL (10 per 30 days)	lactulose	2	MO
balsalazide disodium	4		encephalopathy oral solution 10 gm/15ml		
budesonide er oral tablet extended release 24 hour	4	PA	lactulose oral solution	2	MO
budesonide oral	4		lansoprazole oral capsule delayed release 15 mg	2	MO
COMPROM	4		lansoprazole oral capsule delayed release 30 mg	2	QL (30 per 30 days); MO
constulose	2	MO	LINZESS	4	QL (30 per 30 days); MO
dicyclomine hcl oral capsule	4		loperamide hcl oral capsule	2	
dicyclomine hcl oral solution 10 mg/5ml	4		meclizine hcl oral tablet 12.5 mg, 25 mg	2	
dicyclomine hcl oral tablet 20 mg	2		mesalamine er oral capsule extended release 24 hour	4	MO
diphenoxylate-atropine oral liquid	4		mesalamine oral tablet delayed release 1.2 gm	4	MO
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4		mesalamine rectal	4	
dronabinol	4	B/D PA; QL (120 per 30 days)	metoclopramide hcl injection	4	
enulose	2	MO	metoclopramide hcl oral solution 10 mg/ 10ml, 5 mg/5ml	2	
famotidine (pf)	4		metoclopramide hcl oral tablet	2	
famotidine oral suspension reconstituted	4	MO	misoprostol oral	2	MO
famotidine oral tablet 20 mg, 40 mg	2	MO	MOVANTIK	4	QL (30 per 30 days)
famotidine premixed	4				
GATTEX	5	PA; LA			
GAVILYTE-C	2				
GAVILYTE-G	2				

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Drug Name	Drug Tier	Requirements/ Limits
na sulfate-k sulfate-mg sulf	4	
nizatidine oral capsule 150 mg	2	MO
omeprazole oral capsule delayed release	2	MO
ondansetron hcl oral solution	4	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	3	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 4 mg	4	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 8 mg	2	B/D PA; QL (90 per 30 days)
opium	4	
pantoprazole sodium intravenous	4	
pantoprazole sodium oral tablet delayed release	2	MO
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
prochlorperazine	4	
prochlorperazine maleate oral	2	MO
promethazine hcl oral solution	4	
promethazine hcl oral tablet	2	
scopolamine	4	QL (10 per 28 days)
sucralfate oral tablet	2	MO
sulfasalazine oral	2	MO
ursodiol oral tablet 250 mg	3	MO
ursodiol oral tablet 500 mg	4	MO
VOWST	4	PA; QL (12 per 30 days)
XERMELO	5	PA; QL (90 per 30 days); LA

Drug Name	Drug Tier	Requirements/ Limits
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine	5	LA
CREON	3	MO
cromolyn sodium oral	4	MO
CYSTAGON	4	PA; LA
nitisinone	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
sapropterin dihydrochloride oral tablet	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA
sodium phenylbutyrate oral tablet	5	PA
Genitourinary Agents		
alfuzosin hcl er	2	MO
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	2	
bethanechol chloride oral tablet 50 mg	4	
clindamycin phosphate vaginal	2	
dutasteride oral	2	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	2	MO
GEMTESA	4	QL (30 per 30 days); MO
metronidazole vaginal	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	4	QL (60 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	4	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
oxybutynin chloride oral solution	2	QL (600 per 30 days); MO
oxybutynin chloride oral tablet 2.5 mg	2	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	2	QL (120 per 30 days); MO
penicillamine oral tablet	5	
potassium citrate er	4	
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days); MO
tamsulosin hcl	2	MO
terconazole vaginal cream	2	
terconazole vaginal suppository	4	
tolterodine tartrate	4	QL (60 per 30 days); MO
tolterodine tartrate er	4	QL (30 per 30 days); MO

Hormonal Agents

AFIRMELLE	2	MO
ALTAVERA	2	MO
alyacen 1/35	2	MO
alyacen 7/7/7	3	MO
APRI	2	MO
ARANELLE	3	MO
AUBRA EQ	2	MO
AUROVELA 1.5/30	3	MO
AUROVELA 1/20	2	MO
AUROVELA 24 FE	2	MO
AUROVELA FE 1.5/30	3	MO
AUROVELA FE 1/20	2	MO
AVIANE	2	MO
AYUNA	2	MO
AZURETTE	2	MO
BALZIVA	2	MO
BLISOVI 24 FE	2	MO
BLISOVI FE 1.5/30	3	MO
BLISOVI FE 1/20	2	MO
briellyn	2	MO
cabergoline	3	
CAMILA	2	MO
CAMRESE	3	MO
CHATEAL EQ	2	MO

Drug Name	Drug Tier	Requirements/ Limits
CRYSELLE-28	2	MO
CYRED EQ	2	MO
danazol oral	4	
DASETTA 1/35 (28)	2	MO
DASETTA 7/7/7	3	MO
DAYSEE	3	MO
DEBLITANE	2	MO
DELYLA	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	MO
desmopressin ace spray refrig	4	MO
desmopressin acetate injection	4	
desmopressin acetate oral	2	MO
desmopressin acetate pf	4	
desmopressin acetate spray	4	MO
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	MO
DEXAMETHASONE INTENSOL	4	
dexamethasone oral elixir	3	
dexamethasone oral solution	2	
dexamethasone oral tablet	4	
dexamethasone sod phos +rfid	4	
dexamethasone sod phosphate pf injection solution	4	

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 4 mg/ml	4		INCASSIA	2	MO
dexamethasone sodium phosphate injection solution prefilled syringe	4		INCRELEX	5	PA; LA
DOTTI	4	PA; QL (8 per 28 days); MO	INTROVALE	2	MO
drospirenone-ethinyl estradiol	2	MO	ISIBLOOM	2	MO
ELINEST	2	MO	JAIMIESS	3	MO
ELURYNG	3	MO	JASMIEL	2	MO
EMZAHH	2	MO	JENCYCLA	2	MO
ENPRESSE-28	2	MO	JINTELI	2	PA; MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	MO	JOLESSA	2	MO
ERRIN	2	MO	JULEBER	2	MO
ESTARYLLA	2	MO	JUNEL 1.5/30	3	MO
estradiol oral	2	MO	JUNEL 1/20	2	MO
estradiol transdermal patch twice weekly	4	PA; QL (8 per 28 days); MO	JUNEL FE 1.5/30	3	MO
estradiol transdermal patch weekly	4	PA; QL (4 per 28 days); MO	JUNEL FE 1/20	2	MO
estradiol vaginal	4	MO	JUNEL FE 24	2	MO
estradiol valerate	4		KALLIGA	2	MO
intramuscular oil 20 mg/ml, 40 mg/ml			KARIVA	2	MO
ethynodiol diac-eth estradiol	2	MO	KELNOR 1/35	2	MO
FALMINA	2	MO	KELNOR 1/50	2	MO
FEIRZA 1.5/30	3	MO	KURVELO	2	MO
FEIRZA 1/20	2	MO	lanreotide acetate	5	PA
fludrocortisone acetate oral	2	MO	LARIN 1.5/30	3	MO
FYAVOLV ORAL TABLET 1-5 MG-MCG	2	PA; MO	LARIN 1/20	2	MO
GALLIFREY	2	MO	LARIN 24 FE	2	MO
HAILEY 1.5/30	3	MO	LARIN FE 1.5/30	3	MO
HAILEY 24 FE	2	MO	LARIN FE 1/20	2	MO
HAILEY FE 1.5/30	3	MO	LEENA	3	MO
HAILEY FE 1/20	2	MO	LESSINA	2	MO
HEATHER	2	MO	levo-t	2	MO
ICLEVIA	2	MO	LEVONEST	2	MO
			levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	MO
			levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	MO
			levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	2	MO
			LEVORA 0.15/30 (28)	2	MO
			levothyroxine sodium oral tablet	2	MO
			LEVOXYL	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
liothyronine sodium oral	2	MO	norethrin ace-eth estradi-fe oral tablet 1.5- 30 mg-mcg	3	MO
LO-ZUMANDIMINE	2	MO	norethindron-ethinyl estradi-fe	2	MO
LOESTRIN 1.5/30 (21)	3	MO	norethindrone acet- ethinyl est oral tablet 1- 20 mg-mcg	2	MO
LOESTRIN 1/20 (21)	2	MO	norethindrone acet- ethinyl est oral tablet 1.5-30 mg-mcg	3	MO
LOESTRIN FE 1.5/30	3	MO	norethindrone acetate oral	2	MO
LOESTRIN FE 1/20	2	MO	norethindrone oral	2	MO
LORYNA	2	MO	norethindrone-eth estradiol	2	PA; MO
LOW-OGESTREL	2	MO	norgestim-eth estrad triphasic	2	MO
LUTERA	2	MO	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	MO
LYLEQ	2	MO	NORLYROC	2	MO
LYLLANA	4	PA; QL (8 per 28 days); MO	NORTREL 0.5/35 (28)	3	MO
LYZA	2	MO	NORTREL 1/35 (21)	2	MO
marlissa	2	MO	NORTREL 1/35 (28)	2	MO
medroxyprogesterone acetate intramuscular	2		NORTREL 7/7/7	3	MO
medroxyprogesterone acetate oral	2	MO	NYLIA 1/35	2	MO
MELEYA	2	MO	NYLIA 7/7/7	3	MO
methimazole oral	2	MO	OCELLA	2	MO
methylprednisolone oral	2		octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
MICROGESTIN 1.5/30	3	MO	octreotide acetate intramuscular	5	PA
MICROGESTIN 1/20	2	MO	octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	4	PA
MICROGESTIN FE 1.5/30	3	MO	ORQUIDEA	2	MO
MICROGESTIN FE 1/20	2	MO	ORSYTHIA	2	MO
mifepristone oral tablet 300 mg	5	PA; LA	PHILITH	2	MO
MILI	2	MO	PIMTREA	2	MO
MONO-LINYAH	2	MO	PORTIA-28	2	MO
NECON 0.5/35 (28)	3	MO	prednisolone oral solution	2	
NEXPLANON	3				
NIKKI	2	MO			
NORA-BE	2	MO			
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA			
norelgestromin-eth estradiol	3	MO			
norethrin ace-eth estradi-fe oral tablet 1- 20 mg-mcg	2	MO			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate oral solution 15 mg/5ml	3		testosterone enanthate intramuscular solution	4	PA; MO
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	4		testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PA; QL (300 per 30 days); MO
PREDNISONE INTENSOL	4		TILIA FE	2	MO
prednisone oral solution	4		TRI-ESTARYLLA	2	MO
prednisone oral tablet	2		TRI-LEGEST FE	2	MO
prednisone oral tablet therapy pack	2		TRI-LINYAH	2	MO
propylthiouracil oral	2	MO	TRI-LO-ESTARYLLA	2	MO
raloxifene hcl	2	QL (30 per 30 days); MO	TRI-LO-MARZIA	2	MO
RECLIPSEN	2	MO	TRI-LO-MILI	2	MO
SANDOSTATIN LAR DEPOT	5	PA	TRI-LO-SPRINTEC	2	MO
SETLAKIN	2	MO	TRI-MILI	2	MO
SHAROBEL	2	MO	TRI-NYMYO	2	MO
SIGNIFOR	5	PA; LA	TRI-SPRINTEC	2	MO
SIMLIYA	2	MO	TRI-VYLIBRA	2	MO
SIMPESSE	3	MO	TRI-VYLIBRA LO	2	MO
SKYLA	3		triamcinolone acetonide injection suspension 40 mg/ml	4	
SOMATULINE DEPOT	5	PA	TRIVORA (28)	2	MO
SOMAVERT	5	PA; LA	TURQOZ	2	MO
SPRINTEC 28	2	MO	UNITROID	2	MO
SRONYX	2	MO	VALTYA 1/50	2	MO
SYEDA	2	MO	VELIVET	3	MO
SYNTHROID ORAL TABLET 100 MCG, 125 MCG, 150 MCG, 200 MCG, 50 MCG, 75 MCG	4	MO	VESTURA	2	MO
SYNTHROID ORAL TABLET 112 MCG, 137 MCG, 175 MCG, 25 MCG, 300 MCG, 88 MCG	3	MO	VIENVA	2	MO
TARINA 24 FE	2	MO	viorele	2	MO
TARINA FE 1/20 EQ	2	MO	VOLNEA	2	MO
testosterone cypionate intramuscular solution 100 mg/ml	2	PA; MO	VYFEMLA	2	MO
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	2	MO	VYLIBRA	2	MO
Immunological Agents					
			WERA	3	MO
			XARAH FE	2	MO
			yuvafem	4	MO
			ZOVIA 1/35 (28)	2	MO
			ZUMANDIMINE	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
AREXVY	3		ENGERIX-B INJECTION	3	B/D PA
azathioprine oral tablet 50 mg	2	B/D PA	SUSPENSION PREFILLED SYRINGE		
bcg vaccine injection solution reconstituted	4		ENVARSUS XR	4	B/D PA
BENLYSTA SUBCUTANEOUS	5	PA	everolimus oral tablet 0.25 mg, 0.75 mg	4	B/D PA
BEXSERO	3		everolimus oral tablet 0.5 mg, 1 mg	5	B/D PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3		GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PA
cyclosporine modified	4	B/D PA	GARDASIL 9	4	
cyclosporine oral capsule	4	B/D PA	GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3		GENGRAF ORAL SOLUTION	4	B/D PA
diphtheria-tetanus toxoids dt	3		HAVRIX	3	
ENBREL MINI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (8 per 28 days)	INTRAMUSCULAR SUSPENSION 1440 EL U/ML		
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 per 28 days)	HAVRIX	3	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days)	INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days)	HEPLISAV-B	3	B/D PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days)	INTRAMUSCULAR SOLUTION PREFILLED SYRINGE		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D PA	HIBERIX INJECTION	3	
			HUMIRA (2 PEN) SUBCUTANEOUS AUTO-Injector KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
			HUMIRA (2 PEN) SUBCUTANEOUS AUTO-Injector KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days)
			HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	5	PA; QL (4 per 28 days)	methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/ 40ml, 250 mg/10ml, 50 mg/2ml	4	
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO- INJECTOR KIT	5	PA; QL (8 per 365 days)	methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	4	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/ 0.8ML	5	PA; QL (6 per 365 days)	methotrexate sodium reconstituted	4	
HUMIRA-PSORIASIS/ UVEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	5	PA; QL (6 per 365 days)	methotrexate sodium oral	4	
HYPERRAB	5		MRESVIA	3	
IMOGLAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3		mycophenolate mofetil oral	4	B/D PA
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4		mycophenolate sodium tablet delayed release 180 mg, 360 mg	4	B/D PA
INFANRIX	3		OCTAGAM	5	PA
IPOL	3		INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML		
IXCHIQ	3		OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days)
IXIARO	4		OTEZLA ORAL TABLET	5	PA
JYLAMVO	4	ST	THERAPY PACK		
JYNNEOS	3		PEDIARIX	3	
<i>kedrab injection</i>	3		INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		PEDVAX HIB	3	
leflunomide oral	4	QL (30 per 30 days); MO	INTRAMUSCULAR SUSPENSION		
M-M-R II INJECTION	3		PEGASYS	5	
MENACTRA INTRAMUSCULAR SOLUTION	3		SUBCUTANEOUS SOLUTION 180 MCG/ML		
MENQUADFI INTRAMUSCULAR SOLUTION	3		PEGASYS	5	
MENVEO	3		SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		
			PENBRAYA	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
penmenvy	3		STELARA	5	PA; QL (1 per 28 days); LA
PENTACEL	4		SUBCUTANEOUS		
PRIORIX	3		SOLUTION 45 MG/0.5ML		
PROGRAF ORAL PACKET	4	B/D PA	STELARA	5	PA; QL (1 per 28 days)
PROQUAD	4		SUBCUTANEOUS		
SUBCUTANEOUS			SOLUTION PREFILLED		
SUSPENSION			SYRINGE		
RECONSTITUTED			tacrolimus oral	4	B/D PA
QUADRACEL	3		TENIVAC	3	
RABAVERT	4		TICOVAC	4	
RECOMBIVAX HB	3	B/D PA	TREMFYA CROHNS	5	PA; QL (4 per 28 days)
REZUROCK	4	PA; LA	INDUCTION		
RINVOQ	5	PA; QL (30 per 30 days)	TREMFYA ONE-PRESS	5	PA; QL (2 per 28 days)
RINVOQ LQ	5	PA; QL (360 per 30 days)	TREMFYA PEN	5	PA; QL (2 per 28 days)
ROTARIX ORAL	3		TREMFYA	5	PA; QL (2 per 28 days)
SUSPENSION			SUBCUTANEOUS		
ROTATEQ ORAL	3		SOLUTION PREFILLED		
SOLUTION			SYRINGE		
SANDIMMUNE ORAL	4	B/D PA	TRUMENBA	3	
SOLUTION			TWINRIX	4	
SELARSDI	5	PA; QL (1 per 28 days)	INTRAMUSCULAR		
SUBCUTANEOUS			SUSPENSION PREFILLED		
SOLUTION PREFILLED			SYRINGE		
SYRINGE 90 MG/ML			TYPHIM VI	4	
SHINGRIX	3		VAQTA	3	
INTRAMUSCULAR			VARIVAX	3	
SUSPENSION			VAXCHORA	3	
RECONSTITUTED 50			VIMKUNYA	3	
MCG/0.5ML			VIVOTIF	3	
sirolimus oral	4	B/D PA	XATMEP	4	ST
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)	XELJANZ ORAL TABLET	5	PA; QL (60 per 30 days)
SKYRIZI PEN	5	PA; QL (6 per 365 days)	XELJANZ XR	5	PA; QL (30 per 30 days)
SKYRIZI SUBCUTANEOUS	5	PA; QL (1.2 per 56 days)	YF-VAX	4	
SOLUTION CARTRIDGE			Infectious Disease Agents		
180 MG/1.2ML			abacavir sulfate oral	4	QL (960 per 30 days)
SKYRIZI SUBCUTANEOUS	5	PA; QL (2.4 per 56 days)	solution		
SOLUTION CARTRIDGE			abacavir sulfate oral	4	QL (60 per 30 days)
360 MG/2.4ML			tablet		
SKYRIZI SUBCUTANEOUS	5	PA; QL (6 per 365 days)	abacavir sulfate-	4	QL (30 per 30 days)
SOLUTION PREFILLED			lamivudine		
SYRINGE			ABELCET	4	B/D PA
			acyclovir oral capsule	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
acyclovir oral suspension 200 mg/5ml	4	MO	ampicillin-sulbactam sodium intravenous	4	
acyclovir oral suspension 800 mg/20ml	4		APTIVUS ORAL CAPSULE	5	QL (120 per 30 days)
acyclovir oral tablet	2	MO	ARIKAYCE	4	LA
acyclovir sodium intravenous solution	4	B/D PA	atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days)
adefovir dipivoxil	4	PA	atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days)
albendazole oral	4		atovaquone oral	4	PA
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4		atovaquone-proguanil hcl	4	
amoxicillin oral capsule	2		azithromycin intravenous	4	
amoxicillin oral suspension reconstituted	2		azithromycin oral packet	2	
amoxicillin oral tablet	2		azithromycin oral suspension reconstituted	4	
amoxicillin oral tablet chewable 125 mg, 250 mg	2		azithromycin oral tablet	2	
amoxicillin-pot clavulanate er	4		aztreonam	4	
amoxicillin-pot clavulanate oral suspension reconstituted	2		BARACLUDE ORAL SOLUTION	4	PA
amoxicillin-pot clavulanate oral tablet	2		BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
amphotericin b intravenous	4	B/D PA	BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
amphotericin b liposome	4	B/D PA	BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
ampicillin oral capsule 500 mg	2		caspofungin acetate	4	B/D PA
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4		cefaclor oral capsule	2	
ampicillin sodium intravenous	4		cefadroxil oral capsule	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4		cefadroxil oral suspension reconstituted	2	
			cefadroxil oral tablet	4	
			cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	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
cefazolin sodium intravenous solution reconstituted	4		ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
cefdinir	2		ciprofloxacin in d5w	4	
cefepime hcl injection solution reconstituted 1 gm	4		clarithromycin er	4	
cefepime hcl intravenous	4		clarithromycin oral suspension reconstituted	4	
cefixime oral capsule	4		clarithromycin oral tablet	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4		clindamycin hcl oral	2	
cefoxitin sodium intravenous	4		clindamycin phosphate in d5w	4	
cefpodoxime proxetil	4		clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
cefprozil	2		COARTEM	4	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4		colistimethate sodium (cba)	4	
ceftazidime intravenous	4		COMPLERA	5	QL (30 per 30 days)
ceftriaxone sodium in dextrose	4		dapsone oral	3	MO
ceftriaxone sodium injection	4		daptomycin intravenous solution reconstituted 500 mg	4	
ceftriaxone sodium intravenous	4		darunavir oral tablet 600 mg	4	QL (60 per 30 days)
cefuroxime axetil oral tablet	2		darunavir oral tablet 800 mg	5	QL (60 per 30 days)
cefuroxime sodium injection solution reconstituted 750 mg	4		DELSTRIGO	5	QL (30 per 30 days)
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4		DESCOVY	5	QL (30 per 30 days)
cephalexin oral capsule	1		dicloxacillin sodium	2	
cephalexin oral suspension reconstituted	2		DIFICID ORAL TABLET	5	PA
chloroquine phosphate oral	4	MO	DOVATO	5	QL (30 per 30 days)
CIMDUO	5	QL (30 per 30 days)	DOXY 100	4	
			doxycycline hyclate intravenous	4	
			doxycycline hyclate oral capsule	2	
			doxycycline hyclate oral tablet 100 mg, 20 mg	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
doxycycline monohydrate oral capsule 100 mg, 50 mg	4		etravirine oral tablet 200 mg	4	QL (60 per 30 days)
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2		EVOTAZ	5	QL (30 per 30 days)
EDURANT	5	QL (30 per 30 days)	famciclovir oral tablet 125 mg, 250 mg	4	QL (60 per 30 days)
EDURANT PED	5	QL (180 per 30 days)	famciclovir oral tablet 500 mg	4	QL (21 per 7 days)
efavirenz oral tablet	4	QL (30 per 30 days)	fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4	
efavirenz-emtricitab-tenofo df	4	QL (30 per 30 days)	fluconazole oral	2	
efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days)	flucytosine oral capsule 250 mg	4	
emtricitab-rilpivir-tenofov df	5	QL (30 per 30 days)	flucytosine oral capsule 500 mg	5	
emtricitabine	4	QL (30 per 30 days)	fosamprenavir calcium	4	QL (120 per 30 days)
emtricitabine-tenofovir df	4	QL (30 per 30 days)	FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)	gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	4	
entecavir	4	PA	gentamicin sulfate injection	4	
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)	GENVOYA	5	QL (30 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days)	griseofulvin microsize oral	4	
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days)	griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days)	HARVONI	5	PA; QL (28 per 28 days)
ertapenem sodium	4		hydroxychloroquine sulfate oral tablet 200 mg	2	MO
erythromycin base oral	4		imipenem-cilastatin	4	
erythromycin ethylsuccinate oral tablet	4		INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
erythromycin lactobionate	4				
erythromycin oral	4				
ethambutol hcl oral	4				
etravirine oral tablet 100 mg	4	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	Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS HD	5	QL (60 per 30 days)	lopinavir-ritonavir oral solution	4	QL (480 per 30 days)
ISENTRESS ORAL PACKET	4	QL (180 per 30 days)	lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 per 30 days)	lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)	maraviroc	4	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (720 per 30 days)	mefloquine hcl	2	MO
isoniazid oral syrup	4	MO	meropenem	4	
isoniazid oral tablet	2	MO	intravenous solution reconstituted 1 gm		
itraconazole oral capsule	4	PA	meropenem	3	
ivermectin oral	2	PA	intravenous solution reconstituted 500 mg		
JULUCA	5	QL (30 per 30 days)	methenamine hippurate	2	
KALETRA ORAL SOLUTION	4	QL (480 per 30 days)	methenamine mandelate oral	2	
ketoconazole oral	2		metronidazole	2	
lamivudine oral solution	4	QL (960 per 30 days)	intravenous solution 500 mg/100ml		
lamivudine oral tablet 100 mg	3		metronidazole oral tablet	2	
lamivudine oral tablet 150 mg	4	QL (60 per 30 days)	micafungin sodium	4	
lamivudine oral tablet 300 mg	4	QL (30 per 30 days)	minocycline hcl oral capsule	2	
lamivudine-zidovudine	4	QL (60 per 30 days)	MONDOXYNE NL ORAL CAPSULE 100 MG	4	
levofloxacin in d5w	4		moxifloxacin hcl in nacl	4	
levofloxacin intravenous	4		moxifloxacin hcl oral	4	
levofloxacin oral solution	4		nafcillin sodium injection solution reconstituted 1 gm	4	
levofloxacin oral tablet	2		nafcillin sodium intravenous solution reconstituted 10 gm	4	
linezolid in sodium chloride	4		neomycin sulfate oral	2	
linezolid intravenous solution 600 mg/300ml	4		nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 per 30 days)
linezolid oral suspension reconstituted	4	PA; QL (1800 per 30 days)	nevirapine oral suspension	4	QL (1200 per 30 days)
linezolid oral tablet	4	PA; QL (56 per 28 days)	nevirapine oral tablet	2	QL (60 per 30 days)
LIVTENCITY	5	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
nitazoxanide oral	4	QL (6 per 30 days)	piperacillin sod-tazobactam so	4	
<i>nitrofurantoin</i>	2		<i>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>		
<i>macrocrystal oral capsule 100 mg, 50 mg</i>			<i>posaconazole oral tablet delayed release</i>	5	PA; MO
<i>nitrofurantoin monohyd macro</i>	2		<i>praziquantel oral</i>	4	
NORVIR ORAL PACKET	4	QL (360 per 30 days)	PREVYMIS ORAL PACKET	5	PA; QL (120 per 30 days)
<i>nystatin oral tablet</i>	2		PREVYMIS ORAL TABLET	5	PA; QL (30 per 30 days)
ODEFSEY	5	QL (30 per 30 days)	PREZCOBIX	5	QL (30 per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	4	QL (168 per 365 days)	PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 per 365 days)	PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	4	QL (84 per 365 days)	PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	4	QL (1080 per 365 days)	PRIFTIN	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4		<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
PAXLOVID (150/100)	3	QL (20 per 90 days)	<i>pyrazinamide oral</i>	4	
PAXLOVID (300/100 & 150/100)	3	QL (11 per 90 days)	<i>pyrimethamine oral</i>	5	PA
PAXLOVID (300/100)	3	QL (30 per 90 days)	<i>quinine sulfate oral</i>	4	PA
<i>penicillin g potassium</i>	4		RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
<i>penicillin g sodium</i>	4		RETROVIR INTRAVENOUS	4	
<i>penicillin v potassium</i>	2		REYATAZ ORAL PACKET	4	QL (240 per 30 days)
<i>pentamidine isethionate inhalation</i>	4	B/D PA	<i>ribavirin oral capsule</i>	3	
<i>pentamidine isethionate injection</i>	4		<i>ribavirin oral tablet 200 mg</i>	4	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	4		<i>rifabutin</i>	4	
PIFELTRO	5	QL (30 per 30 days)	<i>rifampin intravenous</i>	4	
			<i>rifampin oral</i>	2	
			<i>rimantadine hcl</i>	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
ritonavir	3	QL (360 per 30 days)
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	4	QL (1840 per 30 days)
SIRTURO	5	PA; LA
streptomycin sulfate intramuscular	4	
STRIBILD	5	QL (30 per 30 days)
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension	4	
sulfamethoxazole-trimethoprim oral tablet	2	
SUNLENCA ORAL TABLET	5	
SUNLENCA ORAL TABLET THERAPY PACK	5	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYMTUZA	4	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
TEFLARO	4	
tenofovir disoproxil fumarate	4	QL (30 per 30 days)
terbinafine hcl oral	2	
tetracycline hcl oral capsule	4	
tigecycline	5	
tinidazole oral	4	
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days)

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

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
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
zidovudine oral capsule	4	QL (180 per 30 days)
zidovudine oral syrup	4	QL (1920 per 30 days)
zidovudine oral tablet	2	QL (60 per 30 days)
ZIRGAN	4	
Miscellaneous Therapeutic Agents		
acetic acid irrigation	2	
ALCOHOL SWABS	2	MO
GAUZE STERILE PADS 2	1	MO
IGALMI	4	QL (30 per 30 days)
INSULIN PEN NEEDLE	3	QL (200 per 30 days); MO
INSULIN SYRINGE	3	QL (200 per 30 days); MO
KOSELUGO	5	PA
lactated ringers	4	
irrigation		
OMNIPOD 5 DEXG7G6	4	
INTRO GEN 5		
OMNIPOD 5 DEXG7G6	4	
PODS GEN 5		
OMNIPOD 5 G7 INTRO (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 G6	4	
INTRO G5		
OMNIPOD 5 LIBRE2	4	
PLUS G6 PODS		
OMNIPOD CLASSIC	4	
PODS (GEN 3)		
OMNIPOD DASH INTRO (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
ringers irrigation	4	
sodium chloride	2	
irrigation solution 0.9 %		
sterile water for irrigation	4	
SYNAGIS	5	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
TIS-U-SOL	4	
Ophthalmic Agents		
acetazolamide er	4	MO
apraclonidine hcl	4	
atropine sulfate	3	MO
ophthalmic ointment		
atropine sulfate	4	MO
ophthalmic solution 1 %		
azelastine hcl	2	
ophthalmic		
bacitra-neomycin- polymyxin-hc	2	
bacitracin ophthalmic	4	
bacitracin-polymyxin b	2	
ophthalmic ointment		
500-10000 unit/gm		
betaxolol hcl	2	MO
ophthalmic		
brimonidine tartrate	4	MO
ophthalmic solution		
0.15 %		
brimonidine tartrate	2	MO
ophthalmic solution 0.2 %		
brimonidine tartrate- timolol	4	MO
brinzolamide	4	MO
bromfenac sodium	4	
ophthalmic solution		
0.07 %, 0.075 %		
carteolol hcl	2	MO
ciprofloxacin hcl	2	
ophthalmic		
cromolyn sodium	2	
ophthalmic		
CYSTARAN	5	LA
dexamethasone	2	
sodium phosphate		
ophthalmic		
diclofenac sodium	4	
ophthalmic		
dorzolamide hcl	2	MO
ophthalmic		
dorzolamide hcl-timolol	1	MO
mal		
epinastine hcl	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
erythromycin ophthalmic	2	QL (3.5 per 30 days)	RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
fluorometholone ophthalmic	4		RHOPRESSA	4	MO
flurbiprofen sodium	2		SIMBRINZA	4	MO
gentamicin sulfate ophthalmic solution	2		sulfacetamide sodium ophthalmic	4	
ILEVRO	4		sulfacetamide-prednisolone ophthalmic solution	2	
ketorolac tromethamine ophthalmic	2		timolol maleate ophthalmic gel forming solution	4	MO
latanoprost ophthalmic	1	MO	timolol maleate ophthalmic solution	1	MO
levobunolol hcl ophthalmic solution 0.5 %	2	MO	tobramycin ophthalmic	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO	tobramycin-dexamethasone	4	
methazolamide oral	4	MO	VYZULTA	4	MO
moxifloxacin hcl ophthalmic solution	4		XDEMVY	4	LA
NATACYN	4				
NEO-POLYCIN	4		Otic Agents		
NEO-POLYCIN HC	2		acetic acid otic	2	
neomycin-bacitracin zn-polymyx	4		ciprofloxacin-dexamethasone	4	
neomycin-polymyxin-dexameth	2		FLAC	4	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2		fluocinolone acetonide otic	4	
ofloxacin ophthalmic	2		hydrocortisone-acetic acid	4	
olopatadine hcl ophthalmic solution 0.2 %	3		neomycin-polymyxin-hc otic	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO	ofloxacin otic	2	
POLYCIN	2				
polymyxin b-trimethoprim	2		Respiratory Tract/Pulmonary Agents		
prednisolone acetate ophthalmic	2		acetylcysteine inhalation	4	B/D PA
proparacaine hcl ophthalmic	3		ADEMPAS	5	PA; QL (90 per 30 days); LA
RESTASIS	3	QL (60 per 30 days); MO	ADVAIR HFA	3	QL (12 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
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	2	B/D PA; MO	epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml	4	QL (2 per 28 days)
albuterol sulfate oral	4	MO	epinephrine injection solution auto-injector 0.3 mg/0.3ml	3	QL (2 per 28 days)
ambrisentan	5	PA; QL (30 per 30 days); LA	flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (75 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 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
ARNUITY ELLIPTA	3	QL (30 per 30 days); MO	fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	4	QL (240 per 30 days); MO
ATROVENT HFA	4	QL (26 per 30 days); MO	fluticasone propionate hfa inhalation aerosol 110 mcg/act	4	QL (12 per 30 days); MO
azelastine hcl nasal solution 0.1 %, 137 mcg/ spray	2	QL (30 per 25 days)	fluticasone propionate hfa inhalation aerosol 220 mcg/act	4	QL (24 per 30 days); 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	fluticasone propionate hfa inhalation aerosol 44 mcg/act	4	QL (11 per 30 days); MO
breyna	4	QL (30.9 per 30 days); MO	fluticasone propionate nasal	2	QL (16 per 30 days)
BRONCHITOL	5	PA; LA	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	4	QL (60 per 30 days); MO
budesonide inhalation suspension 0.25 mg/ 2ml, 0.5 mg/2ml	4	B/D PA; QL (120 per 30 days); MO	hydroxyzine hcl intramuscular	4	
budesonide-formoterol fumarate	4	QL (30.6 per 30 days); MO	hydroxyzine hcl oral syrup	4	QL (2880 per 28 days)
CAYSTON	5	PA; LA	hydroxyzine hcl oral tablet 10 mg, 25 mg	2	QL (120 per 30 days)
cetirizine hcl oral solution	2		hydroxyzine hcl oral tablet 50 mg	2	QL (240 per 30 days)
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO	hydroxyzine pamoate oral	4	QL (120 per 30 days)
cromolyn sodium inhalation	3	B/D PA; MO			
cyproheptadine hcl oral syrup	2	PA			
cyproheptadine hcl oral tablet	4				
epinephrine injection solution 0.3 mg/0.3ml	3	QL (2 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
ipratropium bromide inhalation	2	B/D PA; MO	SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO
ipratropium bromide nasal	2	QL (30 per 30 days); MO	SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	B/D PA; QL (540 per 30 days); MO	theophylline er oral tablet extended release 12 hour	4	MO
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)	theophylline er oral tablet extended release 24 hour	2	MO
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PA; QL (540 per 30 days); MO	theophylline oral	4	MO
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	4	B/D PA; QL (270 per 30 days); MO	tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PA; QL (280 per 28 days)
levocetirizine dihydrochloride oral tablet	4	QL (30 per 30 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
montelukast sodium oral packet	4	MO	umeclidinium-vilanterol	3	QL (60 per 30 days); MO
montelukast sodium oral tablet	2	MO	wixela inhale inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	4	QL (60 per 30 days); MO
montelukast sodium oral tablet chewable	2	MO	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA
OFEV ORAL CAPSULE 150 MG	5	PA; QL (60 per 30 days)	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA
OPSUMIT	5	PA; QL (30 per 30 days); LA	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); LA
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); LA
pirfenidone oral tablet 267 mg	5	PA; QL (270 per 30 days)	XOLAIR SUBCUTANEOUS SOLUTION	5	PA; QL (8 per 28 days); LA
pirfenidone oral tablet 534 mg, 801 mg	5	PA; QL (90 per 30 days)	RECONSTITUTED		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA	zafirlukast	4	MO
roflumilast oral tablet 500 mcg	4	PA; QL (30 per 30 days); MO			
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO			
sildenafil citrate oral tablet 20 mg	3	PA; QL (360 per 30 days)			

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

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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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-755-2776** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-866-755-2776** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电**1-866-755-2776**(TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電**1-866-755-2776**(TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-866-755-2776** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-866-755-2776** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-866-755-2776** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-755-2776** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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

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

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 पूरा पूरा करने के लिए, वस हमें **1-866-755-2776** (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 **1-866-755-2776** (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 **1-866-755-2776** (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-866-755-2776** (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-866-755-2776** (TTY: 711). Ta usługa jest bezpłatna.

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、**1-866-755-2776** (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

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This formulary was updated on 9/1/2025. For more recent information or other questions, please contact Anthem MediBlue Rx Standard (PDP) Pharmacy Customer Service, at **1-833-285-4639** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com**.

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