

BlueEssential (HMO SNP)SM

2021 Formulary

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover in this plan.

We have made no changes to this formulary since 07/01/21.

For more recent information or other questions, please contact Member Service at:



bcbstmedicare.com



1-888-851-2583, TTY 711

Oct. 1 to March 31, seven days a week from 8 a.m. to 9 p.m. ET.

From April 1 to Sept. 30, M-F from 8 a.m. to 9 p.m. ET.

If you call outside of these hours or on a holiday – just leave a message on our automated phone system and we will call you back the next business day.



of Tennessee

2021 BlueEssential Formulary

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 SecurityCare of Tennessee, Inc., a wholly owned subsidiary of BlueCross BlueShield of Tennessee, Inc. When it refers to “plan” or “our plan,” it means BlueEssential.

This document includes a list of the drugs (formulary) for our plan which is current as of 07/01/21. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the BlueEssential Formulary?

A formulary is a list of covered drugs selected by BlueEssential 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. BlueEssential will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueEssential network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines.

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, 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 BlueEssential formulary?"

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 07/01/21. To get updated information about the drugs covered by BlueEssential, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we may reprint our formulary and distribute copies to our members. Updated formularies are posted to our website at bcbstmedicare.com.

How do I use the Formulary?

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

- **Medical Condition**

The formulary begins on page 3. 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, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 103. 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?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** BlueEssential requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueEssential before you fill your prescriptions. If you don’t get approval, BlueEssential may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueEssential limits the amount of the drug that our plan will cover. For example, BlueEssential provides 90 capsules per 90 days per prescription for Dexilant. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueEssential 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 3. 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 BlueEssential 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 BlueEssential formulary?” on this page 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 Member Service and ask if your drug is covered. If you learn that BlueEssential does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by BlueEssential. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by BlueEssential.
- You can ask BlueEssential to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the BlueEssential Formulary?

You can ask BlueEssential 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 pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 days (or 31 days for long-term care (LTC)) supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 days (or 31 days for long-term care (LTC)) supply of medication. After your first 30 days (or 31 days for long-term care (LTC)) 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 31-day emergency supply of that drug while you pursue a formulary exception.

For a member with a level of care change (e.g., member is discharged from a long-term care facility to a home setting) outside of the transition window, a pharmacy may obtain a one-time supply of a transition-eligible drug by contacting the help desk.

For more information

For more detailed information about your BlueEssential 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>.

BlueEssential's Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by BlueEssential. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUMET) and generic drugs are listed in lower-case italics (e.g., *metformin*).

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

Every drug on the plan's drug list is in one of six tiers. In general, the higher the tier, the higher your cost-sharing for the drug.

	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 1: Preferred Generic	\$1/\$1 copay	\$6/\$6 copay
Tier 2: Generic	\$10/\$10 copay	\$15/\$15 copay
Tier 3: Select Insulin Drugs	\$27/\$81 copay	\$35/\$105 copay
Preferred Brand Drugs	\$42/\$105 copay	\$47/\$110 copay
Tier 4: Non-Preferred Drugs	\$92/\$225 copay	\$97/\$230 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply
Tier 6: Select Care Tier	\$6/\$6 copay	\$11/\$11 copay

You can get a 90-day supply of drugs in Tiers 1 and 2 for the 30-day copay amount at preferred pharmacies. To find a Preferred Pharmacy in your neighborhood, give us a call at the number on the back of this formulary or visit www.bcbstmedicare.com.

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Abbreviations: Requirements & Limits

30D= Specialty Drug. May only obtain a 30 day supply.

B/D= This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

GC= Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

HRM= High Risk Medication for people over age 65, ensure benefits outweigh risk.

LA= Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA= Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL= Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

SSM= Senior Savings Model. For this select insulin drug, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. Please refer to Chapter 6 of our Evidence of Coverage for more information. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

lowercase italics= Generic drugs

UPPERCASE BOLD= Brand name drugs

Drug Tiers

Tier 1= Preferred Generics

Tier 2= Generics

Tier 3= Preferred Brands

Tier 4= Non Preferred Drugs

Tier 5= Brands and Generics: Cost over \$670 per month

Tier 6= Select Care

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; 30D
<i>amphotericin b injection recon soln</i>	4	B/D PA
<i>caspofungin intravenous recon soln</i>	5	B/D PA; 30D
<i>clotrimazole mucous membrane troche</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	30D
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	PA
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	30D
<i>griseofulvin microsize oral suspension</i>	4	
<i>griseofulvin microsize oral tablet</i>	4	
<i>griseofulvin ultramicrosize oral tablet</i>	4	
<i>itraconazole oral capsule</i>	4	QL (120 EA per 30 days)
<i>itraconazole oral solution</i>	4	
<i>ketoconazole oral tablet</i>	2	
NOXAFIL ORAL SUSPENSION	5	30D; QL (600 ML per 30 days)
<i>nystatin oral suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	30D; QL (240 EA per 30 days)
<i>terbinafine hcl oral tablet</i>	2	
<i>voriconazole intravenous recon soln</i>	5	PA; 30D
<i>voriconazole oral suspension for reconstitution</i>	5	30D; QL (600 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	30D; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	QL (480 EA per 30 days)
ANTIVIRALS		

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir oral solution</i>	2	
<i>abacavir oral tablet</i>	2	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	30D
<i>acyclovir oral capsule</i>	1	GC
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet</i>	1	GC
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir oral tablet</i>	5	30D
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	2	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	5	30D
APTIVUS ORAL CAPSULE	5	30D
<i>atazanavir oral capsule</i>	4	
ATRIPLA ORAL TABLET	5	30D
BARACLUDE ORAL SOLUTION	5	30D
BIKTARVY ORAL TABLET	5	30D
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	30D
<i>cidofovir intravenous solution</i>	5	B/D PA; 30D
CIMDUO ORAL TABLET	5	30D
COMPLERA ORAL TABLET	5	30D
DELSTRIGO ORAL TABLET	5	30D
DESCOVY ORAL TABLET	5	30D
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET	5	30D
EDURANT ORAL TABLET	5	30D
<i>efavirenz oral capsule 200 mg</i>	5	30D
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet</i>	5	30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	30D
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	5	30D
<i>emtricitabine oral capsule</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	5	30D
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
<i>entecavir oral tablet</i>	2	
EPCLUSA ORAL TABLET 200-50 MG	5	PA; 30D; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; 30D; QL (28 EA per 28 days)
EVOTAZ ORAL TABLET	5	30D
<i>famciclovir oral tablet</i>	1	GC
<i>fosamprenavir oral tablet</i>	5	30D
FUZEON SUBCUTANEOUS RECON SOLN	5	30D
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA ORAL TABLET	5	30D
HARVONI ORAL PELLETS IN PACKET	5	PA; 30D; QL (28 EA per 28 days)
HARVONI ORAL TABLET	5	PA; 30D; QL (28 EA per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	30D
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL TABLET	5	30D
ISENTRESS HD ORAL TABLET	5	30D
ISENTRESS ORAL POWDER IN PACKET	5	30D
ISENTRESS ORAL TABLET	5	30D
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	30D
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET	5	30D
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	30D
<i>lamivudine oral solution</i>	4	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine oral tablet</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA; 30D; QL (28 EA per 28 days)
LEXIVA ORAL SUSPENSION	3	
<i>lopinavir-ritonavir oral solution</i>	4	
MAVYRET ORAL TABLET	5	PA; 30D; QL (84 EA per 28 days)
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	3	
ODEFSEY ORAL TABLET	5	30D
<i>oseltamivir oral capsule 30 mg</i>	1	GC; QL (84 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	GC; QL (42 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution</i>	1	GC; QL (600 ML per 180 days)
PIFELTRO ORAL TABLET	5	30D
PREZCOBIX ORAL TABLET	5	30D
PREZISTA ORAL SUSPENSION	5	30D
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	30D
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 180 days)
RETROVIR INTRAVENOUS SOLUTION	3	
REYATAZ ORAL POWDER IN PACKET	5	30D
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine oral tablet</i>	2	
<i>ritonavir oral tablet</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	30D
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; 30D; QL (28 EA per 28 days)
<i>stavudine oral capsule</i>	2	
STRIBILD ORAL TABLET	5	30D
SYMFI LO ORAL TABLET	5	30D
SYMFI ORAL TABLET	5	30D
SYMTUZA ORAL TABLET	5	30D
SYNAGIS INTRAMUSCULAR SOLUTION	5	LA; 30D
TEMIXYS ORAL TABLET	5	30D
<i>tenofovir disoproxil fumarate oral tablet</i>	2	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	30D
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	
TRIUMEQ ORAL TABLET	5	30D
TROGARZO INTRAVENOUS SOLUTION	5	PA; 30D
TRUVADA ORAL TABLET	5	30D
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln</i>	5	30D
<i>valganciclovir oral tablet</i>	5	30D
VEMLIDY ORAL TABLET	5	30D
VIRACEPT ORAL TABLET	5	30D
VIREAD ORAL POWDER	5	30D
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	30D
VOSEVI ORAL TABLET	5	PA; 30D; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET	3	QL (4 EA per 180 days)
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	2	
<i>cefazolin intravenous recon soln</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	2	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	4	
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	4	
<i>cefepime injection recon soln</i>	4	
<i>cefixime oral capsule</i>	4	
<i>cefixime oral suspension for reconstitution</i>	2	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK	2	
<i>cefotetan injection recon soln</i>	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	2	
<i>cefoxitin intravenous recon soln</i>	2	
<i>cefpodoxime oral suspension for reconstitution</i>	2	
<i>cefpodoxime oral tablet</i>	2	
<i>cefprozil oral suspension for reconstitution</i>	2	
<i>cefprozil oral tablet</i>	2	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK	2	
<i>ceftazidime injection recon soln</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	2	
<i>ceftriaxone intravenous recon soln</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution</i>	2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
TEFLARO INTRAVENOUS RECON SOLN	5	30D
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	2	
<i>azithromycin oral suspension for reconstitution</i>	1	GC
<i>azithromycin oral tablet</i>	1	GC
<i>clarithromycin oral suspension for reconstitution</i>	2	
<i>clarithromycin oral tablet</i>	2	
<i>clarithromycin oral tablet extended release 24 hr</i>	2	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral tablet</i>	4	
<i>erythromycin oral tablet,delayed release (dr/ec)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	5	30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL (360 ML per 30 days)
ALINIA ORAL TABLET	5	30D; QL (14 EA per 30 days)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; LA; 30D
<i>atovaquone oral suspension</i>	5	30D
<i>atovaquone-proguanil oral tablet</i>	2	
<i>aztreonam injection recon soln</i>	2	
<i>bacitracin intramuscular recon soln</i>	2	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; QL (224 ML per 28 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	LA; QL (84 ML per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	
<i>clindamycin hcl oral capsule</i>	1	GC
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	2	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	2	
<i>clindamycin pediatric oral recon soln</i>	4	
<i>clindamycin phosphate injection solution</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
<i>colistin (colistimethate na) injection recon soln</i>	2	
<i>dapsone oral tablet</i>	2	
<i>daptomycin intravenous recon soln</i>	5	30D
<i>ertapenem injection recon soln</i>	4	
<i>ethambutol oral tablet</i>	2	
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (300 ML per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	4	QL (450 ML per 10 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	2	
<i>gentamicin injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	2	
<i>hydroxychloroquine oral tablet</i>	2	
<i>imipenem-cilastatin intravenous recon soln</i>	2	
<i>isoniazid injection solution</i>	2	
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	1	GC
<i>ivermectin oral tablet</i>	2	
KRINTAFEL ORAL TABLET	3	
<i>linezolid in dextrose 5% intravenous piggyback</i>	5	30D
<i>linezolid oral suspension for reconstitution</i>	5	30D
<i>linezolid oral tablet</i>	2	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	5	30D
<i>mefloquine oral tablet</i>	2	
<i>meropenem intravenous recon soln</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	4	
<i>metro i.v. intravenous piggyback</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	2	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>neomycin oral tablet</i>	2	
<i>nitazoxanide oral tablet</i>	5	30D; QL (14 EA per 30 days)
ORBACTIV INTRAVENOUS RECON SOLN	5	30D
<i>paromomycin oral capsule</i>	4	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine inhalation recon soln</i>	4	B/D PA; QL (1 EA per 28 days)
<i>pentamidine injection recon soln</i>	4	
<i>polymyxin b sulfate injection recon soln</i>	2	
<i>praziquantel oral tablet</i>	2	
PRETOMANID ORAL TABLET	4	
PRIFTIN ORAL TABLET	4	
<i>primaquine oral tablet</i>	2	
<i>pyrazinamide oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	PA; 30D
<i>quinine sulfate oral capsule</i>	4	QL (42 EA per 30 days)
<i>rifabutin oral capsule</i>	4	
<i>rifampin intravenous recon soln</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	LA; 30D
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	
SYNERCID INTRAVENOUS RECON SOLN	5	30D
<i>tigecycline intravenous recon soln</i>	5	30D
<i>tinidazole oral tablet</i>	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	B/D PA; QL (280 ML per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	5	B/D PA; QL (224 ML per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	
<i>tobramycin sulfate injection solution</i>	2	
TRECATOR ORAL TABLET	3	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	2	
VANCOMYCIN INJECTION RECON SOLN	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	2	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin oral capsule 125 mg</i>	4	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	30D; QL (80 EA per 10 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK	2	
XIFAXAN ORAL TABLET 200 MG	5	30D; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	30D; QL (90 EA per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	GC
<i>amoxicillin oral suspension for reconstitution</i>	1	GC
<i>amoxicillin oral tablet</i>	1	GC
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	GC
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	GC
<i>ampicillin oral capsule 500 mg</i>	1	GC
<i>ampicillin sodium injection recon soln</i>	1	GC
<i>ampicillin sodium intravenous recon soln</i>	1	GC
<i>ampicillin-sulbactam injection recon soln</i>	2	
<i>ampicillin-sulbactam intravenous recon soln</i>	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	
<i>dicloxacillin oral capsule</i>	1	GC
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	2	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	2	
<i>nafcillin injection recon soln 10 gram</i>	5	30D
<i>nafcillin intravenous recon soln</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin injection recon soln 1 gram, 2 gram</i>	2	
<i>oxacillin injection recon soln 10 gram</i>	5	30D
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	3	
<i>penicillin g potassium injection recon soln</i>	2	
<i>penicillin g procaine intramuscular syringe</i>	2	
<i>penicillin g sodium injection recon soln</i>	2	
<i>penicillin v potassium oral recon soln</i>	2	
<i>penicillin v potassium oral tablet</i>	1	GC
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	2	
<i>levofloxacin in d5w intravenous piggyback</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	GC
<i>moxifloxacin oral tablet</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	4	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	GC
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	4	
<i>doxy-100 intravenous recon soln</i>	2	
<i>doxycycline hyclate intravenous recon soln</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	GC
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	4	
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	3	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	
<i>doxycycline monohydrate oral tablet</i>	1	GC
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
NUZYRA INTRAVENOUS RECON SOLN	5	PA; 30D
NUZYRA ORAL TABLET	5	PA; 30D
<i>tetracycline oral capsule</i>	4	
VIBRAMYCIN ORAL SYRUP	3	
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	4	
<i>methenamine mandelate oral tablet</i>	4	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	
<i>nitrofurantoin oral suspension</i>	4	
<i>trimethoprim oral tablet</i>	1	GC
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	5	B/D PA; 30D
ELITEK INTRAVENOUS RECON SOLN	5	30D
KEPIVANCE INTRAVENOUS RECON SOLN	5	30D
<i>leucovorin calcium injection recon soln</i>	2	B/D PA
<i>leucovorin calcium injection solution</i>	2	B/D PA
<i>leucovorin calcium oral tablet</i>	2	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; 30D
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; 30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>mesna intravenous solution</i>	2	B/D PA
MESNEX ORAL TABLET	5	30D
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; 30D; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; 30D
ADAKVEO INTRAVENOUS SOLUTION	5	PA; 30D
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; 30D
AFINITOR ORAL TABLET 10 MG	5	PA; 30D; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	5	PA; 30D; QL (240 EA per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
ALIQOPA INTRAVENOUS RECON SOLN	5	PA; LA; 30D
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; 30D; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; 30D; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; 30D; QL (30 EA per 180 days)
<i>anastrozole oral tablet</i>	2	
ARRANON INTRAVENOUS SOLUTION	5	B/D PA; 30D
<i>arsenic trioxide intravenous solution</i>	5	B/D PA; 30D
ARZERRA INTRAVENOUS SOLUTION	5	B/D PA; 30D
ASPARLAS INTRAVENOUS SOLUTION	5	B/D PA; 30D
AVASTIN INTRAVENOUS SOLUTION	5	B/D PA; 30D
AYVAKIT ORAL TABLET	5	PA; LA; 30D; QL (30 EA per 30 days)
<i>azacitidine injection recon soln</i>	5	B/D PA; 30D
<i>azathioprine oral tablet</i>	2	B/D PA
<i>azathioprine sodium injection recon soln</i>	2	
BALVERSA ORAL TABLET 3 MG	5	PA; LA; 30D; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; 30D; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 5 MG	5	PA; LA; 30D; QL (30 EA per 30 days)
BAVENCIO INTRAVENOUS SOLUTION	5	PA; LA; 30D
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; 30D
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; 30D
BESPONSA INTRAVENOUS RECON SOLN	5	PA; 30D
<i>bexarotene oral capsule</i>	5	PA; 30D
<i>bicalutamide oral tablet</i>	2	
BLNREP INTRAVENOUS RECON SOLN	5	PA; 30D
<i>bleomycin injection recon soln</i>	2	B/D PA
BORTEZOMIB INTRAVENOUS RECON SOLN	5	B/D PA; 30D
BOSULIF ORAL TABLET 100 MG	5	PA; 30D; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; 30D; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; 30D; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; LA; 30D; QL (120 EA per 30 days)
<i>busulfan intravenous solution</i>	5	B/D PA; 30D
CABOMETYX ORAL TABLET	5	PA; LA; 30D
CALQUENCE ORAL CAPSULE	5	PA; LA; 30D; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; 30D; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; 30D; QL (30 EA per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA
<i>carmustine intravenous recon soln</i>	5	B/D PA; 30D
<i>cisplatin intravenous solution</i>	2	B/D PA
<i>cladribine intravenous solution</i>	5	B/D PA; 30D
<i>clofarabine intravenous solution</i>	5	B/D PA; 30D
COMETRIQ ORAL CAPSULE	5	PA; 30D
COPIKTRA ORAL CAPSULE	5	PA; LA; 30D; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COTELLIC ORAL TABLET	5	PA; LA; 30D; QL (63 EA per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	5	B/D PA; 30D
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	5	B/D PA; 30D
<i>cyclophosphamide oral capsule</i>	4	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET	4	B/D PA
<i>cyclosporine intravenous solution</i>	2	
<i>cyclosporine modified oral capsule</i>	2	B/D PA
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; 30D
<i>cytarabine (pf) injection solution</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA
<i>dacarbazine intravenous recon soln</i>	2	B/D PA
<i>dactinomycin intravenous recon soln</i>	5	B/D PA; 30D
DANYELZA INTRAVENOUS SOLUTION	5	PA; 30D
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; LA; 30D
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; 30D; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; 30D; QL (60 EA per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; 30D
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; 30D
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA
<i>doxorubicin intravenous solution</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; 30D
DROXIA ORAL CAPSULE	3	
ELZONRIS INTRAVENOUS SOLUTION	5	PA; 30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
EMCYT ORAL CAPSULE	5	30D
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; 30D
ENHERTU INTRAVENOUS RECON SOLN	5	PA; 30D
<i>epirubicin intravenous solution</i>	2	B/D PA
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; 30D
ERIVEDGE ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)
ERLEADA ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; 30D; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
ERWINAZE INJECTION RECON SOLN	5	B/D PA; 30D
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA
<i>etoposide intravenous solution</i>	2	B/D PA
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; 30D; QL (30 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet</i>	4	B/D PA
<i>exemestane oral tablet</i>	2	
FARYDAK ORAL CAPSULE 10 MG	5	PA; 30D; QL (12 EA per 21 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; 30D; QL (6 EA per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; 30D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution</i>	2	B/D PA
<i>flutamide oral capsule</i>	2	
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; 30D
FOTIVDA ORAL CAPSULE	5	PA; LA; 30D; QL (21 EA per 28 days)
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; 30D
GAVRETO ORAL CAPSULE	5	PA; LA; 30D; QL (120 EA per 30 days)
<i>gemcitabine intravenous recon soln</i>	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	B/D PA
<i>gengraf oral solution</i>	2	B/D PA
GILOTRIF ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; 30D
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	B/D PA; 30D
HERZUMA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
<i>hydroxyurea oral capsule</i>	2	
IBRANCE ORAL CAPSULE	5	PA; 30D; QL (21 EA per 28 days)
IBRANCE ORAL TABLET	5	PA; 30D; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; 30D; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; 30D; QL (60 EA per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA
IDHIFA ORAL TABLET	5	PA; LA; 30D; QL (30 EA per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA
<i>ifosfamide intravenous solution</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; 30D; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; 30D; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; 30D; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	PA; LA; 30D
INFUGEM INTRAVENOUS PIGGYBACK	5	B/D PA; 30D
INLYTA ORAL TABLET 1 MG	5	PA; 30D; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; 30D; QL (120 EA per 30 days)
INQOVI ORAL TABLET	5	PA; 30D; QL (5 EA per 28 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
INREBIC ORAL CAPSULE	5	PA; LA; 30D; QL (120 EA per 30 days)
IRESSA ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
<i>irinotecan intravenous solution</i>	2	B/D PA
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; 30D
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
JAKAFI ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; 30D
KADCYLA INTRAVENOUS RECON SOLN	5	PA; 30D
KANJINTI INTRAVENOUS RECON SOLN	5	B/D PA; 30D
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; 30D
KISQALI FEMARA CO-PACK ORAL TABLET	5	PA; 30D
KISQALI ORAL TABLET	5	PA; 30D
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA; 30D
<i>lapatinib oral tablet</i>	5	PA; 30D; QL (180 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; 30D; QL (60 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; 30D; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 4 MG	5	PA; 30D; QL (30 EA per 30 days)
<i>letrozole oral tablet</i>	2	
LEUKERAN ORAL TABLET	3	
<i>leuprolide subcutaneous kit</i>	5	PA; 30D
LIBTAYO INTRAVENOUS SOLUTION	5	PA; 30D
LONSURF ORAL TABLET	5	PA; 30D
LORBRENA ORAL TABLET 100 MG	5	PA; 30D; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; 30D; QL (90 EA per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; 30D
LUPKYNIS ORAL CAPSULE	5	PA; LA; 30D
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; 30D
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; 30D
LYNPARZA ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
LYSODREN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	30D
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA; HRM
<i>megestrol oral tablet</i>	4	PA; HRM
MEKINIST ORAL TABLET 0.5 MG	5	PA; 30D; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; 30D; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET	5	PA; LA; 30D; QL (180 EA per 30 days)
<i>melphalan hcl intravenous recon soln</i>	5	B/D PA; 30D
<i>melphalan oral tablet</i>	4	B/D PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA
<i>methotrexate sodium injection solution</i>	2	B/D PA
<i>methotrexate sodium oral tablet</i>	2	
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; 30D
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA
MONJUVI INTRAVENOUS RECON SOLN	5	PA; 30D
MVASI INTRAVENOUS SOLUTION	5	B/D PA; 30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; 30D
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; 30D
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	2	B/D PA
MYLOTARG INTRAVENOUS RECON SOLN	5	PA; LA; 30D
NERLYNX ORAL TABLET	5	PA; LA; 30D
NEXAVAR ORAL TABLET	5	PA; LA; 30D; QL (120 EA per 30 days)
<i>nilutamide oral tablet</i>	5	30D
NINLARO ORAL CAPSULE 2.3 MG	5	PA; 30D; QL (6 EA per 28 days)
NINLARO ORAL CAPSULE 3 MG	5	PA; 30D; QL (4 EA per 28 days)
NINLARO ORAL CAPSULE 4 MG	5	PA; 30D; QL (3 EA per 28 days)
NIPENT INTRAVENOUS RECON SOLN	5	B/D PA; 30D
NUBEQA ORAL TABLET	5	PA; LA; 30D; QL (120 EA per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	5	30D
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	30D
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
ODOMZO ORAL CAPSULE	5	PA; LA; 30D; QL (30 EA per 30 days)
OGIVRI INTRAVENOUS RECON SOLN	5	B/D PA; 30D
ONCASPAR INJECTION SOLUTION	5	B/D PA; 30D
ONTRUZANT INTRAVENOUS RECON SOLN	5	B/D PA; 30D
ONUREG ORAL TABLET	5	PA; 30D; QL (14 EA per 28 days)
OPDIVO INTRAVENOUS SOLUTION	5	PA; 30D
ORGOVYX ORAL TABLET	5	PA; 30D; QL (32 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin intravenous recon soln</i>	4	B/D PA
<i>oxaliplatin intravenous solution</i>	4	B/D PA
<i>paclitaxel intravenous concentrate</i>	2	B/D PA
PADCEV INTRAVENOUS RECON SOLN	5	PA; 30D
<i>paraplatin intravenous solution</i>	2	B/D PA
PEMAZYRE ORAL TABLET	5	PA; LA; 30D
PEPAXTO INTRAVENOUS RECON SOLN	5	PA; 30D
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; 30D
PHESGO SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; 30D; QL (28 EA per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; 30D; QL (56 EA per 28 days)
POLIVY INTRAVENOUS RECON SOLN	5	PA; 30D
POMALYST ORAL CAPSULE	5	PA; LA; 30D
POTELIGEO INTRAVENOUS SOLUTION	5	PA; 30D
PROGRAF INTRAVENOUS SOLUTION	3	
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA
PURIXAN ORAL SUSPENSION	5	30D
QINLOCK ORAL TABLET	5	PA; LA; 30D; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; 30D; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; 30D; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE	5	PA; LA; 30D; QL (28 EA per 28 days)
RIABNI INTRAVENOUS SOLUTION	5	PA; 30D
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	5	PA; 30D
RITUXAN INTRAVENOUS CONCENTRATE	5	PA; 30D
ROMIDEPSIN INTRAVENOUS SOLUTION	5	B/D PA; 30D
ROZLYTREK ORAL CAPSULE	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET	5	PA; LA; 30D; QL (120 EA per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	5	PA; 30D
RYDAPT ORAL CAPSULE	5	PA; 30D
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	30D
SARCLISA INTRAVENOUS SOLUTION	5	PA; 30D
SIGNIFOR SUBCUTANEOUS SOLUTION	5	30D
SIMULECT INTRAVENOUS RECON SOLN	3	
<i>sirolimus oral solution</i>	5	B/D PA; 30D
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; 30D
SOLTAMOX ORAL SOLUTION	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; 30D
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; 30D; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; 30D; QL (90 EA per 30 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; 30D; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	5	PA; 30D; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; 30D
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA; 30D; QL (112 EA per 28 days)
<i>tacrolimus oral capsule</i>	4	B/D PA
TAFINLAR ORAL CAPSULE	5	PA; 30D; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET	5	PA; LA; 30D; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; 30D; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; 30D; QL (30 EA per 30 days)
<i>tamoxifen oral tablet</i>	2	
TARGRETIN TOPICAL GEL	5	PA; 30D
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; 30D; QL (112 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 50 MG	5	PA; 30D; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET	5	PA; LA; 30D; QL (240 EA per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA; LA; 30D
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	5	PA; 30D
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; 30D
TEPMETKO ORAL TABLET	5	PA; LA; 30D; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE	5	PA; 30D
<i>thiotepa injection recon soln</i>	5	B/D PA; 30D
TIBSOVO ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
<i>toposar intravenous solution</i>	2	B/D PA
<i>topotecan intravenous recon soln</i>	5	B/D PA; 30D
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; 30D
<i>toremifene oral tablet</i>	5	30D
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; 30D
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA
<i>tretinoin (antineoplastic) oral capsule</i>	5	30D
TRODELVY INTRAVENOUS RECON SOLN	5	PA; 30D
TRUXIMA INTRAVENOUS SOLUTION	5	PA; 30D
TUKYSA ORAL TABLET	5	PA; LA; 30D
TURALIO ORAL CAPSULE	5	PA; LA; 30D; QL (120 EA per 30 days)
TYKERB ORAL TABLET	5	PA; LA; 30D; QL (180 EA per 30 days)
UKONIQ ORAL TABLET	5	PA; LA; 30D; QL (120 EA per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA; 30D
<i>valrubicin intravesical solution</i>	5	B/D PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; 30D
VELCADE INJECTION RECON SOLN	5	B/D PA; 30D
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; 30D
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; 30D; QL (42 EA per 180 days)
VERZENIO ORAL TABLET	5	PA; LA; 30D; QL (60 EA per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA
<i>vincasar pfs intravenous solution</i>	2	B/D PA
<i>vincristine intravenous solution</i>	2	B/D PA
<i>vinorelbine intravenous solution</i>	2	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; 30D; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; 30D; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; LA; 30D; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	5	PA; 30D
XALKORI ORAL CAPSULE	5	PA; 30D; QL (60 EA per 30 days)
XERMELO ORAL TABLET	5	PA; LA; 30D; QL (90 EA per 30 days)
XOSPATA ORAL TABLET	5	PA; LA; QL (90 EA per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2)	5	PA; LA; 30D; QL (20 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1)	5	PA; LA; 30D; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2)	5	PA; LA; 30D; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1)	5	PA; LA; 30D; QL (12 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; LA; 30D; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; 30D; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	5	PA; 30D; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; 30D; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; 30D; QL (60 EA per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; 30D
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA; 30D
YONSA ORAL TABLET	5	PA; 30D; QL (120 EA per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; 30D
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA
ZEJULA ORAL CAPSULE	5	PA; LA; 30D; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET	5	PA; 30D; QL (240 EA per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA; 30D
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; 30D
ZOLINZA ORAL CAPSULE	5	PA; 30D
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; 30D
ZYDELIG ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA; 30D; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; 30D; QL (60 EA per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	5	30D
BANZEL ORAL SUSPENSION	5	30D
BANZEL ORAL TABLET	5	30D
BRIVIACT INTRAVENOUS SOLUTION	4	
BRIVIACT ORAL SOLUTION	5	30D
BRIVIACT ORAL TABLET	5	30D
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	4	PA; HRM
<i>clobazam oral tablet</i>	4	PA; HRM
<i>clonazepam oral tablet</i>	2	
<i>clonazepam oral tablet, disintegrating</i>	2	
DIACOMIT ORAL CAPSULE	5	LA; 30D
DIACOMIT ORAL POWDER IN PACKET	5	LA; 30D
<i>diazepam rectal kit</i>	4	
DILANTIN 30 MG ORAL CAPSULE	3	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	GC
EPIDIOLEX ORAL SOLUTION	5	PA; LA; 30D
<i>epitol oral tablet</i>	2	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	5	30D
<i>felbamate oral tablet</i>	4	
FINTEPLA ORAL SOLUTION	5	PA; LA; 30D
<i>fosphenytoin injection solution</i>	2	
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	PA; GC; QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	PA; GC; QL (360 EA per 30 days)
<i>gabapentin oral solution</i>	2	PA; QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	PA; GC; QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	PA; GC; QL (120 EA per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	4	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	4	
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i>	2	
<i>levetiracetam intravenous solution</i>	2	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	2	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; QL (60 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL	4	
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	2	
<i>phenobarbital oral elixir</i>	4	PA; HRM
<i>phenobarbital oral tablet</i>	4	PA; HRM
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	QL (900 ML per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	2	PA; QL (60 EA per 30 days)
<i>primidone oral tablet</i>	2	
<i>roweepra oral tablet</i>	2	
<i>rufinamide oral suspension</i>	5	30D
SPRITAM ORAL TABLET FOR SUSPENSION	4	
<i>subvenite oral tablet</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; 30D; HRM; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; HRM; QL (60 EA per 30 days)
<i>tiagabine oral tablet</i>	4	
<i>topiramate oral capsule, sprinkle</i>	4	
<i>topiramate oral tablet</i>	2	
<i>valproate sodium intravenous solution</i>	2	
<i>valproic acid (as sodium salt) oral solution</i>	2	
<i>valproic acid oral capsule</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL	5	30D
<i>vigabatrin oral powder in packet</i>	5	LA; 30D
<i>vigabatrin oral tablet</i>	5	LA; 30D
<i>vigadrone oral powder in packet</i>	5	LA; 30D
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XCOPRI MAINTENANCE PACK ORAL TABLET	4	
XCOPRI ORAL TABLET	4	
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	4	
<i>zonisamide oral capsule</i>	2	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	5	LA; 30D
<i>benztropine injection solution</i>	4	PA; HRM
<i>benztropine oral tablet</i>	2	PA; HRM
<i>bromocriptine oral capsule</i>	4	
<i>bromocriptine oral tablet</i>	4	
<i>carbidopa oral tablet</i>	4	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone oral tablet</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	30D
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	30D
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
NOURIANZ ORAL TABLET	5	LA; 30D
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	4	
<i>rasagiline oral tablet</i>	4	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
<i>tolcapone oral tablet</i>	5	30D
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA
<i>dihydroergotamine injection solution</i>	4	
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	30D; QL (8 ML per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	3	PA
EMGALITY SUBCUTANEOUS SYRINGE	3	PA
<i>ergotamine-caffeine oral tablet</i>	2	
<i>naratriptan oral tablet</i>	2	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING	3	PA; QL (16 EA per 28 days)
<i>rizatriptan oral tablet</i>	2	QL (36 EA per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	2	QL (36 EA per 28 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet</i>	2	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	4	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET	5	PA; 30D; QL (30 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; 30D; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; 30D; QL (12 ML per 28 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; 30D; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; 30D; QL (56 EA per 28 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; 30D; QL (60 EA per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	GC
<i>donepezil oral tablet 23 mg</i>	4	
<i>donepezil oral tablet,disintegrating</i>	1	GC
FIRDAPSE ORAL TABLET	5	PA; LA; 30D
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	2	
<i>galantamine oral tablet</i>	2	
GILENYA ORAL CAPSULE 0.5 MG	5	PA; 30D; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; 30D; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; 30D; QL (12 ML per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; 30D; QL (30 ML per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; 30D; QL (12 ML per 28 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	5	PA; LA; 30D; QL (28 EA per 28 days)
INGREZZA ORAL CAPSULE	5	PA; LA; 30D; QL (30 EA per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (1.6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; 30D; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	PA; 30D; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK	5	PA; 30D; QL (12 EA per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	PA
<i>memantine oral solution</i>	2	PA
<i>memantine oral tablet</i>	2	PA
<i>memantine oral tablets,dose pack</i>	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA
NUEDEXTA ORAL CAPSULE	5	PA; 30D
OCREVUS INTRAVENOUS SOLUTION	5	PA
ONPATTRO INTRAVENOUS SOLUTION	5	PA; 30D
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; LA; 30D; QL (56 EA per 28 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; LA; 30D; QL (60 EA per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	5	PA; LA; 30D; QL (60 EA per 30 days)
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; LA; 30D
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; 30D; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; 30D; QL (120 EA per 30 days)
TYSABRI INTRAVENOUS SOLUTION	5	PA; LA; 30D

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Drug Name	Drug Tier	Requirements/Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; 30D; QL (120 EA per 30 days)
ZEPOSIA ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	5	PA; QL (37 EA per 180 days)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	5	PA; 30D; QL (7 EA per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	GC
<i>chlorzoxazone oral tablet 500 mg</i>	4	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; HRM; QL (90 EA per 30 days)
<i>cyclobenzaprine oral tablet 7.5 mg</i>	4	PA; HRM
<i>dantrolene oral capsule</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	30D
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release</i>	4	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	QL (180 EA per 30 days)
BUPRENEX INJECTION SOLUTION	4	QL (266 ML per 30 days)
<i>buprenorphine hcl injection solution</i>	4	QL (267 ML per 30 days)
<i>buprenorphine hcl injection syringe</i>	4	QL (267 ML per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	4	PA; QL (4 EA per 28 days)
<i>codeine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 ML per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	2	QL (2000 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; 30D; QL (39 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg</i>	5	PA; 30D; QL (29 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	5	PA; 30D; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	5	PA; 30D; QL (116 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 600 mcg</i>	5	PA; 30D; QL (77 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; 30D; QL (58 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	4	PA; QL (8 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hr</i>	4	PA; QL (9 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	2	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (120 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL (120 EA per 30 days)
<i>hydromorphone oral tablet</i>	2	QL (120 EA per 30 days)
<i>methadone injection solution</i>	2	PA; QL (160 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; QL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; QL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; QL (240 EA per 30 days)
<i>morphine concentrate oral solution</i>	2	QL (300 ML per 30 days)
MORPHINE INJECTION SOLUTION 2 MG/ML	2	QL (1000 ML per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	2	QL (500 ML per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine injection syringe 10 mg/ml</i>	2	QL (200 ML per 30 days)
MORPHINE INJECTION SYRINGE 2 MG/ML	2	QL (1000 ML per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	QL (500 ML per 30 days)
<i>morphine injection syringe 5 mg/ml</i>	2	QL (400 ML per 30 days)
<i>morphine injection syringe 8 mg/ml</i>	2	QL (250 ML per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML	2	QL (500 ML per 30 days)
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	2	QL (200 ML per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 ML per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 ML per 30 days)
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	2	QL (250 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	PA; QL (50 EA per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral capsule, extend. release pellets</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral solution</i>	2	QL (900 ML per 30 days)
<i>morphine oral tablet</i>	2	QL (120 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA; QL (60 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	2	PA; QL (30 EA per 30 days)
<i>oxycodone oral capsule</i>	2	QL (120 EA per 30 days)
<i>oxycodone oral concentrate</i>	2	QL (120 ML per 30 days)
<i>oxycodone oral solution</i>	2	QL (480 ML per 30 days)
<i>oxycodone oral tablet</i>	2	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone-aspirin oral tablet</i>	2	QL (120 EA per 30 days)
<i>oxymorphone oral tablet</i>	2	QL (120 EA per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH)	3	PA; QL (60 EA per 30 days)
NON-NARCOTIC ANALGESICS		

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i>	2	QL (90 EA per 30 days)
<i>butorphanol injection solution</i>	4	QL (5 ML per 28 days)
<i>butorphanol nasal spray,non-aerosol</i>	4	QL (5 ML per 28 days)
<i>cataflam oral tablet</i>	2	
<i>celecoxib oral capsule</i>	2	
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	
<i>diclofenac sodium topical drops</i>	4	QL (300 ML per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	4	PA; QL (1000 GM per 30 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel, biphaseic</i>	2	
<i>diflunisal oral tablet</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec)</i>	1	GC
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
FENOPROFEN ORAL CAPSULE 400 MG	4	
<i>fenoprofen oral tablet</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	1	GC
<i>ibu oral tablet</i>	1	GC
<i>ibuprofen oral suspension</i>	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ketoprofen oral capsule</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	
LUCEMYRA ORAL TABLET	5	30D
<i>meclofenamate oral capsule</i>	4	
<i>mefenamic acid oral capsule</i>	4	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam oral tablet 15 mg</i>	1	GC
<i>meloxicam oral tablet 7.5 mg</i>	1	GC; QL (30 EA per 30 days)
<i>nabumetone oral tablet</i>	1	GC
<i>nalbuphine injection solution 10 mg/ml</i>	2	QL (200 ML per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	QL (100 ML per 30 days)
<i>naloxone injection syringe</i>	2	
<i>naltrexone oral tablet</i>	2	
<i>naproxen oral suspension</i>	1	GC
<i>naproxen oral tablet</i>	1	GC
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	GC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	GC
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (2 EA per 30 days)
<i>oxaprozin oral tablet</i>	2	
<i>piroxicam oral capsule</i>	2	
<i>sulindac oral tablet</i>	1	GC
<i>tolmetin oral capsule</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (30 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	QL (240 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET	3	QL (60 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	30D
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	30D
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	5	30D; QL (30 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	4	PA; HRM; QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	4	PA; HRM; QL (150 EA per 30 days)
<i>amitriptyline oral tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine oral tablet</i>	2	
<i>aripiprazole oral solution</i>	4	
<i>aripiprazole oral tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	30D
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 882 MG/3.2 ML	5	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML, 662 MG/2.4 ML	5	30D
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (90 EA per 30 days)
<i>asenapine maleate sublingual tablet</i>	2	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet</i>	1	GC
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	GC; QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	GC; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	GC; QL (60 EA per 30 days)
<i>buspirone oral tablet</i>	2	
CAPLYTA ORAL CAPSULE	5	30D; QL (30 EA per 30 days)
<i>chlorpromazine injection solution</i>	4	
<i>chlorpromazine oral tablet</i>	4	
<i>citalopram oral solution</i>	2	
<i>citalopram oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>clomipramine oral capsule</i>	4	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; HRM; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	2	PA; HRM; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	4	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	4	
<i>desipramine oral tablet</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50- 50</i>	4	
<i>dexmethylphenidate oral tablet</i>	2	
<i>dextroamphetamine oral capsule, extended release</i>	4	
<i>dextroamphetamine oral tablet</i>	2	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	
<i>dextroamphetamine-amphetamine oral tablet</i>	2	
<i>diazepam intensol oral concentrate</i>	2	PA; HRM
<i>diazepam oral concentrate</i>	2	PA; HRM
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; HRM
<i>diazepam oral tablet</i>	2	PA; HRM; QL (120 EA per 30 days)
<i>doxepin oral capsule</i>	4	
<i>doxepin oral concentrate</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	30D
<i>ergoloid oral tablet</i>	4	PA; HRM
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	1	GC; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	30D; QL (60 EA per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	QL (8 EA per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	QL (28 EA per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	GC; QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	GC; QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	GC; QL (60 EA per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	4	QL (4 EA per 28 days)
<i>fluoxetine oral solution</i>	1	GC; QL (600 ML per 30 days)
<i>fluphenazine decanoate injection solution</i>	2	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	GC; QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	GC; QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	GC; QL (60 EA per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	4	QL (30 EA per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	4	
<i>guanidine oral tablet</i>	2	
<i>haloperidol decanoate intramuscular solution</i>	2	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet</i>	2	
HETLIOZ LQ ORAL SUSPENSION	5	PA; QL (150 ML per 30 days)
HETLIOZ ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl oral tablet</i>	4	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	30D
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	30D; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	30D; QL (60 EA per 30 days)
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
<i>lithium carbonate oral tablet extended release</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol oral concentrate</i>	2	PA; HRM
<i>lorazepam oral concentrate</i>	2	PA; HRM
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; HRM; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; HRM; QL (150 EA per 30 days)
<i>loxapine succinate oral capsule</i>	2	
<i>maprotiline oral tablet</i>	2	
MARPLAN ORAL TABLET	3	
<i>methamphetamine oral tablet</i>	4	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	4	
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	
<i>methylphenidate hcl oral solution</i>	2	
<i>methylphenidate hcl oral tablet</i>	2	
<i>methylphenidate hcl oral tablet extended release</i>	4	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	4	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet,disintegrating</i>	2	
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>molindone oral tablet</i>	2	
<i>nefazodone oral tablet</i>	2	
<i>nortriptyline oral capsule</i>	4	
<i>nortriptyline oral solution</i>	4	
NUPLAZID ORAL CAPSULE	5	PA; 30D; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; 30D; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln</i>	2	
<i>olanzapine oral tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	2	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	4	
<i>oxazepam oral capsule</i>	4	PA; HRM; QL (120 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	5	30D; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	4	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	4	QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION	4	
<i>perphenazine oral tablet</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	5	30D
<i>phenelzine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>procentra oral solution</i>	2	
<i>protriptyline oral tablet</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>ramelteon oral tablet</i>	2	QL (30 EA per 30 days)
REXULTI ORAL TABLET	5	30D; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	30D
<i>risperidone oral solution</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating</i>	2	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET	3	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	30D; QL (30 EA per 30 days)
<i>sertraline oral concentrate</i>	1	GC
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	GC; QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	GC; QL (30 EA per 30 days)
<i>temazepam oral capsule</i>	4	PA; HRM; QL (30 EA per 30 days)
<i>thioridazine oral tablet</i>	4	PA; HRM
<i>thiothixene oral capsule</i>	2	
<i>tranlycypromine oral tablet</i>	4	
<i>trazodone oral tablet</i>	1	GC
<i>trifluoperazine oral tablet</i>	2	
<i>trimipramine oral capsule</i>	4	
TRINTELLIX ORAL TABLET	3	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet</i>	2	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ ORAL SUSPENSION	5	30D
VIIBRYD ORAL TABLET	3	QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	QL (30 EA per 180 days)
VRAYLAR ORAL CAPSULE	5	30D; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; LA; 30D; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION	5	PA; LA; 30D; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 EA per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	4	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	2	
<i>zolpidem oral tablet</i>	4	PA; HRM; QL (30 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	30D
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone intravenous solution</i>	2	B/D PA
<i>amiodarone oral tablet</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	1	GC
<i>lidocaine (pf) intravenous solution</i>	2	
<i>mexiletine oral capsule</i>	2	
MULTAQ ORAL TABLET	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>procainamide injection solution</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	4	
<i>quinidine sulfate oral tablet</i>	2	
<i>sorine oral tablet</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	1	GC
<i>aliskiren oral tablet</i>	2	
<i>amiloride oral tablet</i>	1	GC
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	GC
<i>amlodipine oral tablet</i>	1	GC
<i>amlodipine-benazepril oral capsule</i>	1	GC
<i>amlodipine-olmesartan oral tablet</i>	1	GC
<i>amlodipine-valsartan oral tablet</i>	1	GC
<i>amlodipine-valsartan-hctiazid oral tablet</i>	1	GC
<i>atenolol oral tablet</i>	1	GC
<i>atenolol-chlorthalidone oral tablet</i>	1	GC
<i>benazepril oral tablet</i>	1	GC
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	GC
<i>betaxolol oral tablet</i>	1	GC
BIDIL ORAL TABLET	3	
<i>bisoprolol fumarate oral tablet</i>	1	GC
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	GC
<i>bumetanide injection solution</i>	1	GC
<i>bumetanide oral tablet</i>	1	GC
BYSTOLIC ORAL TABLET	3	
<i>candesartan oral tablet</i>	1	GC
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	GC
<i>captopril oral tablet</i>	1	GC

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide oral tablet</i>	1	GC
<i>cartia xt oral capsule, extended release 24hr</i>	2	
<i>carvedilol oral tablet</i>	1	GC
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	2	
<i>chlorothiazide sodium intravenous recon soln</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	GC
<i>clonidine hcl oral tablet</i>	1	GC
<i>clonidine transdermal patch weekly</i>	2	QL (4 EA per 28 days)
DEMSER ORAL CAPSULE	5	PA; 30D
<i>diltiazem hcl intravenous recon soln</i>	1	GC
<i>diltiazem hcl intravenous solution</i>	1	GC
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24 hr</i>	2	
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	
<i>diltiazem hcl oral tablet</i>	1	GC
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr oral capsule, ext. rel 24h degradable</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	GC; QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	GC; QL (60 EA per 30 days)
<i>enalapril maleate oral tablet</i>	1	GC
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	GC
<i>eplerenone oral tablet</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	30D
<i>ethacrynic acid oral tablet</i>	4	
<i>felodipine oral tablet extended release 24 hr</i>	1	GC
<i>fosinopril oral tablet</i>	1	GC
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	GC
<i>furosemide injection solution</i>	1	GC
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC
<i>furosemide oral tablet</i>	1	GC

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine injection solution</i>	1	GC
<i>hydralazine oral tablet</i>	1	GC
<i>hydrochlorothiazide oral capsule</i>	1	GC
<i>hydrochlorothiazide oral tablet</i>	1	GC
<i>indapamide oral tablet</i>	1	GC
<i>irbesartan oral tablet</i>	1	GC
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>isradipine oral capsule</i>	2	
<i>labetalol intravenous solution</i>	1	GC
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	GC
<i>labetalol oral tablet</i>	1	GC
<i>lisinopril oral tablet</i>	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	GC
<i>losartan oral tablet</i>	1	GC
<i>losartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>matzim la oral tablet extended release 24 hr</i>	2	
<i>metolazone oral tablet</i>	1	GC
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	GC
<i>metoprolol tartrate intravenous solution</i>	1	GC
<i>metoprolol tartrate oral tablet</i>	1	GC
<i>metyrosine oral capsule</i>	5	PA; 30D
<i>minoxidil oral tablet</i>	1	GC
<i>moexipril oral tablet</i>	1	GC
<i>nadolol oral tablet</i>	1	GC
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	GC
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral capsule</i>	2	
<i>nifedipine oral tablet extended release</i>	1	GC
<i>nifedipine oral tablet extended release 24hr</i>	1	GC
<i>nimodipine oral capsule</i>	4	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine oral tablet extended release 24 hr</i>	2	
<i>olmesartan oral tablet</i>	1	GC
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	1	GC
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>perindopril erbumine oral tablet</i>	1	GC
<i>phenoxybenzamine oral capsule</i>	5	PA; 30D
<i>pindolol oral tablet</i>	1	GC
<i>prazosin oral capsule</i>	1	GC
<i>propranolol intravenous solution</i>	1	GC
<i>propranolol oral capsule, extended release 24 hr</i>	1	GC
<i>propranolol oral solution</i>	1	GC
<i>propranolol oral tablet</i>	1	GC
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	GC
<i>quinapril oral tablet</i>	1	GC
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	GC
<i>ramipril oral capsule</i>	1	GC
<i>spironolactone oral tablet</i>	1	GC
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	GC
<i>taztia xt oral capsule, extended release 24 hr</i>	2	
<i>telmisartan oral tablet</i>	1	GC
<i>telmisartan-amlodipine oral tablet</i>	1	GC
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	GC
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC; QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	GC; QL (60 EA per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr</i>	2	
<i>timolol maleate oral tablet</i>	1	GC
<i>torse mide oral tablet</i>	1	GC
<i>trandolapril oral tablet</i>	1	GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	
<i>treprostinil sodium injection solution</i>	5	PA; 30D
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	GC
UPTRAVI ORAL TABLET	5	PA; LA; 30D
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; LA; 30D
<i>valsartan oral tablet</i>	1	GC
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	GC
<i>verapamil intravenous solution</i>	1	GC
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	GC
<i>verapamil oral tablet</i>	1	GC
<i>verapamil oral tablet extended release</i>	1	GC
COAGULATION THERAPY		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	PA; LA; 30D
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel oral tablet 300 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	GC
<i>dipyridamole oral tablet</i>	4	PA; HRM
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; LA; 30D
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; LA; 30D
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; LA; 30D
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	
ELIQUIS ORAL TABLET	3	
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	30D
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) injection cartridge</i>	2	
<i>heparin (porcine) injection solution</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection solution</i>	2	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	2	
<i>jantoven oral tablet</i>	1	GC
MULPLETA ORAL TABLET	5	PA; 30D
<i>pentoxifylline oral tablet extended release</i>	2	
PRADAXA ORAL CAPSULE	4	
<i>prasugrel oral tablet</i>	2	
PROMACTA ORAL POWDER IN PACKET	5	PA; LA; 30D
PROMACTA ORAL TABLET	5	PA; LA; 30D
TAVALISSE ORAL TABLET	5	PA; LA; 30D; QL (60 EA per 30 days)
<i>warfarin oral tablet</i>	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	
XARELTO ORAL TABLET	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>atorvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	
<i>cholestyramine (with sugar) oral powder in packet</i>	2	
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	
<i>colestipol oral granules</i>	2	
<i>colestipol oral packet</i>	2	
<i>colestipol oral tablet</i>	2	
<i>ezetimibe oral tablet</i>	2	
<i>ezetimibe-simvastatin oral tablet</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	
<i>fenofibric acid oral tablet</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	2	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet</i>	1	GC
<i>icosapent ethyl oral capsule</i>	2	
JUXTAPID ORAL CAPSULE	5	PA; LA; 30D
LIPOFEN ORAL CAPSULE	4	
LIVALO ORAL TABLET	3	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	GC; QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	GC; QL (60 EA per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	4	
PRALUENT SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; QL (2 ML per 28 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR 75 MG/ML	3	PA; QL (4 ML per 28 days)
<i>pravastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>prevalite oral powder</i>	2	
<i>prevalite oral powder in packet</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>simvastatin oral tablet</i>	1	GC; QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	QL (60 EA per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	4	QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	4	PA; HRM

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>digox oral tablet 125 mcg (0.125 mg)</i>	4	QL (30 EA per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	4	PA; HRM
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	4	PA; HRM
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	4	QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	4	PA; HRM
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr</i>	2	
VECAMEYL ORAL TABLET	5	30D
VYNDAMAX ORAL CAPSULE	5	PA; 30D
VYNDAQEL ORAL CAPSULE	5	PA; 30D
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	GC
<i>isosorbide mononitrate oral tablet</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	GC
<i>nitro-bid transdermal ointment</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray, non-aerosol</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	4	
<i>calcipotriene scalp solution</i>	4	QL (120 ML per 30 days)
<i>calcipotriene topical cream</i>	4	QL (120 GM per 30 days)
<i>calcipotriene topical ointment</i>	4	QL (120 GM per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	4	QL (400 GM per 30 days)
<i>selenium sulfide topical lotion</i>	2	
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL (1 EA per 28 days)
STELARA INTRAVENOUS SOLUTION	5	PA; QL (104 ML per 28 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D; QL (1 ML per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D; QL (1 ML per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D; QL (1 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; QL (2 ML per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
CONDYLOX TOPICAL GEL	3	
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (100 GM per 30 days)
<i>doxepin topical cream</i>	5	30D; QL (45 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; 30D; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
<i>fluorouracil topical cream 0.5 %</i>	5	30D
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal solution</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane jelly</i>	2	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment</i>	4	QL (100 GM per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	4	QL (60 GM per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	5	30D
PANRETIN TOPICAL GEL	5	30D
<i>podofilox topical solution</i>	2	
<i>prudoxin topical cream</i>	4	QL (45 GM per 30 days)
REGRANEX TOPICAL GEL	5	30D; QL (15 GM per 30 days)
SANTYL TOPICAL OINTMENT	3	
<i>silver sulfadiazine topical cream</i>	2	
<i>ssd topical cream</i>	2	
<i>tacrolimus topical ointment</i>	4	PA; QL (100 GM per 30 days)
VALCHLOR TOPICAL GEL	5	30D
THERAPY FOR ACNE		
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>adapalene topical cream</i>	4	PA
<i>adapalene topical gel</i>	4	PA
<i>adapalene topical gel with pump</i>	4	PA
<i>amnestem oral capsule</i>	4	
<i>avita topical cream</i>	2	PA
AZELEX TOPICAL CREAM	3	
<i>claravis oral capsule</i>	4	
<i>clindamycin phosphate topical gel</i>	2	QL (120 GM per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	2	QL (120 ML per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution</i>	2	QL (120 ML per 30 days)
<i>clindamycin phosphate topical swab</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide topical gel</i>	4	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	4	
<i>ery pads topical swab</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	QL (180 GM per 30 days)
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide topical gel</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical cream</i>	4	
<i>metronidazole topical gel</i>	4	
<i>metronidazole topical gel with pump</i>	4	
<i>metronidazole topical lotion</i>	4	
<i>myorisan oral capsule</i>	4	
<i>tazarotene topical cream</i>	2	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel</i>	2	PA
<i>zenatane oral capsule</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	2	QL (90 GM per 30 days)
<i>gentamicin topical ointment</i>	2	QL (90 GM per 30 days)
<i>mupirocin calcium topical cream</i>	4	QL (90 GM per 30 days)
<i>mupirocin topical ointment</i>	2	QL (90 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	2	
SULFAMYLLON TOPICAL CREAM	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	2	QL (90 GM per 28 days)
<i>ciclopirox topical gel</i>	2	QL (45 GM per 28 days)
<i>ciclopirox topical shampoo</i>	2	QL (120 ML per 28 days)
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL (60 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole topical cream</i>	2	QL (60 GM per 28 days)
<i>clotrimazole topical solution</i>	2	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	2	QL (60 ML per 28 days)
<i>econazole topical cream</i>	4	QL (85 GM per 28 days)
<i>ketoconazole topical cream</i>	2	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo</i>	2	QL (120 ML per 28 days)
<i>naftifine topical cream</i>	4	QL (90 GM per 28 days)
<i>naftifine topical gel</i>	4	QL (90 GM per 28 days)
NAFTIN TOPICAL GEL 2 %	3	QL (90 GM per 28 days)
<i>nyamyc topical powder</i>	2	QL (180 GM per 28 days)
<i>nystatin topical cream</i>	2	QL (30 GM per 28 days)
<i>nystatin topical ointment</i>	2	QL (30 GM per 28 days)
<i>nystatin topical powder</i>	2	QL (180 GM per 28 days)
<i>nystatin-triamcinolone topical cream</i>	2	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	QL (60 GM per 28 days)
<i>nystop topical powder</i>	2	QL (180 GM per 28 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	4	QL (5 GM per 30 days)
<i>acyclovir topical ointment</i>	4	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM	4	
XERESE TOPICAL CREAM	4	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream</i>	2	
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	
<i>amcinonide topical cream</i>	4	
<i>amcinonide topical lotion</i>	4	
<i>amcinonide topical ointment</i>	4	
<i>apexicon e topical cream</i>	4	QL (120 GM per 30 days)
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	2	
<i>betamethasone, augmented topical ointment</i>	2	
CAPEX TOPICAL SHAMPOO	3	
<i>clobetasol scalp solution</i>	4	QL (100 ML per 28 days)
<i>clobetasol topical cream</i>	2	QL (120 GM per 28 days)
<i>clobetasol topical foam</i>	4	QL (100 GM per 28 days)
<i>clobetasol topical gel</i>	2	QL (120 GM per 28 days)
<i>clobetasol topical lotion</i>	4	QL (118 ML per 28 days)
<i>clobetasol topical ointment</i>	2	QL (120 GM per 28 days)
<i>clobetasol topical shampoo</i>	4	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream</i>	2	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam</i>	4	QL (100 GM per 28 days)
CORDRAN LARGE ROLL TOPICAL TAPE	3	QL (3 EA per 30 days)
<i>desonide topical cream</i>	4	
<i>desonide topical lotion</i>	4	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream</i>	4	
<i>desoximetasone topical gel</i>	4	
<i>desoximetasone topical ointment</i>	4	
<i>diflorasone topical cream</i>	4	QL (120 GM per 30 days)
<i>diflorasone topical ointment</i>	4	QL (120 GM per 30 days)
<i>fluocinolone and shower cap scalp oil</i>	2	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	4	QL (120 GM per 30 days)
<i>fluocinonide topical gel</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical ointment</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical solution</i>	2	QL (120 ML per 30 days)
<i>fluocinonide-e topical cream</i>	2	QL (120 GM per 30 days)
<i>fluocinonide-emollient topical cream</i>	2	QL (120 GM per 30 days)
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical lotion</i>	4	
<i>fluticasone propionate topical ointment</i>	2	
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical ointment</i>	2	
<i>hydrocortisone butyrate topical cream</i>	4	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone butyr-emollient topical cream</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>mometasone topical cream</i>	2	
<i>mometasone topical ointment</i>	2	
<i>mometasone topical solution</i>	2	
PANDEL TOPICAL CREAM	3	
<i>prednicarbate topical cream</i>	2	
<i>prednicarbate topical ointment</i>	2	
<i>triamcinolone acetonide topical cream</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i>	2	QL (120 ML per 30 days)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	QL (430 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	2	QL (45 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triderm topical cream</i>	2	QL (454 GM per 30 days)
<i>tritocin topical ointment</i>	2	QL (430 GM per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>ivermectin topical lotion</i>	2	
<i>lindane topical shampoo</i>	4	
<i>malathion topical lotion</i>	4	
<i>permethrin topical cream</i>	2	
SKLICE TOPICAL LOTION	3	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>ringer's irrigation solution</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	4	
<i>anagrelide oral capsule</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN	5	PA; LA; 30D
AURYXIA ORAL TABLET	5	PA; 30D
CARBAGLU ORAL TABLET, DISPERSIBLE	5	LA; 30D
<i>cevimeline oral capsule</i>	2	
CHEMET ORAL CAPSULE	3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>clovique oral capsule</i>	5	PA; 30D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>deferasirox oral granules in packet</i>	5	30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral tablet</i>	5	30D
<i>deferasirox oral tablet, dispersible</i>	5	30D
<i>deferiprone oral tablet</i>	5	30D
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	2	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	
<i>disulfiram oral tablet</i>	2	
<i>droxidopa oral capsule</i>	5	PA; 30D
EXSERVAN ORAL FILM	5	30D
FERRIPROX (2 TIMES A DAY) ORAL TABLET	5	30D
FERRIPROX ORAL SOLUTION	5	30D
FERRIPROX ORAL TABLET	5	30D
GLASSIA INTRAVENOUS SOLUTION	5	PA; LA; 30D
INCRELEX SUBCUTANEOUS SOLUTION	5	LA; 30D
<i>levocarnitine (with sugar) oral solution</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>midodrine oral tablet</i>	2	
<i>nitisinone oral capsule</i>	5	30D
NITYR ORAL TABLET	5	LA; 30D
NORTHERA ORAL CAPSULE	5	PA; 30D
ORFADIN ORAL CAPSULE 20 MG	5	LA; 30D
ORFADIN ORAL SUSPENSION	5	LA; 30D

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Drug Name	Drug Tier	Requirements/Limits
OXBRYTA ORAL TABLET	5	PA; LA; 30D; QL (90 EA per 30 days)
<i>pilocarpine hcl oral tablet</i>	2	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; 30D
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; 30D
RAVICTI ORAL LIQUID	5	30D
REVCIVI INTRAMUSCULAR SOLUTION	5	30D
<i>riluzole oral tablet</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	QL (30 EA per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	30D
<i>sevelamer carbonate oral tablet</i>	4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride irrigation solution</i>	2	
<i>sodium phenylbutyrate oral powder</i>	5	30D
<i>sodium phenylbutyrate oral tablet</i>	5	30D
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension</i>	2	
<i>sps (with sorbitol) rectal enema</i>	2	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	5	30D
THIOLA ORAL TABLET	5	30D
TIGLUTIK ORAL SUSPENSION	5	30D
<i>trientine oral capsule</i>	5	PA; 30D
<i>water for irrigation, sterile irrigation solution</i>	2	
XIAFLEX INJECTION RECON SOLN	5	PA; 30D
ZEMAIRA INTRAVENOUS RECON SOLN	5	PA; LA; 30D
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	
NICOTROL INHALATION CARTRIDGE	4	
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray</i>	2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	2	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	GC
<i>denta 5000 plus dental cream</i>	1	GC
<i>fluoride (sodium) dental cream</i>	1	GC
<i>ipratropium bromide nasal spray, non-aerosol</i>	2	QL (30 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol</i>	2	QL (30.5 GM per 30 days)
<i>paroex oral rinse mucous membrane mouthwash</i>	1	GC
<i>periogard mucous membrane mouthwash</i>	2	
<i>sf 5000 plus dental cream</i>	1	GC
<i>sodium fluoride 5000 plus dental cream</i>	1	GC
<i>triamcinolone acetonide dental paste</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	GC
<i>flac oil otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	4	QL (30 ML per 30 days)
<i>ofloxacin otic (ear) drops</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRODEX OTIC (EAR) DROPS, SUSPENSION	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	5	PA; 30D
<i>dexamethasone intensol oral drops</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	1	GC
<i>dexamethasone sodium phos (pf) injection solution</i>	2	
<i>dexamethasone sodium phosphate injection solution</i>	2	
<i>dexamethasone sodium phosphate injection syringe</i>	2	
<i>fludrocortisone oral tablet</i>	1	GC
<i>hydrocortisone oral tablet</i>	1	GC
<i>methylprednisolone acetate injection suspension</i>	2	
<i>methylprednisolone oral tablet</i>	1	GC
<i>methylprednisolone oral tablets,dose pack</i>	1	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	
<i>millipred oral tablet</i>	4	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	GC
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	GC
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	1	GC
<i>prednisone oral tablet</i>	1	GC
<i>prednisone oral tablets,dose pack</i>	1	GC

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN	3	
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet</i>	2	
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	GC; QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	GC; QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	GC; QL (180 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	2	PA
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS PEN	3	QL (30 ML per 30 days); SSM
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	6	PA; QL (4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	6	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	6	PA; QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	QL (180 EA per 30 days)
<i>diazoxide oral suspension</i>	2	
FARXIGA ORAL TABLET 10 MG	6	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 5 MG	6	QL (60 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	QL (60 ML per 30 days); SSM
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	QL (60 ML per 30 days); SSM

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	QL (90 ML per 30 days); SSM
GAUZE PADS 2 X 2	3	PA
<i>glimepiride oral tablet 1 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	GC; QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	GC; QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	GC; QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	GC; QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	GC; QL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	2	
<i>glucagon emergency kit (human) injection recon soln</i>	2	
GLYXAMBI ORAL TABLET	6	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	QL (60 ML per 30 days); SSM
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	QL (24 ML per 30 days); SSM
INSULIN PEN NEEDLE	3	PA
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	PA

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	6	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	6	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	6	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	6	QL (120 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	6	QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	6	QL (30 EA per 30 days)
JANUMET ORAL TABLET	6	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	6	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	6	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	6	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	6	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	6	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	6	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	6	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	QL (30 ML per 30 days); SSM
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	QL (60 ML per 30 days); SSM
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	QL (30 ML per 30 days); SSM
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	QL (60 ML per 30 days); SSM
<i>metformin oral solution</i>	2	QL (765 ML per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	GC; QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	GC; QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	GC; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	GC; QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	GC; QL (75 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	GC; QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	GC; QL (180 EA per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	3	PA
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	QL (90 ML per 30 days); SSM
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	QL (60 ML per 30 days); SSM
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	QL (60 ML per 30 days); SSM
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	QL (90 ML per 30 days); SSM
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	QL (60 ML per 30 days); SSM
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	QL (60 ML per 30 days); SSM
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	QL (60 ML per 30 days); SSM
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	QL (90 ML per 30 days); SSM
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	QL (90 ML per 30 days); SSM
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	QL (60 ML per 30 days); SSM
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	QL (90 ML per 30 days); SSM
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	6	PA; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	6	PA; QL (3 ML per 28 days)
<i>pioglitazone oral tablet</i>	1	GC; QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone-metformin oral tablet</i>	1	GC; QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	GC; QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	GC; QL (240 EA per 30 days)
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON	3	QL (600 ML per 30 days)
RYBELSUS ORAL TABLET	6	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	QL (15 ML per 30 days); SSM
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	6	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	6	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	6	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	6	QL (30 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	QL (18 ML per 30 days); SSM
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	3	QL (13.5 ML per 30 days); SSM
TRADJENTA ORAL TABLET	6	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	QL (30 ML per 30 days); SSM
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	QL (18 ML per 30 days); SSM
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	QL (30 ML per 30 days); SSM
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	6	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5- 1,000 MG	6	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR	6	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	6	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	6	QL (60 EA per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	30D
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days)
<i>cabergoline oral tablet</i>	2	QL (16 EA per 28 days)
<i>calcitonin (salmon) injection solution</i>	2	
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	30D
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA
<i>cinacalcet oral tablet 30 mg</i>	4	
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	30D
<i>danazol oral capsule</i>	4	
<i>desmopressin injection solution</i>	2	
<i>desmopressin nasal spray with pump</i>	2	
<i>desmopressin nasal spray, non-aerosol</i>	2	
<i>desmopressin oral tablet</i>	2	
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	2	
ELAPRASE INTRAVENOUS SOLUTION	5	30D
FABRAZYME INTRAVENOUS RECON SOLN	5	30D
GALAFOLD ORAL CAPSULE	5	PA; LA; 30D; QL (15 EA per 30 days)
ISTURISA ORAL TABLET	5	PA; LA; 30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLET	5	PA; LA; 30D
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; LA; 30D
KORLYM ORAL TABLET	5	PA; 30D
KUVAN ORAL POWDER IN PACKET	5	PA; 30D
KUVAN ORAL TABLET,SOLUBLE	5	PA; 30D
LUMIZYME INTRAVENOUS RECON SOLN	5	30D
MIACALCIN INJECTION SOLUTION	4	
<i>miglustat oral capsule</i>	5	LA; 30D
NAGLAZYME INTRAVENOUS SOLUTION	5	LA; 30D
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA; 30D
ORILISSA ORAL TABLET	5	PA; 30D
<i>oxandrolone oral tablet 10 mg</i>	5	PA; 30D
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA
PALYNZIQ SUBCUTANEOUS SYRINGE	5	PA; LA; 30D
<i>pamidronate intravenous solution</i>	2	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	4	
<i>paricalcitol intravenous solution</i>	4	
<i>paricalcitol oral capsule</i>	4	
SAMSCA ORAL TABLET 15 MG	5	PA; 30D; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	5	PA; 30D; QL (60 EA per 30 days)
<i>sapropterin oral powder in packet</i>	5	PA; 30D
<i>sapropterin oral tablet,soluble</i>	5	PA; 30D
SOMAVERT SUBCUTANEOUS RECON SOLN	5	30D
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA; 30D
SYNAREL NASAL SPRAY, NON-AEROSOL	5	30D
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL (150 GM per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	5	PA; 30D; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
<i>zoledronic acid intravenous solution</i>	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	PA
THYROID HORMONES		
<i>levothyroxine oral tablet</i>	1	GC
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
<i>liothyronine intravenous solution</i>	1	GC
<i>liothyronine oral tablet</i>	1	GC
<i>unithroid oral tablet</i>	1	GC
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine oral capsule</i>	2	PA; HRM
<i>dicyclomine oral solution</i>	2	PA; HRM
<i>dicyclomine oral tablet</i>	2	PA; HRM
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	2	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>loperamide oral capsule</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	4	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	30D
<i>aprepitant oral capsule</i>	4	B/D PA
<i>aprepitant oral capsule,dose pack</i>	4	B/D PA
AVSOLA INTRAVENOUS RECON SOLN	5	PA; 30D
<i>balsalazide oral capsule</i>	2	
<i>budesonide oral capsule,delayed,extend.release</i>	4	
<i>budesonide oral tablet,delayed and ext.release</i>	5	30D
CHENODAL ORAL TABLET	5	PA; LA; 30D
CHOLBAM ORAL CAPSULE	5	PA; 30D
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; 30D; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 EA per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; 30D; QL (2 EA per 28 days)
CLENPIQ ORAL SOLUTION	4	
<i>compro rectal suppository</i>	2	
<i>constulose oral solution</i>	1	GC
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 36,000-114,000- 180,000 UNIT	5	30D
<i>cromolyn oral concentrate</i>	4	
CYSTADANE ORAL POWDER	5	30D
<i>dronabinol oral capsule</i>	4	B/D PA
<i>enulose oral solution</i>	1	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; 30D
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; 30D
<i>gavilyte-c oral recon soln</i>	2	
<i>gavilyte-g oral recon soln</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n oral recon soln</i>	2	
<i>generlac oral solution</i>	1	GC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl intravenous solution</i>	2	
<i>granisetron hcl oral tablet</i>	2	B/D PA
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone topical cream with perineal applicator</i>	1	GC
INFLECTRA INTRAVENOUS RECON SOLN	5	PA; 30D
<i>lactulose oral solution</i>	1	GC
LINZESS ORAL CAPSULE	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	4	
<i>mesalamine oral capsule,extended release 24hr</i>	4	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	4	
<i>mesalamine rectal enema</i>	4	
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	
<i>metoclopramide hcl injection solution</i>	1	GC
<i>metoclopramide hcl oral solution</i>	1	GC
<i>metoclopramide hcl oral tablet</i>	1	GC
MOVANTIK ORAL TABLET	3	QL (30 EA per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	
<i>ondansetron hcl intravenous solution</i>	2	
<i>ondansetron hcl oral solution</i>	2	B/D PA
<i>ondansetron hcl oral tablet</i>	2	B/D PA
<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	4	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	4	
<i>palonosetron intravenous syringe</i>	4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	30D
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>procto-med hc topical cream with perineal applicator</i>	2	
<i>procto-pak topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	
<i>proctozone-hc topical cream with perineal applicator</i>	2	
RECTIV RECTAL OINTMENT	3	
RELISTOR SUBCUTANEOUS SOLUTION	5	30D
RELISTOR SUBCUTANEOUS SYRINGE	5	30D
REMICADE INTRAVENOUS RECON SOLN	5	PA; 30D
RENFLEXIS INTRAVENOUS RECON SOLN	5	PA; 30D
SANCUSO TRANSDERMAL PATCH WEEKLY	5	30D
<i>scopolamine base transdermal patch 3 day</i>	4	PA; HRM
SUCRAID ORAL SOLUTION	5	30D
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
SYMPROIC ORAL TABLET	3	QL (30 EA per 30 days)
<i>trilyte with flavor packets oral recon soln</i>	2	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
VIBERZI ORAL TABLET	5	30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VIOKACE ORAL TABLET	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 5,000-17,000- 24,000 UNIT	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-126,000- 168,000 UNIT	5	30D
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	4	QL (112 EA per 30 days)
<i>cimetidine hcl oral solution</i>	2	
<i>cimetidine oral tablet</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	2	QL (30 EA per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	
<i>famotidine (pf) intravenous solution</i>	4	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	4	
<i>famotidine intravenous solution</i>	4	
<i>famotidine oral suspension</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	GC
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	QL (60 EA per 30 days)
<i>misoprostol oral tablet</i>	2	
<i>nizatidine oral capsule</i>	1	GC
<i>nizatidine oral solution</i>	1	GC
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	GC; QL (30 EA per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	GC; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	GC; QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	4	QL (90 EA per 30 days)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	1	GC

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; 30D
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; 30D
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; 30D
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; 30D; QL (4 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; 30D; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	5	PA; 30D; QL (14 EA per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; 30D
EXTAVIA SUBCUTANEOUS KIT	5	PA; 30D; QL (15 EA per 28 days)
EXTAVIA SUBCUTANEOUS RECON SOLN	5	PA; 30D; QL (15 EA per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
HUMATROPE INJECTION CARTRIDGE	5	PA; 30D
HUMATROPE INJECTION RECON SOLN	5	PA; 30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; LA; 30D
INTRON A INJECTION RECON SOLN	5	B/D PA; 30D
INTRON A INJECTION SOLUTION	5	B/D PA; 30D
LEUKINE INJECTION RECON SOLN	5	30D
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	5	PA; 30D; QL (2 ML per 30 days)
NEULASTA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
NEUPOGEN INJECTION SOLUTION	5	PA; 30D
NEUPOGEN INJECTION SYRINGE	5	PA; 30D
NIVESTYM INJECTION SOLUTION	5	PA; 30D
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; 30D
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR	5	PA; 30D
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION	5	30D; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	30D; QL (2 ML per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	30D; QL (4 EA per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; 30D; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; 30D; QL (1 ML per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; 30D
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (6 ML per 28 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; 30D; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; 30D; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (4.2 ML per 180 days)
REBLOZYL SUBCUTANEOUS RECON SOLN	5	PA; 30D
RETACRIT INJECTION SOLUTION	3	PA
UDENYCA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
ZARXIO INJECTION SYRINGE	5	PA; 30D
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (2 ML per 30 days)
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	
BIVIGAM INTRAVENOUS SOLUTION	5	PA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	
BOTOX INJECTION RECON SOLN	3	PA
CUVITRU SUBCUTANEOUS SOLUTION	5	B/D PA; 30D
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ENERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	5	PA; 30D
<i>fomepizole intravenous solution</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	PA
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; 30D
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; 30D
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	

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Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SOLUTION	5	PA; 30D
HIZENTRA SUBCUTANEOUS SYRINGE	5	PA; 30D
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL INJECTION SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	
OCTAGAM INTRAVENOUS SOLUTION	5	PA
PANZYGA INTRAVENOUS SOLUTION	5	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
RAGWITEK SUBLINGUAL TABLET	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	
THYMOGLOBULIN INTRAVENOUS RECON SOLN	5	30D
TRUMENBA INTRAMUSCULAR SYRINGE	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
VARIZIG INTRAMUSCULAR SOLUTION	5	30D
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet</i>	1	GC
<i>allopurinol sodium intravenous recon soln</i>	2	
<i>aloprim intravenous recon soln</i>	2	
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral tablet</i>	2	
MITIGARE ORAL CAPSULE	3	
<i>probenecid oral tablet</i>	2	
<i>probenecid-colchicine oral tablet</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	GC; QL (1286 ML per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	GC; QL (4 EA per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; 30D; QL (2.4 ML per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA
<i>ibandronate oral tablet</i>	1	GC; QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA
<i>raloxifene oral tablet</i>	2	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (1.56 ML per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (3.6 ML per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	5	PA; 30D; QL (40 ML per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (3.6 ML per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; 30D

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; 30D
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; 30D; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; 30D; QL (8 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; 30D; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; 30D; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; 30D; QL (8 ML per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (4 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; 30D; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; 30D; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; 30D; QL (2 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (3 EA per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	5	PA; 30D; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; 30D; QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; 30D; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; 30D; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; 30D; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; 30D; QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide oral tablet</i>	2	QL (30 EA per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; 30D; QL (8 EA per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; 30D; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; 30D; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; 30D; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; 30D; QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; 30D; QL (55 EA per 180 days)
<i>penicillamine oral tablet</i>	5	30D
RIDAURA ORAL CAPSULE	5	30D
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; 30D; QL (30 EA per 30 days)
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 EA per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; 30D; QL (24 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; 30D; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; 30D; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; 30D; QL (3 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; 30D; QL (0.5 ML per 28 days)
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; 30D; QL (30 EA per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CRINONE VAGINAL GEL 4 %	4	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	
<i>errin oral tablet</i>	2	
<i>estradiol oral tablet</i>	4	PA; HRM
<i>estradiol transdermal patch semiweekly</i>	4	PA; HRM; QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly</i>	4	PA; HRM; QL (4 EA per 28 days)
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>estradiol-norethindrone acet oral tablet</i>	4	PA; HRM
ESTRING VAGINAL RING	3	
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	PA; 30D
<i>lyza oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	2	
<i>medroxyprogesterone intramuscular syringe</i>	2	
<i>medroxyprogesterone oral tablet</i>	2	
MENEST ORAL TABLET	3	PA; HRM
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	
PREMARIN ORAL TABLET	4	PA; HRM
PREMARIN VAGINAL CREAM	3	
<i>progesterone micronized oral capsule</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>eluryng vaginal ring</i>	4	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	4	
<i>metronidazole vaginal gel</i>	4	
<i>miconazole-3 vaginal suppository</i>	2	
<i>terconazole vaginal cream</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppository</i>	2	
<i>tranexamic acid oral tablet</i>	2	
<i>vandazole vaginal gel</i>	4	
<i>xulane transdermal patch weekly</i>	4	
<i>zafemy transdermal patch weekly</i>	4	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia oral tablets,dose pack,3 month</i>	2	
<i>amethyst (28) oral tablet</i>	2	
<i>apri oral tablet</i>	2	
<i>aranelle (28) oral tablet</i>	2	
<i>aviane oral tablet</i>	2	
<i>balziva (28) oral tablet</i>	2	
<i>bekyree (28) oral tablet</i>	2	
<i>blisovi 24 fe oral tablet</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	
<i>briellyn oral tablet</i>	2	
<i>cryselle (28) oral tablet</i>	2	
<i>cyclafem 1/35 (28) oral tablet</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet</i>	4	
<i>emoquette oral tablet</i>	2	
<i>enpresse oral tablet</i>	2	
<i>introvale oral tablets,dose pack,3 month</i>	2	
<i>juleber oral tablet</i>	2	
<i>junel 1.5/30 (21) oral tablet</i>	2	
<i>junel 1/20 (21) oral tablet</i>	2	
<i>junel fe 1.5/30 (28) oral tablet</i>	2	
<i>junel fe 1/20 (28) oral tablet</i>	2	
<i>junel fe 24 oral tablet</i>	2	
<i>kaitlib fe oral tablet,chewable</i>	2	
<i>kariva (28) oral tablet</i>	2	
<i>kelnor 1/35 (28) oral tablet</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1-50 (28) oral tablet</i>	2	
<i>layolis fe oral tablet, chewable</i>	2	
<i>lessina oral tablet</i>	2	
<i>levonest (28) oral tablet</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	4	
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora-28 oral tablet</i>	2	
<i>loryna (28) oral tablet</i>	2	
<i>lutra (28) oral tablet</i>	2	
<i>marlissa (28) oral tablet</i>	2	
<i>microgestin 1.5/30 (21) oral tablet</i>	2	
<i>microgestin 1/20 (21) oral tablet</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	
<i>microgestin fe 1/20 (28) oral tablet</i>	2	
<i>necon 0.5/35 (28) oral tablet</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>nortrel 0.5/35 (28) oral tablet</i>	2	
<i>nortrel 1/35 (21) oral tablet</i>	2	
<i>nortrel 1/35 (28) oral tablet</i>	2	
<i>nortrel 7/7/7 (28) oral tablet</i>	2	
<i>orsythia oral tablet</i>	2	
<i>pimtrea (28) oral tablet</i>	2	
<i>pirmella oral tablet</i>	2	
<i>portia 28 oral tablet</i>	2	
<i>previfem oral tablet</i>	2	
<i>reclipsen (28) oral tablet</i>	2	
<i>setlakin oral tablets, dose pack, 3 month</i>	2	
<i>sprintec (28) oral tablet</i>	2	
<i>sronyx oral tablet</i>	2	
<i>tri-legest fe oral tablet</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla oral tablet</i>	2	
<i>tri-lo-marzia oral tablet</i>	2	
<i>tri-lo-sprintec oral tablet</i>	2	
<i>tri-previfem (28) oral tablet</i>	2	
<i>tri-sprintec (28) oral tablet</i>	2	
<i>trivora (28) oral tablet</i>	2	
<i>velivet triphasic regimen (28) oral tablet</i>	2	
<i>vestura (28) oral tablet</i>	2	
<i>vienva oral tablet</i>	2	
<i>vyfemla (28) oral tablet</i>	2	
<i>zovia 1/35e (28) oral tablet</i>	2	
<i>zovia 1-35 (28) oral tablet</i>	2	
OXYTOCICS		
<i>methylergonovine oral tablet</i>	4	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	1	GC
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	GC
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	GC; QL (30 ML per 30 days)
<i>erythromycin ophthalmic (eye) ointment</i>	1	GC
<i>gatifloxacin ophthalmic (eye) drops</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	QL (17.5 GM per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	1	GC; QL (30 ML per 30 days)
<i>levofloxacin ophthalmic (eye) drops</i>	2	QL (30 ML per 30 days)
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	GC
<i>tobramycin ophthalmic (eye) drops</i>	1	GC; QL (30 ML per 30 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	QL (17.5 GM per 30 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	
<i>carteolol ophthalmic (eye) drops</i>	1	GC
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) drops</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	2	
<i>azelastine ophthalmic (eye) drops</i>	2	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	QL (60 EA per 30 days)
<i>cromolyn ophthalmic (eye) drops</i>	1	GC
CYSTARAN OPHTHALMIC (EYE) DROPS	5	30D
<i>epinastine ophthalmic (eye) drops</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT	3	
<i>olopatadine ophthalmic (eye) drops</i>	2	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; 30D
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	4	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	4	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	QL (60 EA per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	QL (30 ML per 30 days)
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	GC
<i>ketorolac ophthalmic (eye) drops</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	
<i>acetazolamide oral tablet</i>	2	
<i>acetazolamide sodium injection recon soln</i>	2	
<i>methazolamide oral tablet</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	
<i>dorzolamide ophthalmic (eye) drops</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	
<i>latanoprost ophthalmic (eye) drops</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>travoprost ophthalmic (eye) drops</i>	2	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	4	
STEROID-ANTIBIOTIC COMBINATIONS		

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	GC
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	QL (30 ML per 30 days)
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops</i>	2	
<i>brimonidine ophthalmic (eye) drops</i>	2	
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine oral solution 1 mg/ml</i>	2	
<i>desloratadine oral tablet</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet,disintegrating</i>	4	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; HRM
<i>epinephrine injection auto-injector</i>	2	QL (4 EA per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
EPIPEN INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	QL (4 EA per 30 days)
<i>hydroxyzine hcl oral tablet</i>	4	PA; HRM
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL (30 EA per 30 days)
<i>promethazine injection solution</i>	4	PA; HRM
<i>promethazine oral syrup</i>	4	PA; HRM
<i>promethazine oral tablet</i>	4	PA; HRM
SYMJEPI INJECTION SYRINGE	3	QL (4 EA per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	2	B/D PA
ADEMPAS ORAL TABLET	5	PA; LA; 30D
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ADVAIR HFA AEROSOL INHALER	3	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	
<i>alyq oral tablet</i>	5	PA; 30D; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan oral tablet</i>	5	PA; LA; 30D
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
ASMANEX HFA AEROSOL INHALER	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	QL (2 EA per 30 days)
ATROVENT HFA AEROSOL INHALER	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL (10.7 GM per 30 days)
<i>bosentan oral tablet</i>	5	PA; LA; 30D
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization</i>	2	B/D PA
COMBIVENT RESPIMAT INHALATION MIST	3	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA
DALIRESP ORAL TABLET	3	PA
DULERA INHALATION HFA AEROSOL INHALER	3	QL (13 GM per 30 days)
ESBRIET ORAL CAPSULE	5	PA; 30D; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; 30D; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; 30D; QL (90 EA per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	GC; QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension</i>	1	GC; QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	QL (60 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; LA; 30D

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant subcutaneous syringe</i>	5	PA; 30D
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	B/D PA
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA
KALYDECO ORAL GRANULES IN PACKET	5	PA; 30D; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; 30D; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	B/D PA
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	3	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	3	QL (60 ML per 30 days)
<i>metaproterenol oral syrup</i>	2	
<i>mometasone nasal spray, non-aerosol</i>	2	QL (34 GM per 30 days)
<i>montelukast oral granules in packet</i>	2	
<i>montelukast oral tablet</i>	2	
<i>montelukast oral tablet, chewable</i>	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; 30D; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; LA; 30D; QL (3 EA per 28 days)
NUCALA SUBCUTANEOUS SYRINGE	5	PA; LA; 30D; QL (3 ML per 28 days)
OFEV ORAL CAPSULE	5	PA; 30D; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET	5	PA; LA; 30D
ORKAMBI ORAL GRANULES IN PACKET	5	PA; 30D; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; 30D; QL (112 EA per 28 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	B/D PA
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	QL (2 EA per 30 days)

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (1 EA per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; 30D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)
REVATIO INTRAVENOUS SOLUTION	5	PA; 30D
RUCONEST INTRAVENOUS RECON SOLN	5	PA; 30D
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; 30D
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL (90 EA per 90 days)
STIOLTO RESPIMAT INHALATION MIST	3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	3	QL (10.2 GM per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; 30D; QL (56 EA per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; 30D; QL (60 EA per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; 30D
<i>terbutaline oral tablet</i>	2	
<i>terbutaline subcutaneous solution</i>	4	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr</i>	2	
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; 30D
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; 30D; QL (84 EA per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D
VENTOLIN HFA AEROSOL INHALER	3	QL (36 GM per 30 days)
<i>wixela inhub inhalation blister with device</i>	2	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; 30D; QL (6 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; 30D; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; 30D; QL (10 ML per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; 30D; QL (90 ML per 30 days)
<i>zafirlukast oral tablet</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr</i>	5	30D
ZYFLO ORAL TABLET	5	30D

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	4	
<i>flavoxate oral tablet</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>oxybutynin chloride oral syrup</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride oral tablet</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
<i>solifenacin oral tablet</i>	2	
<i>tolterodine oral capsule, extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	2	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	GC
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	GC
<i>silodosin oral capsule</i>	2	
<i>tamsulosin oral capsule</i>	1	GC
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet</i>	2	
CYSTAGON ORAL CAPSULE	3	PA; LA
ELMIRON ORAL CAPSULE	3	
<i>potassium citrate oral tablet extended release</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; QL (30 EA per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	
<i>calcium acetate(phosphat bind) oral tablet</i>	2	
<i>klor-con 10 oral tablet extended release</i>	2	
<i>klor-con 8 oral tablet extended release</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>lactated ringers intravenous parenteral solution</i>	2	
<i>magnesium sulfate injection syringe</i>	2	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback</i>	2	
<i>potassium chloride intravenous solution</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	
<i>potassium chloride oral liquid</i>	2	
<i>potassium chloride oral tablet extended release</i>	2	
<i>potassium chloride oral tablet,er particles/crystals</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution</i>	2	
<i>sodium chloride intravenous parenteral solution</i>	2	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
DOJOLVI ORAL LIQUID	5	PA; LA; 30D
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>plenamine intravenous parenteral solution</i>	2	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	2	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	
<i>prenatal vitamin oral tablet</i>	1	GC

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acyclovir	amikacin	10	ARCALYST	78
acyclovir sodium	amiloride	47	ARIKAYCE	10
ADACEL(TDAP	amiloride-hydrochlorothiazide		aripiprazole	40
ADOLESN/ADULT)(PF) 80	47	ARISTADA	40
ADAKVEO	AMINOSYN II 15 %	100	ARISTADA INITIO	40
adapalene	AMINOSYN-PF 7 %		armodafinil	40
adefovir	(SULFITE-FREE)	101	ARRANON	16
ADEMPAS	amiodarone	46	arsenic trioxide	16
adrenalin	amitriptyline	39	ARZERRA	16
ADVAIR DISKUS	amlodipine	47	asenapine maleate	40
ADVAIR HFA	amlodipine-atorvastatin	52	ASMANEX HFA	95
AFINITOR	amlodipine-benazepril	47	ASMANEX TWISTHALER	95
AFINITOR DISPERZ	amlodipine-olmesartan	47	ASPARLAS	16
AIMOVIG AUTOINJECTOR	amlodipine-valsartan	47	aspirin-dipyridamole	51
.....	amlodipine-valsartan-hcthiazid		atazanavir	4
AJOVY AUTOINJECTOR	47	atenolol	47
AJOVY SYRINGE	ammonium lactate	55	atenolol-chlorthalidone	47
ak-poly-bac	amnestem	56	atomoxetine	40
ala-cort	amoxapine	40	atorvastatin	52
albendazole			atovaquone	10

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atovaquone-proguanil.....	10	betaxolol.....	47, 91	BYETTA.....	66
ATRIPLA.....	4	bethanechol chloride.....	99	BYSTOLIC.....	47
atropine.....	73, 91	BETHKIS.....	10	C	
ATROVENT HFA.....	95	BEVESPI AEROSPHERE.....	95	CABENUVA.....	4
AUBAGIO.....	33	bexarotene.....	17	cabergoline.....	71
AURYXIA.....	61	BEXSERO.....	80	CABLIVI.....	51
AVASTIN.....	16	bicalutamide.....	17	CABOMETYX.....	17
aviane.....	88	BICILLIN C-R.....	13	calcipotriene.....	54
avita.....	56	BICILLIN L-A.....	13	calcipotriene-betamethasone.....	54
AVONEX.....	78	BIDIL.....	47	calcitonin (salmon).....	71
AVSOLA.....	74	BIKTARVY.....	4	calcitriol.....	71
AYVAKIT.....	16	bimatoprost.....	92	calcium acetate(phosphat bind).....	99
azacitidine.....	16	bisoprolol fumarate.....	47	CALQUENCE.....	17
azathioprine.....	16	bisoprolol-hydrochlorothiazide.....	47	camila.....	86
azathioprine sodium.....	16	BIVIGAM.....	80	candesartan.....	47
azelastine.....	64, 91	BLENREP.....	17	candesartan-hydrochlorothiazid.....	47
AZELEX.....	56	bleomycin.....	17	CAPEX.....	59
azithromycin.....	9	blisovi 24 fe.....	88	CAPLYTA.....	40
aztreonam.....	10	blisovi fe 1.5/30 (28).....	88	CAPRELSA.....	17
B		BOOSTRIX TDAP.....	80	captopril.....	47
bacitracin.....	10, 90	BORTEZOMIB.....	17	captopril-hydrochlorothiazide.....	48
bacitracin-polymyxin b.....	90	bosentan.....	95	CARBAGLU.....	61
baclofen.....	35	BOSULIF.....	17	carbamazepine.....	28, 29
balsalazide.....	74	BOTOX.....	80	carbidopa.....	31
BALVERSA.....	16, 17	BRAFTOVI.....	17	carbidopa-levodopa.....	31
balziva (28).....	88	BREO ELLIPTA.....	95	carbidopa-levodopa-entacapone.....	31
BANZEL.....	28	BREZTRI AEROSPHERE.....	95	carboplatin.....	17
BAQSIMI.....	66	briellyn.....	88	carmustine.....	17
BARACLUDE.....	4	BRILINTA.....	51	carteolol.....	91
BASAGLAR KWIKPEN U-100 INSULIN.....	66	brimonidine.....	93	cartia xt.....	48
BAVENCIO.....	17	BRIVIACT.....	28	carvedilol.....	48
BCG VACCINE, LIVE (PF).....	80	bromfenac.....	92	carvedilol phosphate.....	48
bekyree (28).....	88	bromocriptine.....	31	caspofungin.....	3
BELEODAQ.....	17	BRUKINSA.....	17	cataflam.....	38
benazepril.....	47	budesonide.....	74, 95	CAYSTON.....	10
benazepril-hydrochlorothiazide.....	47	bumetanide.....	47	cefaclor.....	7, 8
BENDEKA.....	17	BUPRENEX.....	35	cefadroxil.....	8
BENLYSTA.....	84, 85	buprenorphine.....	35	cefazolin.....	8
benztropine.....	31	buprenorphine hcl.....	35	cefazolin in dextrose (iso-os).....	8
BESIVANCE.....	90	buprenorphine-naloxone.....	38	cefdinir.....	8
BESPONSA.....	17	bupropion hcl.....	40	cefepime.....	8
betamethasone dipropionate.....	58, 59	bupropion hcl (smoking deter).....	63	CEFEPIME IN DEXTROSE 5 %.....	8
betamethasone valerate.....	59	buspirone.....	40	cefepime in dextrose,iso-osm.....	8
betamethasone, augmented.....	59	busulfan.....	17		
BETASERON.....	78	butorphanol.....	38		
		BYDUREON BCISE.....	66		

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cefixime.....8	cimetidine hcl77	CLINIMIX E 8%-D10W
cefotetan8	CIMZIA.....74	SULFITEFREE101
CEFOTETAN IN	CIMZIA POWDER FOR	CLINIMIX E 8%-D14W
DEXTROSE, ISO-OSM.....8	RECONST.....74	SULFITEFREE .....101
cefoxitin.....8	CIMZIA STARTER KIT .....74	clobazam.....29
cefoxitin in dextrose, iso-osm 8	cinacalcet.....71	clobetasol.....59
cefpodoxime.....8	CIPRODEX.....64	clobetasol-emollient .....59
cefprozil.....8	ciprofloxacin hcl.....14, 90	clofarabine.....17
ceftazidime.....8	ciprofloxacin in 5 % dextrose	clomipramine.....40
CEFTAZIDIME IN D5W .....8	.....14	clonazepam.....29
ceftriaxone.....9	ciprofloxacin-dexamethasone	clonidine.....48
CEFTRIAZONE.....9	.....64	clonidine hcl.....40, 48
ceftriaxone in dextrose,iso-os.9	cisplatin.....17	clopidogrel.....51
cefuroxime axetil.....9	citalopram.....40	clorazepate dipotassium.....40
cefuroxime sodium.....9	cladribine.....17	clotrimazole.....3, 58
celecoxib.....38	claravis.....56	clotrimazole-betamethasone.58
CELONTIN.....29	clarithromycin.....9	clovique.....61
cephalexin.....9	CLENPIQ.....74	clozapine.....41
CEQUA.....91	CLEOCIN.....87	CLOZAPINE.....41
CERDELGA.....71	clindamycin hcl.....10	COARTEM.....10
cetirizine.....94	CLINDAMYCIN IN 0.9 %	codeine sulfate.....35
cevimeline.....61	SOD CHLOR.....10	colchicine.....84
CHANTIX.....64	clindamycin in 5 % dextrose 10	colestipol.....52
CHANTIX CONTINUING	clindamycin pediatric.....10	colistin (colistimethate na) ...10
MONTH BOX.....64	clindamycin phosphate..10, 56,	COMBIGAN.....92
CHANTIX STARTING	87	COMBIVENT RESPIMAT..95
MONTH BOX.....64	CLINDAMYCIN	COMETRIQ.....17
CHEMET.....61	PHOSPHATE.....56	COMPLERA.....4
CHENODAL.....74	clindamycin-benzoyl peroxide	compro.....74
chloramphenicol sod succinate	.....57	CONDYLOX.....55
.....10	CLINIMIX 5%/D15W	constulose.....74
chlorhexidine gluconate.....64	SULFITE FREE.....101	COPAXONE.....33
chloroquine phosphate.....10	CLINIMIX 4.25%/D10W	COPIKTRA.....17
chlorothiazide sodium.....48	SULF FREE.....101	CORDRAN TAPE LARGE
chlorthalidone.....40	CLINIMIX 4.25%/D5W	ROLL.....59
chlorzoxazone.....35	SULFIT FREE.....61	CORLANOR.....53
CHOLBAM.....74	CLINIMIX 5%-	COTELLIC.....18
cholestyramine (with sugar).52	D20W(SULFITE-FREE)101	CREON.....74
cholestyramine light.....52	CLINIMIX 6%-D5W	CRINONE.....87
CHORIONIC	(SULFITE-FREE).....101	cromolyn.....74, 91, 95
GONADOTROPIN,	CLINIMIX 8%-	cryselle (28).....88
HUMAN.....71	D10W(SULFITE-FREE)101	CUVITRU.....80
ciclopirox.....57	CLINIMIX 8%-	cyclafem 1/35 (28).....88
cidofovir.....4	D14W(SULFITE-FREE)101	cyclafem 7/7/7 (28).....88
cilostazol.....51	CLINIMIX E 4.25%/D10W	cyclobenzaprine.....35
CIMDUO.....4	SUL FREE.....101	cyclophosphamide.....18
cimetidine.....77	CLINIMIX E 5%/D15W	CYCLOPHOSPHAMIDE ...18
	SULFIT FREE.....101	CYCLOSET.....66

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cyclosporine	18	desoximetasone	59	divalproex	29
cyclosporine modified	18	desvenlafaxine succinate	41	docetaxel	18
CYRAMZA	18	dexamethasone	65	dofetilide	46
CYSTADANE	74	dexamethasone intensol	65	DOJOLVI	101
CYSTAGON	99	dexamethasone sodium phos		donepezil	33
CYSTARAN	91	(pf)	65	DOPTELET (10 TAB PACK)	
cytarabine	18	dexamethasone sodium		.....	51
cytarabine (pf)	18	phosphate	65, 93	DOPTELET (15 TAB PACK)	
D		DEXILANT	77	.....	51
d10 %-0.45 % sodium chloride		dexmethylphenidate	41	DOPTELET (30 TAB PACK)	
.....	61	dextrazoxane hcl	15	.....	51
d2.5 %-0.45 % sodium		dextroamphetamine	41	dorzolamide	92
chloride	61	dextroamphetamine-		dorzolamide-timolol	92
d5 % and 0.9 % sodium		amphetamine	41	DOVATO	4
chloride	61	dextrose 10 % and 0.2 % nacl		doxazosin	48
d5 %-0.45 % sodium chloride		.....	62	doxepin	41, 55
.....	61	dextrose 10 % in water (d10w)		doxercalciferol	71
dacarbazine	18	.....	62	doxorubicin	18
dactinomycin	18	dextrose 5 % in water (d5w)	62	doxorubicin, peg-liposomal	18
dalfampridine	33	dextrose 5 %-lactated ringers	62	doxy-100	14
DALIRESP	95	dextrose 5%-0.2 % sod		doxycycline hyclate	14, 15
danazol	71	chloride	62	DOXYCYCLINE HYCLATE	
dantrolene	35	dextrose 5%-0.3 %		.....	15
DANYELZA	18	sod.chloride	62	doxycycline monohydrate	15
dapsone	10	DIACOMIT	29	DRIZALMA SPRINKLE	41
DAPTACEL (DTAP		diazepam	29, 41	dronabinol	74
PEDIATRIC) (PF)	80	diazepam intensol	41	drospirenone-ethinyl estradiol	
daptomycin	10	diazoxide	66	.....	88
darifenacin	98	diclofenac potassium	38	DROXIA	18
DARZALEX	18	diclofenac sodium	38, 55, 92	droxidopa	62
DARZALEX FASPRO	18	diclofenac-misoprostol	38	DULERA	95
daunorubicin	18	dicloxacillin	13	duloxetine	41
DAURISMO	18	dicyclomine	73	DUPIXENT PEN	55
decitabine	18	didanosine	4	DUPIXENT SYRINGE	55
deferasirox	61, 62	diflorasone	59	duramorph (pf)	35
deferiprone	62	diflunisal	38	dutasteride	99
DELSTRIGO	4	digitek	53	dutasteride-tamsulosin	99
demeclocycline	14	digox	54	E	
DEMSER	48	digoxin	54	ec-naproxen	38
DENAVIR	58	dihydroergotamine	32	econazole	58
denta 5000 plus	64	DILANTIN 30 MG	29	EDURANT	4
DEPO-SUBQ PROVERA	104	diltiazem hcl	48	efavirenz	4
.....	87	dilt-xr	48	efavirenz-emtricitabin-tenofov	
DESCOVY	4	dimethyl fumarate	33	.....	5
desipramine	41	diphenhydramine hcl	94	efavirenz-lamivu-tenofov disop	
desloratadine	94	diphenoxylate-atropine	73	.....	5
desmopressin	71	dipyridamole	51	ELAPRASE	71
desonide	59	disulfiram	62	ELIQUIS	51

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ELIQUIS DVT-PE TREAT		ergotamine-caffeine.....	32	FARXIGA	66
30D START	51	ERIVEDGE	19	FARYDAK	19
ELITEK	15	ERLEADA	19	febuxostat	84
ELMIRON	99	erlotinib	19	felbamate	29
eluryng	87	errin	87	felodipine	48
ELZONRIS	18	ertapenem	10	fenofibrate	52
EMCYT	19	ERWINAZE	19	fenofibrate micronized	52
EMGALITY PEN	32	ery pads	57	fenofibrate nanocrystallized	52
EMGALITY SYRINGE	32	ery-tab	9	fenofibric acid	53
emoquette	88	ERYTHROCIN	9	fenofibric acid (choline)	53
EMPLICITI	19	erythrocin (as stearate)	9	fenopufen	38
EMSAM	41	erythromycin	9, 90	FENOPROFEN	38
emtricitabine	5	erythromycin ethylsuccinate	9	fentanyl	36
emtricitabine-tenofovir (tdf)	5	erythromycin with ethanol	57	fentanyl citrate	36
EMTRIVA	5	erythromycin-benzoyl peroxide	57	FERRIPROX	62
enalapril maleate	48	ESBRIET	95	FERRIPROX (2 TIMES A	
enalapril-hydrochlorothiazide	48	escitalopram oxalate	41	DAY)	62
ENBREL	85	esomeprazole magnesium	77	FETZIMA	42
ENBREL MINI	85	esomeprazole sodium	77	FIASP FLEXTOUCH U-100	
ENBREL SURECLICK	85	estradiol	87	INSULIN	66
endocet	36	estradiol valerate	87	FIASP PENFILL U-100	
ENERGIX-B (PF)	80	estradiol-norethindrone acet	87	INSULIN	66
ENERGIX-B PEDIATRIC		ESTRING	87	FIASP U-100 INSULIN	67
(PF)	81	ethacrynate sodium	48	finasteride	99
ENHERTU	19	ethacrynic acid	48	FINTEPLA	29
enoxaparin	51	ethambutol	10	FIRDAPSE	33
enpresse	88	ethosuximide	29	FIRMAGON KIT W	
entacapone	32	etodolac	38	DILUENT SYRINGE	19
entecavir	5	etonogestrel-ethinyl estradiol	87	FIRVANQ	10
ENTRESTO	54	ETOPOPHOS	19	flac otic oil	64
enulose	74	etoposide	19	flavoxate	98
EPCLUSA	5	everolimus (antineoplastic)	19	FLEBOGAMMA DIF	81
EPIDIOLEX	29	everolimus		flecainide	46
epinastine	91	(immunosuppressive)	19	fluconazole	3
epinephrine	94	EVOTAZ	5	fluconazole in nacl (iso-osm)	3
EPIPEN	94	exemestane	19	flucytosine	3
EPIPEN 2-PAK	94	EXSERVAN	62	fludarabine	19
EPIPEN JR	94	EXTAVIA	78	fludrocortisone	65
EPIPEN JR 2-PAK	94	ezetimibe	52	flunisolide	95
epirubicin	19	ezetimibe-simvastatin	52	fluocinolone	59
epitol	29	F		fluocinolone acetonide oil	64
epplerone	48	FABRAZYME	71	fluocinolone and shower cap	59
EPOGEN	78	famciclovir	5	fluocinonide	60
ERAXIS(WATER DILUENT)		famotidine	77	fluocinonide-e	60
ERBITUX	19	famotidine (pf)	77	fluocinonide-emollient	60
ergoloid	41	famotidine (pf)-nacl (iso-os)	77	fluoride (sodium)	64, 102
		FANAPT	42	fluorometholone	93
				fluorouracil	19, 55

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fluoxetine.....	42	gavilyte-n.....	75	halobetasol propionate.....	60
fluphenazine decanoate	42	GAVRETO	19	haloperidol	42
fluphenazine hcl	42	gemcitabine	19, 20	haloperidol decanoate	42
flurbiprofen.....	38	gemfibrozil	53	haloperidol lactate	42
flurbiprofen sodium.....	92	generlac	75	HARVONI.....	5
flutamide.....	19	gengraf.....	20	HAVRIX (PF)	81
fluticasone propionate	60, 95	gentak	90	heparin (porcine)	51
fluticasone propion-salmeterol	95	gentamicin	11, 57, 90	heparin, porcine (pf)	52
fluvastatin	53	gentamicin in nacl (iso-osm) 11		HEPARIN, PORCINE (PF).....	52
fluvoxamine.....	42	GENTAMICIN IN NACL		HEPATAMINE 8%.....	101
FOLOTYN	19	(ISO-OSM).....	11	HERCEPTIN	20
fomepizole	81	gentamicin sulfate (ped) (pf) 11		HERCEPTIN HYLECTA	20
fondaparinux.....	51	GENVOYA	5	HERZUMA	20
FORFIVO XL	42	GEODON	42	HETLIOZ	42
FORTEO	84	GILENYA	33	HETLIOZ LQ	42
fosamprenavir.....	5	GILOTRIF.....	20	HIBERIX (PF).....	81
fosinopril	48	GLASSIA	62	HIZENTRA	82
fosinopril-hydrochlorothiazide	48	glatiramer.....	33	HUMATROPE	78
fosphenytoin	29	glatopa	33, 34	HUMIRA	85
FOTIVDA	19	glimepiride.....	67	HUMIRA PEN	85
FULPHILA.....	78	glipizide	67	HUMIRA PEN CROHNS-UC-	
fulvestrant.....	19	glipizide-metformin.....	67	HS START	85
furosemide.....	48	GLUCAGEN HYPOKIT	67	HUMIRA PEN PSOR-	
FUZEON	5	GLUCAGON (HCL)		UVEITS-ADOL HS	85
FYCOMPA	29	EMERGENCY KIT	67	HUMIRA(CF)	85
G		glucagon emergency kit		HUMIRA(CF) PEDI	
gabapentin	29	(human)	67	CROHNS STARTER	85
GALAFOLD	71	glycopyrrolate.....	73	HUMIRA(CF) PEN	85
galantamine	33	glycopyrrolate (pf) in water..	73	HUMIRA(CF) PEN	
GAMASTAN	81	GLYCOPYRROLATE (PF) IN		CROHNS-UC-HS.....	85
GAMASTAN S/D	81	WATER.....	73	HUMIRA(CF) PEN	
GAMMAGARD LIQUID.....	81	GLYXAMBI	67	PEDIATRIC UC.....	85
GAMMAGARD S-D (IGA).....	81	granisetron (pf)	75	HUMIRA(CF) PEN PSOR-	
GAMMAKED	81	granisetron hcl	75	UV-ADOL HS.....	85
GAMMAPLEX	81	griseofulvin microsize	3	HUMULIN R U-500 (CONC)	
GAMMAPLEX (WITH		griseofulvin ultramicrosize.....	3	INSULIN	67
SORBITOL)	81	guanidine	42	HUMULIN R U-500 (CONC)	
GAMUNEX-C	81	GVOKE HYPOPEN 1-PACK		KWIKPEN.....	67
ganciclovir sodium	5	.....	67	hydralazine	49
GARDASIL 9 (PF).....	81	GVOKE HYPOPEN 2-PACK		hydrochlorothiazide	49
gatifloxacin.....	90	.....	67	hydrocodone-acetaminophen	36
GATTEX 30-VIAL	74	GVOKE PFS 1-PACK		hydrocodone-ibuprofen	36
GATTEX ONE-VIAL.....	74	SYRINGE.....	67	hydrocortisone	60, 65, 75
GAUZE PAD	67	GVOKE PFS 2-PACK		hydrocortisone butyrate	60
gavilyte-c.....	74	SYRINGE.....	67	hydrocortisone butyr-emollient	
gavilyte-g.....	74	H		.....	60
		HAEGARDA.....	95	hydrocortisone valerate	60
		HALAVEN.....	20	hydrocortisone-acetic acid....	64

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hydromorphone	36	INVEGA TRINZA	43	JUXTAPID	53
hydroxychloroquine	11	INVIRASE	5	JYNARQUE	72
hydroxyprogesterone caproate	87	INVOKAMET	68	K	
hydroxyurea	20	INVOKAMET XR	68	KADCYLA	21
hydroxyzine hcl	94	INVOKANA	68	kaitlib fe	88
I		IONOSOL-MB IN D5W	101	KALETRA	5
ibandronate	84	IPOL	82	KALYDECO	96
IBRANCE	20	ipratropium bromide	64, 96	KANJINTI	21
ibu	38	ipratropium-albuterol	96	kariva (28)	88
ibuprofen	38	irbesartan	49	kelnor 1/35 (28)	88
icatibant	96	irbesartan-hydrochlorothiazide	49	kelnor 1-50 (28)	89
ICLUSIG	20	IRESSA	21	KEPIVANCE	15
icosapent ethyl	53	irinotecan	21	KESIMPTA PEN	34
idarubicin	20	ISENTRESS	5	ketoconazole	3, 58
IDHIFA	20	ISENTRESS HD	5	ketoprofen	38
ifosfamide	20	ISOLYTE S PH 7.4	101	ketorolac	92
ILARIS (PF)	79	ISOLYTE-P IN 5 % DEXTROSE	101	KEYTRUDA	21
imatinib	20	ISOLYTE-S	101	KINRIX (PF)	82
IMBRUVICA	20	isoniazid	11	KISQALI	21
IMFINZI	20	isosorbide dinitrate	54	KISQALI FEMARA CO-PACK	21
imipenem-cilastatin	11	isosorbide mononitrate	54	klor-con 10	99
imipramine hcl	43	isotretinoin	57	klor-con 8	99
imiquimod	55	isradipine	49	klor-con m10	99
IMOVAX RABIES VACCINE (PF)	82	ISTODAX	21	klor-con m15	99
INBRIJA	32	ISTURISA	71	klor-con m20	99
INCRELEX	62	itraconazole	3	KORLYM	72
INCRUSE ELLIPTA	96	ivermectin	11, 61	KRINTAFEL	11
indapamide	49	IXEMPRA	21	KUVAN	72
INFANRIX (DTAP) (PF)	82	IXIARO (PF)	82	KYNMOBI	32
INFLECTRA	75	J		KYPROLIS	21
INFUGEM	20	JAKAFI	21	L	
INGREZZA	34	jantoven	52	labetalol	49
INGREZZA INITIATION PACK	34	JANUMET	68	LACRISERT	91
INLYTA	20	JANUMET XR	68	lactated ringers	61, 100
INQOVI	20	JANUVIA	68	lactulose	75
INREBIC	21	JARDIANCE	68	lamivudine	5, 6
INSULIN PEN NEEDLE	67	JENTADUETO	68	lamivudine-zidovudine	6
INSULIN SYRINGE (DISP) U-100	67	JENTADUETO XR	68	lamotrigine	29, 30
INTELENCE	5	JEVTANA	21	lansoprazole	77
intralipid	101	juleber	88	LANTUS SOLOSTAR U-100 INSULIN	68
INTRALIPID	101	JULUCA	5	LANTUS U-100 INSULIN	68
INTRON A	79	june1 1.5/30 (21)	88	lapatinib	21
introvale	88	june1 1/20 (21)	88	latanoprost	92
INVEGA SUSTENNA	43	june1 fe 1.5/30 (28)	88	LATUDA	43
		june1 fe 1/20 (28)	88	layolis fe	89
		june1 fe 24	88	ledipasvir-sofosbuvir	6

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leflunomide.....	86	LONHALA MAGNAIR		MAYZENT STARTER PACK	
LENVIMA	21	REFILL	96	34
lessina	89	LONHALA MAGNAIR		meclizine.....	75
letrozole.....	21	STARTER	96	meclofenamate.....	38
leucovorin calcium	15	LONSURF.....	21	medroxyprogesterone	87
LEUKERAN	21	loperamide	73	mefenamic acid.....	38
LEUKINE.....	79	lopinavir-ritonavir	6	mefloquine	11
leuprolide.....	21	lorazepam	43	megestrol	22
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valganciclovir	7	vinorelbine	27	YERVOY	28
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.....	31	VITRAKVI	27	YUPELRI	98
valrubicin	26	VIZIMPRO	27	Z	
valsartan	51	voriconazole	3	zafemy	88
valsartan-hydrochlorothiazide		VOSEVI	7	zafirlukast	98
.....	51	VOTRIENT	27	zaleplon	46
VALTOCO	31	VRAYLAR	46	ZALTRAP	28
vancomycin	12, 13	VUMERITY	35	ZANOSAR	28
VANCOMYCIN	12	vyfemla (28)	90	ZARXIO	80
VANCOMYCIN IN 0.9 %		VYNDAMAX	54	ZEJULA	28
SODIUM CHL	12	VYNDAQEL	54	ZELBORAF	28
VANCOMYCIN IN		VYXEOS	27	ZEMAIRA	63
DEXTROSE 5 %	12	W		zenatane	57
VANCOMYCIN-WATER		warfarin	52	ZENPEP	77
INJECT (PEG)	13	water for irrigation, sterile	63	zenzedi	46

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

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ZENZEDI.....	46	ziprasidone mesylate	46	ZOSTAVAX (PF)	83
ZEPOSIA	35	ZIRABEV	28	zovia 1/35e (28)	90
ZEPOSIA STARTER KIT ...	35	ZIRGAN	91	zovia 1-35 (28)	90
ZEPOSIA STARTER PACK	35	zoledronic acid	73	ZUBSOLV	39
ZEPZELCA	28	zoledronic acid-mannitol-water	63, 73	ZYDELIG	28
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ZIEXTENZO	80	zolmitriptan	33	ZYKADIA	28
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ZIOPTAN (PF)	92	zonisamide	31	ZYTIGA	28
ziprasidone hcl	46	ZORTRESS	28		

You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.



Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries SecurityCare of Tennessee, Inc. and Volunteer State Health Plan, Inc. also doing business as BlueCare Tennessee, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact Member Service at the number on the back of your Member ID card or call **1-888-851-2583**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi Language Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-851-2583, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-888-851-2583, TTY 711.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-851-2583, TTY 711。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-851-2583, TTY 711.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-851-2583, TTY 711 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-851-2583, ATS 711.

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-851-2583, TTY 711.

ማስታወሻ: የማናንዲት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-851-2583, መስማት ለተሳናቸው 711.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-851-2583, TTY 711.

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-851-2583, TTY 711

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。888-851-2583, TTY 711 まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-851-2583, TTY 711.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-851-2583 , TTY 711 पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-851-2583, телетайп 711.

توجه: اگر به زبان فارسی صحبت می کنید خدمات زبان و ترجمه به صورت رایگان برایتان فراهم می گردد. با 1-888-851-2583, TTY 711 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-851-2583, TTY 711.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-851-2583, TTY 711.

ATENÇÃO: se fala português, encontram-se disponíveis serviços linguísticos grátis. Ligue para 1-888-851-2583, TTY 711.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-851-2583, TTY 711.

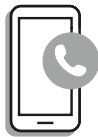
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We have made no changes to this formulary since 07/01/21.

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FROM 8 A.M. TO 9 P.M. ET. FROM **APRIL 1**
TO **SEPT. 30**, M-F FROM 8 A.M. TO 9 P.M. ET.**

