



Anthem Blue Cross MediBlue Rx Plus (PDP)

2025 Formulary

List of covered drugs or "Drug List"

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 1/1/2025. For more recent information or other questions, please contact Anthem Blue Cross MediBlue Rx Plus (PDP) Pharmacy Customer Service, at **1-833-348-5281** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com/ca**.

Note to existing members:

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

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

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

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

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

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

Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a brand-name drug from our formulary if we are replacing it with a new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

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

The enclosed formulary is current as of 1/1/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the formulary?

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

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

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

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

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

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

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

You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term-care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Pharmacy Member Services to ask

for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please refer to the Evidence of Coverage for more information about exceptions.

For more information

For more detailed information about our plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Our plan's formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-348-5281, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit www.anthem.com/ca.

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

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

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

Cost-Sharing Tier 1: Preferred Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$0.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$4.00
Cost-Sharing Tier 2: Generic	
Network Pharmacy with preferred cost-sharing (30-day supply)	\$4.00
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	\$8.00
Cost-Sharing Tier 3: Preferred Brand	
Network Pharmacy with preferred cost-sharing (30-day supply) You pay \$35.00 per month for each covered insulin product on this tier.	15%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) You pay \$35.00 per month for each covered insulin product on this tier.	15%
Cost-Sharing Tier 4: Non-Preferred Drug	
Network Pharmacy with preferred cost-sharing (30-day supply)	37%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	37%
Cost-Sharing Tier 5: Specialty Tier*	
Network Pharmacy with preferred cost-sharing (30-day supply)	31%
Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)	31%

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

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

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

Covered Medications by Therapeutic Category

Legend

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

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

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

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

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

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

LA – Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Pharmacy Customer Service at 1-833-348-5281, TTY/TDD users should call 711, 24 hours a day, 7 days a week or visit www.anthem.com/ca.

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Analgesics And Anti-Inflammatory Agents			<i>celecoxib oral capsule 400 mg</i>	2	QL (30 per 30 days); MO
<i>acetaminophen-codeine #2</i>	2	QL (180 per 30 days); NEDS	<i>colchicine oral tablet</i>	4	
<i>acetaminophen-codeine #3</i>	2	QL (180 per 30 days); NEDS	<i>colchicine-probenecid</i>	2	MO
<i>acetaminophen-codeine #4</i>	2	QL (180 per 30 days); NEDS	<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>acetaminophen-codeine oral solution</i>	2	QL (900 per 30 days); NEDS	<i>diclofenac sodium external gel 1 %</i>	3	QL (1000 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	QL (180 per 30 days); NEDS	<i>diclofenac sodium external solution 1.5 %</i>	4	QL (300 per 30 days)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	<i>diclofenac sodium oral</i>	1	MO
<i>butorphanol tartrate injection</i>	4		<i>diflunisal oral</i>	2	MO
<i>butorphanol tartrate nasal</i>	4	QL (5 per 30 days); NEDS	<i>ec-naproxen</i>	2	MO
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (60 per 30 days); MO	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	4	QL (180 per 30 days); NEDS
			<i>etodolac er</i>	2	MO
			<i>etodolac oral</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat</i>	4	ST; MO
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg</i>	4	PA; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
GLYDO EXTERNAL PREFILLED SYRINGE	2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (50 per 10 days); NEDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	
IBU	1	MO
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>lidocaine external ointment 5 %</i>	4	PA; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine hcl external solution</i>	4	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal external gel</i>	3	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 per 30 days)
<i>meloxicam oral tablet</i>	1	MO
METHADONE HCL INTENSOL	3	QL (180 per 30 days); NEDS
<i>methadone hcl oral concentrate</i>	3	QL (180 per 30 days); NEDS
<i>methadone hcl oral solution</i>	2	QL (900 per 30 days); NEDS
<i>methadone hcl oral tablet</i>	2	PA; QL (180 per 30 days); NEDS
METHADOSE SUGAR-FREE	3	QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	2	QL (180 per 30 days); NEDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 4 mg/ml, 8 mg/ml</i>	4	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml</i>	3	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 8 mg/ml</i>	4	
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	4	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (90 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	3	
<i>morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml, 8 mg/ml</i>	4	
<i>morphine sulfate intravenous solution 4 mg/ml</i>	3	
<i>morphine sulfate oral solution</i>	4	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	2	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet delayed release</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>oxycodone hcl oral capsule</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	4	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	2	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	QL (180 per 30 days); NEDS
<i>piroxicam oral</i>	4	MO
<i>probenecid oral</i>	4	MO
<i>sulindac oral</i>	2	MO
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	2	QL (40 per 5 days); NEDS

Antineoplastics

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

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA; QL (120 per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	4	PA; QL (60 per 30 days)
AKEEGA	5	PA; QL (60 per 30 days)
ALECENSA	5	PA; QL (240 per 30 days); LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); LA
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
AUGTYRO	5	PA; QL (240 per 30 days)
AYVAKIT	5	PA; QL (30 per 30 days); LA
<i>azacitidine</i>	5	PA; LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); LA
BESREMI	5	PA; LA
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days)
<i>bicalutamide</i>	2	QL (30 per 30 days)
<i>bortezomib injection solution reconstituted 1 mg</i>	5	PA
<i>bortezomib injection solution reconstituted 2.5 mg</i>	4	PA
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); LA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); LA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); LA
BRUKINSA	5	PA; QL (120 per 30 days); LA
CABOMETYX	5	PA; QL (30 per 30 days); LA
CALQUENCE	5	PA; QL (60 per 30 days); LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); LA
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); LA
COPIKTRA	5	PA; QL (60 per 30 days); LA
COTELLIC	5	PA; QL (90 per 30 days); LA
<i>cyclophosphamide oral capsule</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); LA
<i>doxorubicin hcl intravenous solution reconstituted 50 mg</i>	4	B/D PA
EMCYT	4	
ERIVEDGE	5	PA; QL (30 per 30 days); LA
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); LA
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
<i>everolimus oral tablet soluble</i>	5	PA
<i>exemestane</i>	4	QL (60 per 30 days); MO
EXKIVITY	5	PA; QL (120 per 30 days); LA
FOTIVDA	5	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); LA
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); LA
<i>fulvestrant intramuscular solution prefilled syringe</i>	4	PA
GAVRETO	5	PA; QL (120 per 30 days); LA
<i>gefitinib</i>	5	PA; QL (60 per 30 days)
GILOTRIF	5	PA; QL (30 per 30 days); LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
<i>hydroxyurea oral</i>	2	
IBRANCE	5	PA; QL (21 per 28 days); LA
ICLUSIG	5	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); LA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); LA
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); LA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA; QL (30 per 30 days); LA	LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); LA	LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); LA	LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
INQOVI	5	PA; QL (5 per 28 days); LA	LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA
INREBIC	5	PA; QL (120 per 30 days); LA	LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA
IWILFIN	5	PA; QL (240 per 30 days)	LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); LA
JAKAFI	5	PA; QL (60 per 30 days); LA	<i>letrozole oral</i>	2	QL (30 per 30 days); MO
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)	<i>leucovorin calcium injection solution reconstituted</i>	4	B/D PA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)	<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg</i>	2	
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days)	<i>leucovorin calcium oral tablet 25 mg</i>	4	
KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days)	LEUKERAN	4	
KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days)	<i>leuprolide acetate (3 month)</i>	4	PA
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days)	<i>leuprolide acetate injection</i>	4	PA
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days)	LONSURF	5	PA
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days)	LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); LA
KRAZATI	5	PA; QL (180 per 30 days)	LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); LA
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days)	LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); LA
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); LA	LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); LA	LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA; QL (1 per 28 days)
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); LA	LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); LA
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); LA	LYSODREN	5	
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); LA	LYTGOBI (12 MG DAILY DOSE)	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE)	5	PA
LYTGOBI (20 MG DAILY DOSE)	5	PA
MATULANE	5	LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	4	PA
<i>megestrol acetate oral tablet</i>	2	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); LA
MEKTOVI	5	PA; QL (180 per 30 days); LA
<i>mercaptopurine oral</i>	4	
MESNEX ORAL	4	
NERLYNX	5	PA; QL (180 per 30 days); LA
<i>nilutamide</i>	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days)
NUBEQA	5	PA; QL (120 per 30 days); LA
ODOMZO	5	PA; QL (30 per 30 days); LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days)
OJJAARA	5	PA; QL (30 per 30 days); LA
ONUREG	4	PA; QL (14 per 28 days); LA

Drug Name	Drug Tier	Requirements/Limits
ORGOVYX	5	PA; QL (30 per 28 days); LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>pazopanib hcl</i>	5	PA; QL (120 per 30 days)
PEMAZYRE	5	PA; QL (14 per 21 days); LA
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
POMALYST	5	PA; QL (21 per 28 days); LA
PURIXAN	5	PA
QINLOCK	5	PA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days); LA
<i>romidepsin intravenous solution reconstituted</i>	5	
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); LA
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); LA
RUBRACA	5	PA; QL (120 per 30 days); LA
RYDAPT	5	PA; QL (240 per 30 days)
RYLAZE	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX	4	MO
<i>sorafenib tosylate</i>	5	PA; QL (120 per 30 days)
SPRYCEL	5	PA; QL (30 per 30 days)
STIVARGA	5	PA; QL (84 per 28 days); LA
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days)
TABLOID	4	
TABRECTA	5	PA; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)
TAGRISSE	5	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); LA
<i>tamoxifen citrate oral</i>	2	MO
TASIGNA	5	PA; QL (112 per 28 days)
TAZVERIK	5	PA; QL (240 per 30 days); LA
TECVAYLI	5	PA
TEPMETKO	5	PA; QL (60 per 30 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days)
TIBSOVO	5	PA; QL (60 per 30 days); LA
<i>toremifene citrate</i>	4	QL (30 per 30 days)
<i>tretinoin oral</i>	5	
TRUQAP	5	PA; QL (64 per 28 days)
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 per 28 days); LA

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 per 28 days); LA
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 per 28 days); LA
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 per 28 days); LA
TUKYSA	5	PA; QL (120 per 30 days); LA
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); LA
VANFLYTA	5	PA; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); LA
VENCLEXTA STARTING PACK	5	PA; LA
VERZENIO	5	PA; QL (56 per 28 days); LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); LA
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); LA
VIZIMPRO	5	PA; QL (30 per 30 days); LA
VONJO	5	PA; QL (120 per 30 days); LA
WELIREG	5	PA; QL (90 per 30 days); LA
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days); LA
XOSPATA	5	PA; QL (90 per 30 days); LA

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); LA
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); LA
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); LA
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
ZEJULA ORAL CAPSULE	5	PA; QL (90 per 30 days); LA
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days)
ZELBORAF	5	PA; QL (240 per 30 days); LA
ZOLINZA	5	PA; QL (120 per 30 days)
ZYDELIG	5	PA; QL (60 per 30 days); LA
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); LA
Blood Products And Modifiers		
<i>anagrelide hcl oral capsule 0.5 mg</i>	3	MO
<i>anagrelide hcl oral capsule 1 mg</i>	4	MO
<i>aspirin-dipyridamole er</i>	4	ST; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
BRILINTA	4	QL (60 per 30 days); MO
<i>cilostazol</i>	2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days); MO
<i>dabigatran etexilate mesylate</i>	4	QL (60 per 30 days); MO
<i>dipyridamole oral</i>	2	PA; MO
DROXIA	3	MO
ELIQUIS	3	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ENDARI	5	PA; LA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (33.6 per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	4	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	4	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days)
HAEGARDA	5	PA; LA
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	4	B/D PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	2	B/D PA
<i>heparin sodium (porcine) injection solution 20000 unit/ml, 5000 unit/ml</i>	4	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	3	B/D PA
<i>icatibant acetate</i>	5	PA
<i>jantoven</i>	1	MO
<i>l-glutamine oral packet</i>	5	
<i>pentoxifylline er</i>	2	MO
<i>plerixafor</i>	4	PA
<i>prasugrel hcl</i>	4	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); LA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); LA
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); LA
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tranexamic acid oral</i>	2	
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days); MO
XARELTO STARTER PACK	3	
ZARXIO	5	PA
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	2	MO
<i>acetazolamide oral</i>	2	MO
<i>aliskiren fumarate</i>	4	MO
<i>amiloride hcl oral</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amiodarone hcl intravenous</i>	4	B/D PA
<i>amiodarone hcl oral</i>	2	MO
<i>amlodipine besy-benazepril hcl</i>	1	QL (30 per 30 days); MO
<i>amlodipine besylate oral</i>	1	MO
<i>amlodipine besylate-valsartan</i>	2	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	4	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	2	QL (30 per 30 days); MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium oral	1	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril-hydrochlorothiazide	2	QL (30 per 30 days); MO
betaxolol hcl oral	2	MO
bisoprolol fumarate oral	2	MO
bisoprolol-hydrochlorothiazide	2	MO
bumetanide injection	4	
bumetanide oral	2	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	2	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	2	QL (30 per 30 days); MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg	4	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	4	QL (30 per 30 days); MO
captopril oral tablet 100 mg	4	QL (120 per 30 days); MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	4	QL (90 per 30 days); MO
captopril-hydrochlorothiazide oral tablet 25-25 mg, 50-15 mg, 50-25 mg	3	QL (60 per 30 days); MO
CARTIA XT	2	MO
carvedilol	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
cholestyramine light oral packet	4	MO
cholestyramine light oral powder	3	MO
cholestyramine oral packet	4	MO
cholestyramine oral powder	3	MO
clonidine	4	QL (4 per 28 days); MO
clonidine hcl oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl	4	MO
colestipol hcl	4	MO
CORLANOR ORAL TABLET	4	PA; QL (60 per 30 days); MO
DIGITEK ORAL TABLET 125 MCG	2	QL (30 per 30 days); MO
DIGITEK ORAL TABLET 250 MCG	2	PA; QL (60 per 30 days); MO
digox oral tablet 125 mcg	2	QL (30 per 30 days); MO
digox oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO
digoxin injection	4	PA
digoxin oral solution	4	MO
digoxin oral tablet 125 mcg	2	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	2	PA; QL (60 per 30 days); MO
dilt-xr	2	MO
diltiazem hcl er beads	2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	MO
diltiazem hcl er oral capsule extended release 12 hour	4	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	MO
diltiazem hcl intravenous solution	4	
diltiazem hcl intravenous solution reconstituted	4	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral	2	MO
dofetilide	4	
doxazosin mesylate oral	1	MO
droxidopa oral capsule 100 mg	4	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days)
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide	1	QL (60 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days); MO
eplerenone	4	MO
ezetimibe	2	QL (30 per 30 days); MO
ezetimibe-simvastatin	2	PA; QL (30 per 30 days); MO
felodipine er	2	MO
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	MO
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	MO
fenofibric acid oral capsule delayed release	2	MO
flecainide acetate	2	MO
fluvastatin sodium	4	QL (60 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	2	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	2	QL (120 per 30 days); MO
furosemide injection	4	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
furosemide oral tablet	1	MO
gemfibrozil oral	1	MO
guanfacine hcl oral	2	PA; MO
hydralazine hcl injection	4	
hydralazine hcl oral	1	MO
hydrochlorothiazide oral	1	MO
icosapent ethyl	4	MO
indapamide oral	1	MO
irbesartan	1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
isosorbide mononitrate	2	MO
isosorbide mononitrate er	1	MO
isradipine	4	MO
ivabradine hcl	4	PA; QL (60 per 30 days); MO
labetalol hcl intravenous solution	4	
labetalol hcl oral	2	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
losartan potassium-hctz	1	QL (30 per 30 days); MO
lovastatin oral	1	QL (60 per 30 days); MO
MATZIM LA	4	MO
metolazone	2	MO
metoprolol succinate er	1	MO
metoprolol tartrate intravenous solution 5 mg/5ml	4	
metoprolol tartrate oral	1	MO
metoprolol-hydrochlorothiazide	2	MO
metyrosine	5	
midodrine hcl	4	
minoxidil oral	2	MO
moexipril hcl	2	MO
MULTAQ	4	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	MO
nebivolol hcl	4	MO
niacin er (antihyperlipidemic)	4	MO
nicardipine hcl intravenous	4	
nifedipine er	2	MO
nifedipine er osmotic release	2	MO
nimodipine oral	4	
NITRO-BID	3	MO
nitroglycerin intravenous	4	B/D PA
nitroglycerin sublingual	2	MO
nitroglycerin transdermal patch 24 hour	2	MO
olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO
olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); MO
olmesartan medoxomil-hctz	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
olmesartan-amlodipine-hctz	4	QL (30 per 30 days); MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
perindopril erbumine	2	MO
pindolol	4	MO
pitavastatin calcium	4	QL (30 per 30 days); MO
pravastatin sodium	1	QL (30 per 30 days); MO
prazosin hcl oral	2	MO
prevalite oral packet	4	MO
prevalite oral powder	3	MO
propafenone hcl	2	MO
propranolol hcl er	2	MO
propranolol hcl intravenous	4	
propranolol hcl oral solution	2	MO
propranolol hcl oral tablet	1	MO
quinapril hcl	1	MO
quinapril-hydrochlorothiazide	2	QL (60 per 30 days); MO
quinidine sulfate oral	4	MO
ramipril	1	MO
ranolazine er	4	PA; QL (60 per 30 days); MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
rosuvastatin calcium oral	2	QL (30 per 30 days); MO
simvastatin oral tablet	1	QL (30 per 30 days); MO
SORINE	2	MO
sotalol hcl (af)	2	MO
sotalol hcl oral	2	MO
spironolactone oral tablet	2	MO
spironolactone-hctz	2	MO
TAZTIA XT	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
telmisartan oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	2	QL (60 per 30 days); MO
telmisartan-amlodipine	2	QL (30 per 30 days); MO
terazosin hcl oral	1	MO
TIADYLT ER	2	MO
timolol maleate oral	2	MO
torseamide oral	2	MO
trandolapril	1	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	1	MO
valsartan oral tablet 160 mg	2	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	2	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO
VASCEPA	4	MO
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	4	MO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	MO
verapamil hcl er oral tablet extended release	2	MO
verapamil hcl intravenous	4	
verapamil hcl oral	1	MO
VERQUVO	4	PA; MO
Central Nervous System Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO
acamprosate calcium	4	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days); MO
alprazolam oral tablet	1	QL (90 per 30 days)
amantadine hcl oral capsule	3	MO
amantadine hcl oral solution	2	MO
amantadine hcl oral tablet	4	MO
amitriptyline hcl oral	2	MO
amoxapine	2	PA; MO
amphetamine-dextroamphetamine er	4	PA; QL (30 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO
APTIOM	4	ST; MO
aripiprazole oral solution	4	QL (900 per 30 days); MO
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	4	MO
aripiprazole oral tablet 20 mg, 30 mg	4	QL (30 per 30 days); MO
aripiprazole oral tablet dispersible 10 mg	4	QL (90 per 30 days); MO
aripiprazole oral tablet dispersible 15 mg	4	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	4	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO
<i>armodafinil oral tablet 150 mg, 200 mg</i>	4	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 250 mg</i>	3	PA; QL (30 per 30 days); MO
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	QL (60 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	4	QL (240 per 30 days); MO
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	4	QL (120 per 30 days); MO
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 per 30 days); MO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 per 30 days); MO
AUVELITY	4	PA; QL (60 per 30 days); MO
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	2	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate injection</i>	4	PA
<i>benztropine mesylate oral</i>	2	PA; MO
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO
<i>bromocriptine mesylate oral</i>	4	MO
<i>buprenorphine hcl injection</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	4	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	4	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	4	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	2	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 per 30 days); MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 per 30 days); MO
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (135 per 30 days); MO
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 per 30 days); MO
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	
<i>bupirone hcl oral tablet 30 mg</i>	2	
CAPLYTA	4	QL (30 per 30 days); MO
<i>carbamazepine er</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet chewable</i>	2	MO
<i>carbidopa oral</i>	4	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible</i>	4	MO
<i>carisoprodol oral tablet 350 mg</i>	2	
<i>chlordiazepoxide hcl</i>	2	QL (120 per 30 days)
<i>chlorpromazine hcl injection</i>	4	
<i>chlorpromazine hcl oral</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide oral solution</i>	4	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	4	PA; QL (480 per 30 days); MO
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	4	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	2	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	2	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	2	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	2	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	QL (120 per 30 days); MO
<i>clorazepate dipotassium</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet 50 mg	2	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	4	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	4	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	4	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	4	QL (1080 per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	PA
dalfampridine er	3	PA; QL (60 per 30 days)
dantrolene sodium oral	4	
desipramine hcl oral	4	PA; MO
desvenlafaxine succinate er	4	MO
dexmethylphenidate hcl	4	QL (60 per 30 days); MO
dextroamphetamine sulfate oral tablet 10 mg	4	QL (180 per 30 days); MO
dextroamphetamine sulfate oral tablet 5 mg	4	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA
DIAZEPAM INTENSOL	4	QL (240 per 30 days)
diazepam oral concentrate	4	QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	4	QL (1200 per 30 days)
diazepam oral tablet 10 mg	2	QL (120 per 30 days)
diazepam oral tablet 2 mg	2	QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
diazepam oral tablet 5 mg	2	QL (240 per 30 days)
diazepam rectal	4	
dihydroergotamine mesylate nasal	4	PA; QL (8 per 28 days)
DILANTIN INFATABS	3	PA; MO
DILANTIN ORAL CAPSULE 30 MG	4	PA; MO
dimethyl fumarate oral capsule delayed release 120 mg	5	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	5	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	5	PA
disulfiram oral tablet 250 mg	3	MO
disulfiram oral tablet 500 mg	4	MO
divalproex sodium er oral tablet extended release 24 hour	2	MO
divalproex sodium oral capsule delayed release sprinkle	2	MO
divalproex sodium oral tablet delayed release	2	MO
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet 23 mg	1	ST; QL (30 per 30 days); MO
donepezil hcl oral tablet dispersible	2	QL (30 per 30 days); MO
doxepin hcl oral capsule	2	PA; MO
doxepin hcl oral concentrate	2	PA; MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 per 30 days); MO
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 per 30 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO
<i>entacapone</i>	4	MO
EPIDIOLEX	4	PA; LA
EPITOL	4	MO
EPRONTIA	4	PA; MO
ERGOMAR	4	
<i>ergotamine-caffeine</i>	3	
<i>escitalopram oxalate oral solution</i>	4	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	2	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL (120 per 30 days); MO
<i>ethosuximide oral capsule</i>	3	MO
<i>ethosuximide oral solution</i>	4	MO
FANAPT ORAL TABLET 1 MG	4	PA; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	PA
<i>felbamate</i>	4	MO
FETZIMA	4	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	4	PA
<i>fingolimod hcl</i>	4	PA; QL (30 per 30 days)
FINTEPLA	4	PA; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	1	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days); MO
<i>fluoxetine hcl oral solution</i>	2	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	4	MO
<i>fluvoxamine maleate oral tablet 100 mg</i>	2	QL (90 per 30 days); MO
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO
FYCOMPA ORAL TABLET	4	PA; QL (30 per 30 days); MO
<i>gabapentin oral capsule 100 mg</i>	2	QL (1080 per 30 days); MO
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 per 30 days); MO
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 per 30 days); MO
<i>gabapentin oral solution</i>	4	QL (2160 per 30 days); MO
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 per 30 days); MO
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 per 30 days); MO
<i>galantamine hydrobromide er</i>	4	QL (30 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide oral solution</i>	4	QL (200 per 30 days); MO
<i>galantamine hydrobromide oral tablet</i>	4	QL (60 per 30 days); MO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)
<i>guanfacine hcl er</i>	2	QL (30 per 30 days); MO
<i>haloperidol decanoate intramuscular</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral</i>	2	MO
<i>imipramine hcl oral</i>	2	PA; MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days)
<i>lacosamide intravenous</i>	4	
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	4	QL (60 per 30 days); MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet chewable</i>	2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (180 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam er oral tablet extended release 24 hour 750 mg	2	QL (120 per 30 days); MO
levetiracetam intravenous	4	
levetiracetam oral	2	MO
LIBERVANT	4	QL (10 per 30 days)
lithium	4	MO
lithium carbonate er	2	MO
lithium carbonate oral capsule	1	MO
lithium carbonate oral tablet	2	MO
LORAZEPAM INTENSOL	2	QL (150 per 30 days)
lorazepam oral concentrate	2	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (90 per 30 days)
lorazepam oral tablet 2 mg	2	QL (150 per 30 days)
loxapine succinate oral	2	MO
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO
MARPLAN	4	MO
memantine hcl er	4	PA; QL (30 per 30 days); MO
memantine hcl oral solution 2 mg/ml	4	PA; QL (300 per 30 days); MO
memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); MO
memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); MO
methsuximide	4	MO
methylphenidate hcl er oral tablet extended release	4	PA; QL (90 per 30 days); MO
methylphenidate hcl oral tablet 10 mg, 20 mg	4	PA; QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet 5 mg	3	PA; QL (90 per 30 days); MO
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	2	MO
mirtazapine oral tablet 45 mg	2	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	2	QL (30 per 30 days); MO
modafinil oral tablet 100 mg	4	PA; QL (30 per 30 days); MO
modafinil oral tablet 200 mg	4	PA; QL (60 per 30 days); MO
molindone hcl	4	MO
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution 4 mg/10ml	4	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
naloxone hcl nasal	4	
naltrexone hcl oral	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	MO
naratriptan hcl	2	QL (9 per 30 days)
NAYZILAM	4	PA
nefazodone hcl	4	MO
NICOTROL	4	
NICOTROL NS	4	QL (120 per 30 days)
nortriptyline hcl oral	2	MO
NUEDEXTA	4	PA; QL (60 per 30 days); MO
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA
NURTEC	4	PA; QL (16 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
olanzapine intramuscular	4	QL (90 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	4	MO
olanzapine oral tablet 20 mg	4	QL (30 per 30 days); MO
olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	4	MO
olanzapine oral tablet dispersible 20 mg	4	QL (30 per 30 days); MO
oxazepam	4	QL (120 per 30 days)
oxcarbazepine oral suspension	4	MO
oxcarbazepine oral tablet	2	MO
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days); MO
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 per 30 days); MO
paroxetine hcl oral suspension	4	QL (900 per 30 days); MO
paroxetine hcl oral tablet 10 mg, 40 mg	2	QL (45 per 30 days); MO
paroxetine hcl oral tablet 20 mg	2	QL (30 per 30 days); MO
paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days); MO
perphenazine oral	4	MO
perphenazine-amitriptyline	4	PA; MO
PERSERIS	4	QL (1 per 28 days); MO
phenelzine sulfate oral	3	MO
phenobarbital oral elixir	4	PA; QL (3000 per 30 days); MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	4	PA; QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
phenobarbital oral tablet 16.2 mg, 32.4 mg	4	PA; QL (210 per 30 days); MO
PHENYTOIN INFATABS	2	MO
phenytoin oral	2	MO
phenytoin sodium extended	2	MO
pimozide	4	MO
pramipexole dihydrochloride	1	MO
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	MO
pregabalin oral capsule 200 mg	4	QL (90 per 30 days); MO
pregabalin oral capsule 225 mg, 300 mg	4	QL (60 per 30 days); MO
pregabalin oral solution	4	QL (900 per 30 days); MO
primidone oral	2	MO
protriptyline hcl	4	PA; MO
pyridostigmine bromide oral tablet 60 mg	3	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	QL (30 per 30 days); MO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	4	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 100 mg	2	QL (240 per 30 days); MO
quetiapine fumarate oral tablet 150 mg	2	QL (150 per 30 days); MO
quetiapine fumarate oral tablet 200 mg	2	QL (120 per 30 days); MO
quetiapine fumarate oral tablet 25 mg	2	QL (960 per 30 days); MO
quetiapine fumarate oral tablet 300 mg	2	QL (80 per 30 days); MO
quetiapine fumarate oral tablet 400 mg	2	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 50 mg	2	QL (480 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate oral</i>	4	MO
REGONOL INTRAVENOUS	4	
REXULTI	4	PA; QL (30 per 30 days); MO
<i>riluzole</i>	4	
<i>risperidone microspheres er</i>	4	QL (2 per 28 days)
<i>risperidone oral solution</i>	4	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	2	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	2	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	2	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	2	QL (240 per 30 days); MO
<i>risperidone oral tablet 3 mg, 4 mg</i>	2	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	4	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	4	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 per 30 days); MO
<i>rivastigmine</i>	4	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	4	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	4	QL (12 per 30 days)
<i>ropinirole hcl</i>	2	MO
ROWEEPRA ORAL TABLET 500 MG	2	MO
<i>rufinamide oral suspension</i>	4	PA; QL (2400 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days); MO
RYTARY	4	MO
SAVELLA	4	PA; QL (60 per 30 days); MO
SAVELLA TITRATION PACK	4	PA
SECUADO	4	PA; QL (30 per 30 days); MO
<i>selegiline hcl oral</i>	3	MO
<i>sertraline hcl oral concentrate</i>	4	QL (300 per 30 days); MO
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days); MO
<i>sodium oxybate</i>	5	PA; QL (540 per 30 days); LA
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO
SUBVENITE	2	PA; MO
<i>sumatriptan succinate oral</i>	2	QL (9 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO
<i>tasimelteon</i>	5	PA; QL (30 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 per 30 days)
<i>teriflunomide</i>	5	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; QL (120 per 30 days)
thioridazine hcl oral	2	MO
thiothixene oral	4	MO
tiagabine hcl	4	MO
tizanidine hcl oral tablet	2	
topiramate oral	2	MO
tranylcypromine sulfate	4	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone hcl oral tablet 300 mg	2	MO
trifluoperazine hcl oral	2	MO
trihexyphenidyl hcl oral solution	4	PA; MO
trihexyphenidyl hcl oral tablet	2	MO
trimipramine maleate oral	4	MO
TRINTELLIX	4	QL (30 per 30 days); MO
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	4	
valproic acid oral capsule	2	MO
valproic acid oral solution	2	MO
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
varenicline tartrate (starter)	4	PA
varenicline tartrate oral tablet 0.5 mg	4	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	4	PA; QL (56 per 28 days)
venlafaxine hcl	2	QL (90 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
VERSACLOZ	4	QL (600 per 30 days)
vigabatrin oral packet	5	PA; QL (150 per 25 days); LA
vigabatrin oral tablet	5	PA; QL (180 per 30 days); LA
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); LA
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)
VIGPODER	5	PA; QL (150 per 25 days)
vilazodone hcl	4	QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	4	PA; QL (30 per 30 days); MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK	4	PA; QL (56 per 365 days)
zaleplon oral capsule 10 mg	2	QL (60 per 30 days)
zaleplon oral capsule 5 mg	2	QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg	4	QL (240 per 30 days); MO
ziprasidone hcl oral capsule 40 mg	4	QL (120 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl oral capsule 60 mg, 80 mg	4	QL (60 per 30 days); MO
ziprasidone mesylate	4	QL (6 per 3 days)
zolpidem tartrate oral tablet	2	QL (30 per 30 days)
ZONISADE	4	PA; MO
zonisamide oral	2	MO
ZTALMY	5	QL (1100 per 30 days)
ZURZUVAE	5	
ZYPREXA RELPREVV	4	QL (2 per 28 days)
Dermatological Agents		
ACUTANE	4	
acitretin	4	PA
acyclovir external ointment	4	PA; QL (30 per 30 days)
ala-cort external cream	1	
alclometasone dipropionate external cream	4	
alclometasone dipropionate external ointment	2	
ammonium lactate external	2	
AMNESTEEM	4	
azelaic acid external	4	
benzoyl peroxide-erythromycin	4	
betamethasone dipropionate aug	2	
betamethasone dipropionate external	2	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
bexarotene external	5	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
calcipotriene external cream	3	QL (120 per 30 days)
calcipotriene external ointment	4	QL (120 per 30 days)
calcipotriene external solution	4	QL (60 per 30 days)
CALCITRENE	4	QL (120 per 30 days)
calcitriol external	4	QL (800 per 28 days)
CAVAREST	3	MO
chlorhexidine gluconate mouth/throat	2	
CICLODAN EXTERNAL SOLUTION	4	
ciclopirox external	4	
ciclopirox olamine external cream	2	QL (90 per 30 days)
ciclopirox olamine external suspension	4	
CLARAVIS	4	
clindamycin phosphobenzoyl perox external gel 1-5 %	4	
clindamycin phosphate external gel	4	
clindamycin phosphate external lotion	4	QL (120 per 30 days)
clindamycin phosphate external solution	4	QL (120 per 30 days)
clindamycin phosphate external swab	2	
CLINPRO 5000	3	MO
clobetasol propionate e	4	QL (120 per 30 days)
clobetasol propionate external cream	4	QL (120 per 30 days)
clobetasol propionate external foam	4	QL (100 per 30 days)
clobetasol propionate external gel	4	QL (60 per 30 days)
clobetasol propionate external ointment	4	QL (120 per 30 days)
clobetasol propionate external shampoo	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external solution</i>	4	QL (50 per 30 days)
CLODAN EXTERNAL SHAMPOO	4	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	2	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	4	QL (120 per 30 days)
DENTA 5000 PLUS	3	MO
DENTAGEL	3	MO
<i>desonide external cream</i>	4	
<i>desonide external lotion</i>	4	
<i>desonide external ointment</i>	4	
<i>desoximetasone external cream 0.25 %</i>	4	QL (100 per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	4	
<i>diclofenac sodium external gel 3 %</i>	4	PA; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days)
<i>econazole nitrate external</i>	4	QL (90 per 30 days)
<i>ery</i>	2	
<i>erythromycin external gel</i>	4	
<i>erythromycin external solution</i>	4	
<i>fluocinolone acetonide body</i>	3	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	4	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	4	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	4	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	4	QL (240 per 30 days)
<i>fluocinonide external gel</i>	4	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	4	QL (240 per 30 days)
<i>fluocinonide external solution</i>	4	QL (240 per 30 days)
FLUORIDEX	3	MO
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	MO
FLUORIMAX 5000	3	MO
<i>fluorouracil external cream 5 %</i>	4	QL (40 per 28 days)
<i>fluorouracil external solution</i>	2	QL (10 per 28 days)
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>gentamicin sulfate external cream</i>	4	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.
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Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate external ointment	2	QL (30 per 30 days)
halobetasol propionate external cream	4	
halobetasol propionate external ointment	4	
hydrocortisone (perianal)	2	
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 1 %	1	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
imiquimod external cream 5 %	2	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
JUST RIGHT 5000 DENTAL PASTE	3	MO
ketoconazole external cream	2	QL (120 per 30 days)
ketoconazole external shampoo 2 %	2	QL (120 per 30 days)
KLAYESTA	2	
KOURZEQ	2	
malathion external	4	
metronidazole external cream	4	
metronidazole external gel 0.75 %	2	
metronidazole external lotion	4	
mometasone furoate external	2	
mupirocin calcium	4	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
mupirocin external	2	QL (120 per 30 days)
MYORISAN	4	
nitroglycerin rectal	4	QL (30 per 30 days)
NYAMYC	2	
nystatin external cream	1	
nystatin external ointment	2	
nystatin external powder	2	
nystatin mouth/throat	2	
nystatin-triamcinolone external ointment	4	QL (120 per 30 days)
NYSTOP	2	
ORALONE	2	
PANRETIN	5	
PERIOGARD	2	
permethrin external cream	2	
pilocarpine hcl oral	4	MO
pimecrolimus	4	PA; QL (100 per 30 days)
podofilox external solution	4	
PROCTO-MED HC EXTERNAL	2	
PROCTOCARE-HC EXTERNAL	2	
PROCTOSOL HC EXTERNAL	2	
PROCTOZONE-HC EXTERNAL	2	
ROSADAN EXTERNAL CREAM	4	
ROSADAN EXTERNAL GEL	2	
SANTYL	4	QL (30 per 30 days)
selenium sulfide external lotion	2	
sf	3	MO
sf 5000 plus	3	MO
silver sulfadiazine external	2	

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Drug Name	Drug Tier	Requirements/Limits
sodium fluoride 5000 plus	3	MO
sodium fluoride 5000 ppm	3	MO
sodium fluoride dental cream	3	MO
sodium fluoride dental gel 1.1 %	3	MO
SSD (SILVER SULFADIAZINE)	2	
sulfacetamide sodium (acne)	4	
tacrolimus external ointment	4	PA; QL (100 per 30 days)
tazarotene external cream	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	4	PA
tretinoin external cream 0.05 %, 0.1 %	4	PA; QL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 per 30 days)
triamcinolone acetonide external cream	2	QL (454 per 30 days)
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide mouth/throat	2	
VALCHLOR	5	PA; LA
ZENATANE	4	
Electrolytes / Minerals / Metals / Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	4	B/D PA
carglumic acid oral tablet soluble	5	PA; LA
clinimix e/dextrose (8/10)	4	B/D PA

Drug Name	Drug Tier	Requirements/Limits
clinimix e/dextrose (8/14)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX/DEXTROSE (5/15)	4	B/D PA
CLINIMIX/DEXTROSE (5/20)	4	B/D PA
clinimix/dextrose (6/5)	4	B/D PA
clinimix/dextrose (8/10)	4	B/D PA
clinimix/dextrose (8/14)	4	B/D PA
CLINISOL SF	4	B/D PA
CLINOLIPID	4	B/D PA
dextrose in lactated ringers	4	
dextrose intravenous solution 10 %, 5 %	2	
dextrose intravenous solution 250 mg/ml, 50 %, 70 %	4	
dextrose-nacl intravenous solution 10-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	4	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	4	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	2	MO
INTRALIPID	4	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
ISOLYTE-S PH 7.4	4	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	4	

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

Drug Name	Drug Tier	Requirements/Limits
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	4	
KLOR-CON 10	2	MO
KLOR-CON M10	2	MO
KLOR-CON M15	2	MO
KLOR-CON M20	2	MO
KLOR-CON ORAL PACKET 20 MEQ	4	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	MO
KLOR-CON/EF	2	MO
lactated ringers intravenous	4	
levocarnitine oral solution	4	B/D PA; MO
levocarnitine oral tablet	4	B/D PA; MO
levocarnitine sf	4	B/D PA; MO
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	4	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	4	
multiple electro type 1 ph 5.5	4	
multiple electro type 1 ph 7.4	4	
NUTRILIPID	4	B/D PA
PLENAMINE	4	B/D PA
pnv-dha	3	
potassium chloride cryster	2	MO
potassium chloride er	2	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
Endocrine And Metabolic Disorder Agents		
<i>acarbose oral</i>	2	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	4	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days); MO
<i>calcitonin (salmon) injection</i>	4	B/D PA
<i>calcitonin (salmon) nasal</i>	3	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	4	B/D PA
<i>calcitriol oral capsule</i>	2	B/D PA; MO
<i>calcitriol oral solution</i>	4	B/D PA; MO
<i>calcium acetate (phos binder)</i>	2	MO
<i>calcium acetate oral tablet 667 mg</i>	2	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	B/D PA; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days)
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>diazoxide oral</i>	4	MO
<i>doxercalciferol intravenous</i>	4	B/D PA
FARXIGA	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/ 2.4ML	5	PA; QL (3 per 28 days)
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	1	MO
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	QL (120 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days); MO
<i>glucagon emergency injection kit</i>	4	
<i>glyburide oral tablet 1.25 mg</i>	2	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	2	QL (240 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
glyburide oral tablet 5 mg	2	QL (120 per 30 days); MO
glyburide-metformin oral tablet 1.25-250 mg	2	QL (240 per 30 days); MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	QL (120 per 30 days); MO
GLYXAMBI	3	QL (30 per 30 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
HUMALOG INJECTION	3	MO
HUMALOG JUNIOR KWIKPEN	3	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN N SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
HUMULIN R	3	MO

Drug Name	Drug Tier	Requirements/Limits
ibandronate sodium intravenous	4	B/D PA
ibandronate sodium oral	2	QL (1 per 28 days); MO
INVOKANA	4	QL (30 per 30 days); MO
JANUMET	3	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days); MO
JANUVIA	3	QL (30 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO
JENTADUETO	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days); MO
KERENDIA	4	QL (30 per 30 days); MO
KIONEX ORAL SUSPENSION	3	
LANTUS	3	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days); MO
LYUMJEV	3	MO
LYUMJEV KWIKPEN	3	MO
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO
MOUNJARO	3	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	2	QL (90 per 30 days); MO
nateglinide oral tablet 60 mg	2	QL (180 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
paricalcitol oral	4	B/D PA; MO
pioglitazone hcl oral tablet 15 mg	1	QL (90 per 30 days); MO
pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days); MO
pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
repaglinide oral tablet 0.5 mg	2	QL (960 per 30 days); MO
repaglinide oral tablet 1 mg	2	QL (480 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 2 mg	2	QL (240 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
sevelamer carbonate oral packet 0.8 gm	4	QL (540 per 30 days); MO
sevelamer carbonate oral packet 2.4 gm	4	QL (180 per 30 days); MO
sevelamer carbonate oral tablet	4	QL (540 per 30 days); MO
sodium polystyrene sulfonate oral powder	2	
SOLIQUA	3	QL (15 per 25 days); MO
SPS	3	
SYNJARDY	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days); MO
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/ 2.48ml	5	PA; QL (3 per 28 days)
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO
TRADJENTA	3	QL (30 per 30 days); MO
TRESIBA	3	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days); MO
<i>trientine hcl</i>	5	PA
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days); MO
TRULICITY	3	PA; QL (2 per 28 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO
XGEVA	5	PA; QL (5.1 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	4	PA
<i>zoledronic acid intravenous solution</i>	4	PA
Gastrointestinal Agents		
<i>alosetron hcl</i>	4	PA; QL (60 per 30 days); MO
<i>aprepitant oral</i>	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PA; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 80 & 125 mg</i>	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	4	PA
<i>budesonide oral</i>	4	
COMPRO	4	
<i>constulose</i>	2	MO
<i>dexlansoprazole</i>	4	QL (30 per 30 days); MO
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	4	
<i>dicyclomine hcl oral tablet</i>	2	
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>dronabinol</i>	4	B/D PA; QL (120 per 30 days)
<i>enulose</i>	2	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	4	QL (30 per 30 days); MO
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	4	
<i>famotidine (pf)</i>	4	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	4	
<i>famotidine oral suspension reconstituted</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	MO
<i>famotidine premixed</i>	4	
GATTEX	5	PA; LA
GAVILYTE-C	2	
GAVILYTE-G	2	

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

Drug Name	Drug Tier	Requirements/Limits
GAVILYTE-N WITH FLAVOR PACK	2	
<i>generlac</i>	2	MO
<i>glycopyrrolate injection solution</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	4	
<i>granisetron hcl oral</i>	4	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal enema</i>	4	
<i>lactulose</i>	2	MO
<i>encephalopathy</i>		
<i>lactulose oral solution</i>	2	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 per 30 days); MO
LINZESS	4	QL (30 per 30 days); MO
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone</i>	4	QL (60 per 30 days); MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine er</i>	4	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	MO
<i>mesalamine rectal</i>	4	
<i>mesalamine-cleanser</i>	4	
<i>metoclopramide hcl injection</i>	4	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	4	QL (30 per 30 days)
<i>na sulfate-k sulfate-mg sulf</i>	4	
<i>nizatidine oral capsule</i>	2	MO
<i>omeprazole oral capsule delayed release</i>	1	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PA; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	4	B/D PA; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	2	B/D PA; QL (90 per 30 days)
<i>opium</i>	2	
<i>pantoprazole sodium intravenous</i>	4	
<i>pantoprazole sodium oral tablet delayed release</i>	2	MO
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate oral</i>	2	MO
<i>promethazine hcl oral solution</i>	4	
<i>promethazine hcl oral syrup</i>	4	
<i>promethazine hcl oral tablet</i>	2	
<i>scopolamine</i>	4	QL (10 per 28 days)
<i>sucalfate oral tablet</i>	2	MO
<i>sulfasalazine oral</i>	2	MO
<i>ursodiol oral capsule 300 mg</i>	4	MO
<i>ursodiol oral tablet 250 mg</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
ursodiol oral tablet 500 mg	4	MO
VOWST	4	PA; QL (12 per 30 days)
XERMELO	5	PA; QL (90 per 30 days); LA

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

betaine	5	LA
CREON	3	MO
cromolyn sodium oral	4	MO
CYTAGON	4	PA; LA
nitisinone	5	PA
PROLASTIN-C	5	PA; LA
sapropterin dihydrochloride oral tablet	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA
sodium phenylbutyrate oral tablet	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	4	MO

Genitourinary Agents

alfuzosin hcl er	2	MO
bethanechol chloride oral	2	
clindamycin phosphate vaginal	2	
dutasteride oral	2	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	4	QL (30 per 30 days); MO
fesoterodine fumarate er	4	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
GEMTESA	4	QL (30 per 30 days); MO
metronidazole vaginal	2	
miconazole 3 vaginal suppository	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	2	QL (60 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	2	QL (30 per 30 days); MO
oxybutynin chloride oral solution	2	QL (600 per 30 days); MO
oxybutynin chloride oral tablet 2.5 mg	2	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO
penicillamine oral tablet	5	
potassium citrate er	4	
silodosin	4	MO
solifenacin succinate	2	QL (30 per 30 days); MO
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days); MO
tamsulosin hcl	2	MO
terconazole vaginal cream	2	
terconazole vaginal suppository	4	
tolterodine tartrate	4	QL (60 per 30 days); MO
tolterodine tartrate er	4	QL (30 per 30 days); MO
tropium chloride	2	QL (60 per 30 days); MO
VANDAZOLE	4	

Hormonal Agents

AFIRMELLE	2	MO
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You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

Drug Name	Drug Tier	Requirements/Limits
ALTAVERA	2	MO
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	MO
AMETHIA	2	MO
AMETHYST	2	MO
APRI	2	MO
ARANELLE	2	MO
ASHLYNA	2	MO
AUBRA	2	MO
AUBRA EQ	2	MO
AUROVELA 1.5/30	2	MO
AUROVELA 1/20	2	MO
AUROVELA 24 FE	2	MO
AUROVELA FE 1.5/30	2	MO
AUROVELA FE 1/20	2	MO
AVIANE	2	MO
AYUNA	2	MO
AZURETTE	2	MO
BALZIVA	2	MO
BIJUVA	4	PA; MO
BLISOVI 24 FE	2	MO
BLISOVI FE 1.5/30	2	MO
BLISOVI FE 1/20	2	MO
<i>briellyn</i>	2	MO
<i>cabergoline</i>	3	
CAMILA	2	MO
CAMRESE	2	MO
CAMRESE LO	2	MO
CHARLOTTE 24 FE	2	MO
CHATEAL	2	MO
CHATEAL EQ	2	MO
CRYSELLE-28	2	MO
CYCLAFEM 1/35	2	
<i>CYCLAFEM 7/7/7</i>	2	
CYRED	2	MO
CYRED EQ	2	MO
<i>danazol oral</i>	4	
DASETTA 1/35	2	MO
DASETTA 7/7/7	2	MO
DAYSEE	2	MO
DEBLITANE	2	MO
DELYLA	2	MO

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA	3	
104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	MO
<i>desmopressin ace spray refrig</i>	4	MO
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate oral</i>	2	MO
<i>desmopressin acetate pf</i>	4	
<i>desmopressin acetate spray</i>	4	MO
<i>desogestrel-ethinyl estradiol</i>	2	MO
DEXAMETHASONE INTENSOL	4	
<i>dexamethasone oral elixir</i>	3	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sod phos +rfid</i>	4	
<i>dexamethasone sod phosphate pf injection solution</i>	4	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 4 mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	4	
DOLISHALE	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
DOTTI	4	PA; QL (8 per 28 days); MO
<i>drospiren-eth estrad-levomefol</i>	2	MO
<i>drospirenone-ethinyl estradiol</i>	2	MO
ELINEST	2	MO
ELURYNG	3	MO
EMZAHH	2	MO
ENPRESSE-28	2	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	MO
ERRIN	2	MO
ESTARYLLA	2	MO
<i>estradiol oral</i>	1	MO
<i>estradiol transdermal patch twice weekly</i>	4	PA; QL (8 per 28 days); MO
<i>estradiol transdermal patch weekly</i>	4	PA; QL (4 per 28 days); MO
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>ethynodiol diac-eth estradiol</i>	2	MO
EUTHYROX	2	MO
FALMINA	2	MO
FAYOSIM	2	MO
FEMYNOR	2	MO
FINZALA	2	MO
<i>fludrocortisone acetate oral</i>	2	MO
FYAVOLV ORAL TABLET 1-5 MG-MCG	2	PA; MO
GEMMILY	2	MO
HAILEY 1.5/30	2	MO
HAILEY 24 FE	2	MO
HAILEY FE 1.5/30	2	MO
HAILEY FE 1/20	2	MO
HEATHER	2	MO
ICLEVIA	2	MO
INCASSIA	2	MO
INCRELEX	5	PA; LA
INTROVALE	2	MO
ISIBLOOM	2	MO

Drug Name	Drug Tier	Requirements/Limits
JAIMIESS	2	MO
JASMIEL	2	MO
JENCYCLA	2	MO
JINTELI	2	PA; MO
JOLESSA	2	MO
JOYEAUX	2	MO
JULEBER	2	MO
JUNEL 1.5/30	2	MO
JUNEL 1/20	2	MO
JUNEL FE 1.5/30	2	MO
JUNEL FE 1/20	2	MO
JUNEL FE 24	2	MO
KAITLIB FE	2	MO
KALLIGA	2	MO
KARIVA	2	MO
KELNOR 1/35	2	MO
KELNOR 1/50	2	MO
KURVELO	2	MO
<i>lanreotide acetate</i>	5	PA
LARIN 1.5/30	2	MO
LARIN 1/20	2	MO
LARIN 24 FE	2	MO
LARIN FE 1.5/30	2	MO
LARIN FE 1/20	2	MO
LAYOLIS FE	2	MO
LEENA	2	MO
LESSINA	2	MO
LEVO-T	1	MO
LEVONEST	2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	MO
<i>levonorgest-eth est & eth est</i>	2	MO
<i>levonorgest-eth estrad 91-day</i>	2	MO
<i>levonorgest-eth estradiol-iron</i>	2	MO
<i>levonorgestrel oral tablet 1.5 mg</i>	2	
<i>levonorgestrel-ethinyl estrad</i>	2	MO
LEVORA 0.15/30 (28)	2	MO
<i>levothyroxine sodium oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL	3	MO
LILLOW	2	MO
<i>liothyronine sodium intravenous</i>	5	
<i>liothyronine sodium oral</i>	2	MO
LO-ZUMANDIMINE	2	MO
LOESTRIN 1.5/30 (21)	2	MO
LOESTRIN 1/20 (21)	2	MO
LOESTRIN FE 1.5/30	2	MO
LOESTRIN FE 1/20	2	MO
LOJAIMIESS	2	MO
LORYNA	2	MO
LOW-OGESTREL	2	MO
LUTERA	2	MO
LYLEQ	2	MO
LYLLANA	4	PA; QL (8 per 28 days); MO
LYZA	2	MO
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	MO
MENEST	3	PA; MO
MERZEE	2	MO
<i>methimazole oral</i>	1	MO
<i>methylprednisolone oral</i>	2	
MIBELAS 24 FE	2	MO
MICROGESTIN 1.5/30	2	MO
MICROGESTIN 1/20	2	MO
MICROGESTIN 24 FE	2	MO
MICROGESTIN FE 1.5/30	2	MO
MICROGESTIN FE 1/20	2	MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; LA
MILI	2	MO
MONO-LINYAH	2	MO
NECON 0.5/35 (28)	2	MO
NECON 1/35 (28)	2	MO
NEXPLANON	3	
NIKKI	2	MO
NORA-BE	2	MO

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>norelgestromin-eth estradiol</i>	2	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	2	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	MO
<i>norethin-eth estradiol-fe</i>	2	MO
<i>norethindron-ethinyl estrad-fe</i>	2	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	2	MO
<i>norethindrone acetate oral</i>	2	MO
<i>norethindrone oral</i>	2	MO
<i>norethindrone-eth estradiol</i>	2	PA; MO
<i>norgestim-eth estrad triphasic</i>	2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	MO
NORLYDA	2	MO
NORLYROC	2	MO
NORTREL 0.5/35 (28)	2	MO
NORTREL 1/35 (21)	2	MO
NORTREL 1/35 (28)	2	MO
NORTREL 7/7/7	2	MO
NYLIA 1/35	2	MO
NYLIA 7/7/7	2	MO
OCELLA	2	MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	4	PA
ORSYTHIA	2	MO
oxandrolone oral tablet 10 mg	4	PA; QL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	3	PA; QL (240 per 30 days)
PHILITH	2	MO
PIMTREA	2	MO
PIRMELLA 7/7/7	2	MO
PORTIA-28	2	MO
prednicarbate external ointment	4	
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 15 mg/5ml	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	4	
PREDNISON INTENSOL	4	
prednisone oral solution	4	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
PREMARIN ORAL	3	PA; MO
PREMARIN VAGINAL	3	MO
PREMPRO	4	PA; MO
progesterone oral	2	MO
propylthiouracil oral	2	MO
raloxifene hcl	2	QL (30 per 30 days); MO
RECLIPSEN	2	MO
RIVELSA	2	MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG	5	PA
SETLAKIN	2	MO
SHAROBEL	2	MO
SIGNIFOR	5	PA; LA
SIMLIYA	2	MO

Drug Name	Drug Tier	Requirements/Limits
SIMPESSE	2	MO
SKYLA	3	
SOLIA	2	MO
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA; LA
SPRINTEC 28	2	MO
SRONYX	2	MO
SYEDA	2	MO
SYNTHROID	3	MO
TARINA 24 FE	2	MO
TARINA FE 1/20	2	MO
TARINA FE 1/20 EQ	2	MO
TAYSOFY	2	MO
testosterone cypionate intramuscular solution 100 mg/ml	2	PA; MO
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	2	MO
testosterone enanthate intramuscular solution	4	PA; MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PA; QL (300 per 30 days); MO
TILIA FE	2	MO
TRI FEMYNOR	2	MO
TRI-ESTARYLLA	2	MO
TRI-LEGEST FE	2	MO
TRI-LINYAH	2	MO
TRI-LO-ESTARYLLA	2	MO
TRI-LO-MARZIA	2	MO
TRI-LO-MILI	2	MO
TRI-LO-SPRINTEC	2	MO
TRI-MILI	2	MO
TRI-NYMYO	2	MO
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	MO
TRI-VYLIBRA	2	MO
TRI-VYLIBRA LO	2	MO
triamcinolone acetate injection suspension 40 mg/ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
TRINESSA (28)	2	MO
TRIVORA (28)	2	MO
TULANA	2	
TURQOZ	2	MO
TYBLUME ORAL TABLET CHEWABLE	3	MO
TYDEMY	2	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
UNITHROID ORAL TABLET 300 MCG	1	MO
VELIVET	2	MO
VESTURA	2	MO
VIENVA	2	MO
<i>viorele</i>	2	MO
VOLNEA	2	MO
VYFEMLA	2	MO
VYLIBRA	2	MO
WERA	2	MO
WYMZYA FE	2	MO
XULANE	2	MO
<i>yuvafem</i>	4	MO
ZAFEMY	2	MO
ZOVIA 1/35 (28)	2	MO
ZOVIA 1/35E (28)	2	
ZUMANDIMINE	2	MO
Immunological Agents		
ABRYSVO	3	
ACTHIB	3	
ACTIMMUNE	5	PA; LA
ADACEL	3	
ARCALYST	5	PA
AREXVY	3	
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	4	
BENLYSTA	5	PA
BEXSERO	3	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days)
<i>cyclosporine intravenous</i>	4	B/D PA
<i>cyclosporine modified</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt</i>	3	
ENBREL MINI	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA
ENVARUSUS XR	4	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.75 mg</i>	4	B/D PA
<i>everolimus oral tablet 0.5 mg, 1 mg</i>	5	B/D PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML	4	PA
GARDASIL 9	4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D PA
GENGRAF ORAL SOLUTION	4	B/D PA
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	3	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (4 per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (8 per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days)
HUMIRA-PSORIASIS/ UVEIT STARTER	5	PA; QL (6 per 365 days)
HYPERRAB	5	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
INFANRIX	3	
IPOL	3	
IXCHIQ	3	
IXIARO	4	
JYLAMVO	4	ST
JYNNEOS	3	B/D PA
<i>kedrab injection</i>	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral</i>	4	QL (30 per 30 days); MO
M-M-R II INJECTION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	

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

Drug Name	Drug Tier	Requirements/ Limits
MENQUADFI INTRAMUSCULAR SOLUTION	4	
MENVEO	3	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml</i>	4	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml</i>	4	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	4	
<i>methotrexate sodium oral</i>	2	
MRESVIA	3	
<i>mycophenolate mofetil oral</i>	4	B/D PA
<i>mycophenolate sodium</i>	4	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	4	B/D PA
MYHIBBIN	4	B/D PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

Drug Name	Drug Tier	Requirements/ Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PENBRAYA	3	
PENTACEL	4	
PREHEVBRIO	4	B/D PA
PRIORIX	3	
PROGRAF INTRAVENOUS	4	B/D PA
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
QUADRACEL	3	
RABAVERT	4	
RECOMBIVAX HB	3	B/D PA
REZUROCK	4	PA; LA
RINVOQ	5	PA; QL (30 per 30 days)
RINVOQ LQ	5	PA; QL (360 per 30 days)
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
<i>sirolimus oral</i>	4	B/D PA
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)
SKYRIZI PEN	5	PA; QL (6 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days)
<i>tacrolimus oral</i>	4	B/D PA
TDVAX	3	
TENIVAC	3	
TICOVAC	4	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
XATMEP	4	ST
YF-VAX	4	
Infectious Disease Agents		
<i>abacavir sulfate oral solution</i>	4	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	4	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	4	QL (30 per 30 days)
ABELCET	4	B/D PA
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir dipivoxil</i>	4	PA
<i>albendazole oral</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	4	
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	4	
<i>amphotericin b intravenous</i>	4	B/D PA
<i>amphotericin b liposome</i>	4	B/D PA
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	4	
<i>ampicillin sodium intravenous</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous</i>	4	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE	4	LA
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	4	QL (30 per 30 days)
atovaquone oral	4	PA
atovaquone-proguanil hcl	4	
avidoxy	2	
azithromycin intravenous	4	
azithromycin oral packet	2	
azithromycin oral suspension reconstituted 100 mg/ 5ml	2	
azithromycin oral suspension reconstituted 200 mg/ 5ml	4	
azithromycin oral tablet	1	
aztreonam	4	
BARACLUDE ORAL SOLUTION	4	PA
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
casprofungin acetate	4	B/D PA
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted 250 mg/ 5ml	4	
cefadroxil	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	4	

Drug Name	Drug Tier	Requirements/Limits
cefazolin sodium intravenous solution reconstituted	4	
cefdinir	2	
cefepime hcl injection solution reconstituted 1 gm	4	
cefepime hcl intravenous	4	
cefixime	4	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	
cefoxitin sodium intravenous	4	
cefpodoxime proxetil	4	
cefprozil	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	4	
ceftazidime intravenous	4	
ceftriaxone sodium in dextrose	4	
ceftriaxone sodium injection	4	
ceftriaxone sodium intravenous	4	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	4	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	4	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	2	
chloroquine phosphate oral	4	MO
CIMDUO	5	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	2	
<i>clindamycin hcl oral</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	4	
COARTEM	4	
<i>colistimethate sodium (cba)</i>	4	
COMPLERA	5	QL (30 per 30 days)
<i>dapsone oral</i>	3	MO
<i>daptomycin intravenous solution reconstituted 350 mg</i>	5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<i>darunavir oral tablet 600 mg</i>	4	QL (60 per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (60 per 30 days)
DELSTRIGO	5	QL (30 per 30 days)
DESCOVY	5	QL (30 per 30 days)
<i>dicloxacillin sodium</i>	2	
DIFICID ORAL TABLET	5	PA
DOVATO	5	QL (30 per 30 days)
DOXY 100	4	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate intravenous</i>	4	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
EDURANT	5	QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	4	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	4	QL (30 per 30 days)
<i>emtricitabine</i>	4	QL (30 per 30 days)
<i>emtricitabine-tenofovir df</i>	4	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)
<i>entecavir</i>	4	PA
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days)
<i>ertapenem sodium</i>	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate oral tablet	4	
erythromycin lactobionate	4	
erythromycin oral	4	
ethambutol hcl oral	2	
etravirine oral tablet 100 mg	4	QL (120 per 30 days)
etravirine oral tablet 200 mg	4	QL (60 per 30 days)
EVOTAZ	5	QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg	4	QL (60 per 30 days)
famciclovir oral tablet 500 mg	4	QL (21 per 7 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	4	
fluconazole oral	2	
flucytosine oral capsule 250 mg	4	
flucytosine oral capsule 500 mg	5	
fosamprenavir calcium	4	QL (120 per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	4	
gentamicin sulfate injection	4	
GENVOYA	5	QL (30 per 30 days)
griseofulvin microsize oral	4	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin ultramicrosize	4	
HARVONI	5	PA; QL (28 per 28 days)
hydroxychloroquine sulfate oral	2	MO
imipenem-cilastatin	4	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)
ISENTRESS HD	5	QL (60 per 30 days)
ISENTRESS ORAL PACKET	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (720 per 30 days)
isoniazid injection	4	
isoniazid oral syrup	4	MO
isoniazid oral tablet	1	MO
itraconazole oral capsule	4	PA
ivermectin oral	2	PA
JULUCA	5	QL (30 per 30 days)
ketoconazole oral	2	
lamivudine oral solution	4	QL (960 per 30 days)
lamivudine oral tablet 100 mg	3	
lamivudine oral tablet 150 mg	4	QL (60 per 30 days)
lamivudine oral tablet 300 mg	4	QL (30 per 30 days)
lamivudine-zidovudine	4	QL (60 per 30 days)
levofloxacin in d5w	4	
levofloxacin intravenous	4	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid in sodium chloride</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	4	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	PA; QL (56 per 28 days)
LIVTENCITY	5	PA
<i>lopinavir-ritonavir oral solution</i>	4	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days)
LYMEPAK	2	
<i>maraviroc</i>	4	QL (120 per 30 days)
<i>mefloquine hcl</i>	2	MO
<i>meropenem intravenous solution reconstituted 1 gm</i>	4	
<i>meropenem intravenous solution reconstituted 500 mg</i>	3	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate oral</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	3	
<i>metronidazole oral tablet</i>	2	
<i>micafungin sodium</i>	4	
<i>minocycline hcl oral capsule</i>	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>moxifloxacin hcl in nacl</i>	4	
<i>moxifloxacin hcl oral</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>neomycin sulfate oral</i>	2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	QL (60 per 30 days)
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
NORVIR ORAL PACKET	4	QL (360 per 30 days)
<i>nystatin oral tablet</i>	2	
ODEFSEY	5	QL (30 per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	4	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	4	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 per 365 days)
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>paromomycin sulfate oral</i>	4	
PAXLOVID (150/100)	3	QL (20 per 90 days)
PAXLOVID (300/100)	3	QL (30 per 90 days)
<i>penicillin g potassium</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate inhalation</i>	4	B/D PA
<i>pentamidine isethionate injection</i>	4	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	4	
PIFELTRO	5	QL (30 per 30 days)
<i>piperacillin sod-tazobactam</i>	4	
<i>posaconazole oral</i>	5	PA; MO
<i>praziquantel oral</i>	4	
PREVYMIS ORAL	5	PA; QL (30 per 30 days)
PREZCOBIX	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)
PRIFTIN	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrazinamide oral</i>	4	
<i>pyrimethamine oral</i>	5	PA
<i>quinine sulfate oral</i>	4	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL PACKET	4	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	
<i>rimantadine hcl</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i>	3	QL (360 per 30 days)
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	4	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 per 30 days)
SIRTURO	5	PA; LA
SOVALDI ORAL TABLET 400 MG	5	PA; QL (30 per 30 days)
<i>streptomycin sulfate intramuscular</i>	4	
STRIBILD	5	QL (30 per 30 days)
<i>sulfadiazine oral</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
SULFATRIM PEDIATRIC	2	
SUNLENCA ORAL	5	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYMTUZA	4	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
TEFLARO	4	
<i>tenofovir disoproxil fumarate</i>	4	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	4	
<i>tigecycline</i>	5	
<i>tinidazole oral</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days)
TIVICAY PD	4	QL (360 per 30 days)
<i>tobramycin sulfate injection</i>	4	
TRECTOR	4	
<i>trifluridine ophthalmic</i>	4	
<i>trimethoprim oral</i>	2	
TRIUMEQ	5	QL (30 per 30 days)
TRIUMEQ PD	5	QL (180 per 30 days)
TRIZIVIR	5	QL (60 per 30 days)
TYBOST	3	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 per 30 days)
<i>valganciclovir hcl oral tablet</i>	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule</i>	4	PA; QL (240 per 30 days)
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER	5	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days)
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days)
<i>voriconazole intravenous</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral suspension reconstituted</i>	4	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
<i>zidovudine oral capsule</i>	2	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	2	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	2	QL (60 per 30 days)
ZIRGAN	4	
Miscellaneous Therapeutic Agents		
<i>acetic acid irrigation</i>	2	
ALCOHOL SWABS	2	MO
GAUZE STERILE PADS 2	1	MO
<i>goodsense arthritis pain external</i>	2	
IGALMI	4	QL (30 per 30 days)
INSULIN PEN NEEDLE	3	QL (200 per 30 days); MO
INSULIN SYRINGE	3	QL (200 per 30 days); MO
KOSELUGO	5	PA
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringers irrigation</i>	4	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sterile water for irrigation</i>	4	
SYNAGIS	5	PA
TIS-U-SOL	4	
Ophthalmic Agents		
<i>acetazolamide er</i>	4	MO
<i>ak-poly-bac</i>	2	
<i>apraclonidine hcl</i>	4	

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

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

Drug Name	Drug Tier	Requirements/ Limits
erythromycin ophthalmic	2	QL (3.5 per 30 days)
fluorometholone ophthalmic	4	
flurbiprofen sodium	2	
gatifloxacin ophthalmic	2	
GENTAK OPHTHALMIC OINTMENT	2	
gentamicin sulfate ophthalmic solution	2	
ILEVRO	4	
ketorolac	1	
tromethamine ophthalmic		
latanoprost ophthalmic	1	MO
levobunolol hcl ophthalmic solution 0.5 %	2	MO
levofloxacin ophthalmic solution 1.5 %	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
methazolamide oral	4	MO
moxifloxacin hcl ophthalmic solution	4	
NATACYN	4	
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	
ofloxacin ophthalmic	2	
olopatadine hcl ophthalmic	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO
POLYCIN	2	

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

Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim	1	
prednisolone acetate ophthalmic	2	
proparacaine hcl ophthalmic	3	
RESTASIS	3	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
RHOPRESSA	4	MO
ROCKLATAN	4	MO
SIMBRINZA	4	MO
sulfacetamide sodium ophthalmic	2	
sulfacetamide-prednisolone ophthalmic solution	2	
timolol maleate (once-daily)	4	MO
timolol maleate ophthalmic gel forming solution	4	MO
timolol maleate ophthalmic solution	1	MO
TOBRADEX OPTHALMIC OINTMENT	4	
TOBRADEX ST	4	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	4	
travoprost (bak free)	4	MO
VYZULTA	4	MO
XDEMVIY	4	LA
Otic Agents		
acetic acid otic	2	
antibiotic ear	4	
ciprofloxacin-dexamethasone	4	
FLAC	4	
fluocinolone acetonide otic	4	
hydrocortisone-acetic acid	4	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic	4	
ofloxacin otic	2	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhalation	4	B/D PA
ADEMPAS	5	PA; QL (90 per 30 days); LA
ADVAIR HFA	3	QL (12 per 30 days); MO
albuterol sulfate hfa	2	MO
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	2	B/D PA; QL (360 per 30 days); MO
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	2	B/D PA; MO
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	2	B/D PA; QL (60 per 30 days); MO
albuterol sulfate oral syrup	2	MO
albuterol sulfate oral tablet	4	MO
ambrisentan	5	PA; QL (30 per 30 days); LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
ARNUIY ELLIPTA	3	QL (30 per 30 days); MO
ATROVENT HFA	4	QL (26 per 30 days); MO
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL (30 per 25 days)
azelastine hcl nasal solution 0.15 %	3	QL (30 per 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days); MO
<i>breyna</i>	4	QL (30.9 per 30 days); MO
BRONCHITOL	5	PA; LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	4	B/D PA; QL (60 per 30 days); MO
<i>budesonide-formoterol fumarate</i>	4	QL (30.6 per 30 days); MO
CAYSTON	5	PA; LA
<i>cetirizine hcl oral solution</i>	2	
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO
<i>cromolyn sodium inhalation</i>	3	B/D PA; MO
<i>cyproheptadine hcl oral syrup</i>	2	PA
<i>cyproheptadine hcl oral tablet</i>	4	
<i>desloratadine oral tablet</i>	2	
ELIXOPHYLLIN	3	MO
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector</i>	4	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	4	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	4	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	4	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	4	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	4	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	2	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	4	QL (60 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	4	
<i>hydroxyzine hcl oral syrup</i>	4	QL (2880 per 28 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	2	QL (120 per 30 days)
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	QL (240 per 30 days)
<i>hydroxyzine pamoate oral</i>	4	QL (120 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium bromide nasal</i>	2	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	2	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)
<i>levulbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	4	B/D PA; QL (270 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	4	B/D PA; QL (540 per 30 days); MO
levalbuterol tartrate	4	QL (45 per 30 days); MO
levocetirizine dihydrochloride oral tablet	2	QL (30 per 30 days)
mometasone furoate nasal	4	
montelukast sodium oral packet	4	MO
montelukast sodium oral tablet	2	MO
montelukast sodium oral tablet chewable	2	MO
OFEV	5	PA; QL (60 per 30 days)
olopatadine hcl nasal	4	QL (31 per 30 days)
OPSUMIT	5	PA; QL (30 per 30 days); LA
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)
pirfenidone oral tablet 267 mg	5	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	5	PA; QL (90 per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA
roflumilast oral tablet 500 mcg	4	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO
sildenafil citrate oral tablet 20 mg	3	PA; QL (360 per 30 days)
SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
STIOLTO RESPIMAT	4	QL (4 per 30 days); MO

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

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

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

Index of Drugs

Legend

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

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

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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<i>albuterol</i>	58	JYNNEOS.....	47	<i>lamivudine-</i>	
<i>irbesartan</i>	19	K		<i>zidovudine</i>	52
<i>irbesartan-</i>		KAITLIB FE.....	43	<i>lamotrigine</i>	26
<i>hydrochlorothiazide</i>	19	KALLIGA.....	43	<i>lanreotide acetate</i>	43
ISENTRESS.....	52	KALYDECO.....	58	<i>lansoprazole</i>	40
ISENTRESS HD.....	52	KARIVA.....	43	LANTUS.....	37
ISIBLOOM.....	43	<i>kcl (0.149%) in nacl</i>	34	LANTUS SOLOSTAR.....	37
ISOLYTE-P IN D5W.....	34	<i>kcl in dextrose-nacl</i>	35	<i>lapatinib ditosylate</i>	13
ISOLYTE-S.....	34	<i>kedrab</i>	47	LARIN 1.5/30.....	43
ISOLYTE-S PH 7.4.....	34	KELNOR 1/35.....	43	LARIN 1/20.....	43
<i>isoniazid</i>	52	KELNOR 1/50.....	43	LARIN 24 FE.....	43
<i>isosorbide dinitrate</i>	19	KERENDIA.....	37	LARIN FE 1.5/30.....	43
<i>isosorbide</i>		<i>ketoconazole</i>	33	LARIN FE 1/20.....	43
<i>mononitrate</i>	19	<i>ketorolac</i>		<i>latanoprost</i>	56
<i>isosorbide mononitrate</i>		<i>tromethamine</i>	56	LAYOLIS FE.....	43
<i>er</i>	19	KINRIX.....	47	LEENA.....	43
<i>isotretinoin</i>	33	KIONEX.....	37	<i>leflunomide</i>	47
<i>isradipine</i>	19	KISQALI (200 MG		<i>lenalidomide</i>	13
<i>itraconazole</i>	52	DOSE).....	13	LENVIMA (10 MG DAILY	
<i>ivabradine hcl</i>	19	KISQALI (400 MG		DOSE).....	13
<i>ivermectin</i>	52	DOSE).....	13	LENVIMA (12 MG DAILY	
IWILFIN.....	13	KISQALI (600 MG		DOSE).....	13
IXCHIQ.....	47	DOSE).....	13	LENVIMA (14 MG DAILY	
IXIARO.....	47	KISQALI FEMARA (200 MG		DOSE).....	13
J		DOSE).....	13	LENVIMA (18 MG DAILY	
JAIMIESS.....	43	KISQALI FEMARA (400 MG		DOSE).....	13
JAKAFI.....	13	DOSE).....	13	LENVIMA (20 MG DAILY	
<i>jantoven</i>	17	KISQALI FEMARA (600 MG		DOSE).....	13
JANUMET.....	37	DOSE).....	13	LENVIMA (24 MG DAILY	
JANUMET XR.....	37	KLAYESTA.....	33	DOSE).....	13
JANUVIA.....	37	KLOR-CON.....	35	LENVIMA (4 MG DAILY	
JARDIANCE.....	37	KLOR-CON 10.....	35	DOSE).....	13

LENVIMA (8 MG DAILY DOSE).....	13	liothyronine sodium.....	44	M	
LESSINA.....	43	lisinopril.....	19	M-M-R II.....	47
letrozole.....	13	lisinopril- hydrochlorothiazide.....	19	magnesium sulfate.....	35
leucovorin calcium.....	13	lithium.....	27	malathion.....	33
LEUKERAN.....	13	lithium carbonate.....	27	maraviroc.....	53
leuprolide acetate.....	13	lithium carbonate er.....	27	marlissa.....	44
leuprolide acetate (3 month).....	13	LIVTENCITY.....	53	MARPLAN.....	27
levabuterol hcl.....	58	LO-ZUMANDIMINE.....	44	MATULANE.....	14
levabuterol tartrate.....	59	LOESTRIN 1.5/30 (21).....	44	MATZIM LA.....	20
levetiracetam.....	27	LOESTRIN 1/20 (21).....	44	meclizine hcl.....	40
levetiracetam er.....	26	LOESTRIN FE 1.5/30.....	44	medroxyprogesterone acetate.....	44
LEVO-T.....	43	LOESTRIN FE 1/20.....	44	mefloquine hcl.....	53
levobunolol hcl.....	56	LOJAIMIESS.....	44	megestrol acetate.....	14
levocarnitine.....	35	LONSURF.....	13	MEKINIST.....	14
levocarnitine sf.....	35	loperamide hcl.....	40	MEKTOVI.....	14
levocetirizine dihydrochloride.....	59	lopinavir-ritonavir.....	53	meloxicam.....	10
levofloxacin.....	52	lorazepam.....	27	memantine hcl.....	27
levofloxacin in d5w.....	52	LORAZEPAM INTENSOL.....	27	memantine hcl er.....	27
LEVONEST.....	43	LORBRENA.....	13	MENACTRA.....	47
levonorg-eth estrad triphasic.....	43	LORYNA.....	44	MENEST.....	44
levonorgest-eth est & eth est.....	43	losartan potassium.....	19	MENQUADFI.....	48
levonorgest-eth estrad 91-day.....	43	losartan potassium- hctz.....	20	MENVEO.....	48
levonorgest-eth estradiol-iron.....	43	lovastatin.....	20	mercaptopurine.....	14
levonorgestrel.....	43	LOW-OGESTREL.....	44	meropenem.....	53
levonorgestrel-ethinyl estrad.....	43	loxapine succinate.....	27	MERZEE.....	44
LEVORA 0.15/30 (28).....	43	lubiprostone.....	40	mesalamine.....	40
levothyroxine sodium.....	43	LUMAKRAS.....	13	mesalamine er.....	40
LEVOXYL.....	44	LUMIGAN.....	56	mesalamine- cleanser.....	40
LEXIVA.....	52	LUPRON DEPOT (1- MONTH).....	13	MESNEX.....	14
LIBERVANT.....	27	lurasidone hcl.....	27	metformin hcl.....	38
lidocaine.....	10	LUTERA.....	44	metformin hcl er.....	37
lidocaine hcl.....	10	LYLEQ.....	44	methadone hcl.....	10
lidocaine hcl urethral/mucosal.....	10	LYLLANA.....	44	METHADONE HCL INTENSOL.....	10
lidocaine viscous hcl.....	10	LYMEPAK.....	53	METHADOSE SUGAR- FREE.....	10
lidocaine-prilocaine.....	10	LYNPARZA.....	13	methazolamide.....	56
LILLOW.....	44	LYSODREN.....	13	methenamine hippurate.....	53
linezolid.....	53	LYTGOBI (12 MG DAILY DOSE).....	13	methenamine mandelate.....	53
linezolid in sodium chloride.....	53	LYTGOBI (16 MG DAILY DOSE).....	14	methimazole.....	44
LINZESS.....	40	LYTGOBI (20 MG DAILY DOSE).....	14	methotrexate.....	48
		LYUMJEV.....	37	methotrexate sodium.....	48
		LYUMJEV KWIKPEN.....	37	methotrexate sodium (pf).....	48
		LYZA.....	44		

<i>methsuximide</i>	27	<i>multiple electro type 1 ph</i>		<i>nevirapine er</i>	53
<i>methylphenidate hcl</i>	27	5.5.....	35	NEXPLANON.....	44
<i>methylphenidate hcl</i>		<i>multiple electro type 1 ph</i>		<i>niacin er</i>	
er.....	27	7.4.....	35	(<i>antihyperlipidemic</i>).....	20
<i>methylprednisolone</i>	44	<i>mupirocin</i>	33	<i>nicardipine hcl</i>	20
<i>metoclopramide hcl</i>	40	<i>mupirocin calcium</i>	33	NICOTROL.....	27
<i>metolazone</i>	20	<i>mycophenolate</i>		NICOTROL NS.....	27
<i>metoprolol succinate</i>		<i>mofetil</i>	48	<i>nifedipine er</i>	20
er.....	20	<i>mycophenolate</i>		<i>nifedipine er osmotic</i>	
<i>metoprolol tartrate</i>	20	<i>sodium</i>	48	<i>release</i>	20
<i>metoprolol-</i>		<i>mycophenolic acid</i>	48	NIKKI.....	44
<i>hydrochlorothiazide</i>	20	MYHIBBIN.....	48	<i>nilutamide</i>	14
<i>metronidazole</i>	33	MYORISAN.....	33	<i>nimodipine</i>	20
<i>metyrosine</i>	20	MYRBETRIQ.....	41	NINLARO.....	14
MIBELAS 24 FE.....	44	N		<i>nitazoxanide</i>	53
<i>micafungin sodium</i>	53	<i>na sulfate-k sulfate-mg</i>		<i>nitisinone</i>	41
<i>miconazole 3</i>	41	<i>sulf</i>	40	NITRO-BID.....	20
MICROGESTIN 1.5/30.....	44	<i>nabumetone</i>	11	<i>nitrofurantoin</i>	
MICROGESTIN 1/20.....	44	<i>nadolol</i>	20	<i>macrocrystal</i>	53
MICROGESTIN 24 FE.....	44	<i>nafacillin sodium</i>	53	<i>nitrofurantoin monohyd</i>	
MICROGESTIN FE		<i>naloxone hcl</i>	27	<i>macro</i>	53
1.5/30.....	44	<i>naltrexone hcl</i>	27	<i>nitroglycerin</i>	20
MICROGESTIN FE 1/20.....	44	NAMZARIC.....	27	<i>nizatidine</i>	40
<i>midodrine hcl</i>	20	<i>naproxen</i>	11	NORA-BE.....	44
<i>mifepristone</i>	44	<i>naproxen dr</i>	11	NORDITROPIN	
MILI.....	44	<i>naproxen sodium</i>	11	FLEXPRO.....	44
<i>minocycline hcl</i>	53	<i>naratriptan hcl</i>	27	<i>norelgestromin-eth</i>	
<i>minoxidil</i>	20	NATACYN.....	56	<i>estradiol</i>	44
<i>mirtazapine</i>	27	<i>nateglinide</i>	38	<i>norethin ace-eth estrad-</i>	
<i>misoprostol</i>	40	NAYZILAM.....	27	<i>fe</i>	44
<i>modafinil</i>	27	<i>nebivolol hcl</i>	20	<i>norethin-eth estradiol-</i>	
<i>moexipril hcl</i>	20	NECON 0.5/35 (28).....	44	<i>fe</i>	44
<i>molindone hcl</i>	27	NECON 1/35 (28).....	44	<i>norethindron-ethinyl</i>	
<i>mometasone furoate</i>	33	<i>nefazodone hcl</i>	27	<i>estrad-fe</i>	44
MONDOXYNE NL.....	53	NEO-POLYCIN.....	56	<i>norethindrone</i>	44
MONO-LINYAH.....	44	NEO-POLYCIN HC.....	56	<i>norethindrone acet-</i>	
<i>montelukast sodium</i>	59	<i>neomycin sulfate</i>	53	<i>ethinyl est</i>	44
<i>morphine sulfate</i>	11	<i>neomycin-bacitracin zn-</i>		<i>norethindrone</i>	
<i>morphine sulfate</i>		<i>polymyx</i>	56	<i>acetate</i>	44
(<i>concentrate</i>).....	10	<i>neomycin-polymyxin b</i>		<i>norethindrone-eth</i>	
<i>morphine sulfate (pf)</i>	10	<i>gu</i>	55	<i>estradiol</i>	44
<i>morphine sulfate er</i>	10	<i>neomycin-polymyxin-</i>		<i>norgestim-eth estrad</i>	
MOUNJARO.....	38	<i>dexameth</i>	56	<i>triphasic</i>	44
MOVANTIK.....	40	<i>neomycin-polymyxin-</i>		<i>norgestimate-eth</i>	
<i>moxifloxacin hcl</i>	53	<i>gramicidin</i>	56	<i>estradiol</i>	44
<i>moxifloxacin hcl in</i>		<i>neomycin-polymyxin-</i>		NORLYDA.....	44
<i>nacl</i>	53	<i>hc</i>	56	NORLYROC.....	44
MRESVIA.....	48	NERLYNX.....	14	NORTREL 0.5/35 (28).....	44
MULTAQ.....	20	<i>nevirapine</i>	53	NORTREL 1/35 (21).....	44

NORTREL 1/35 (28).....	44	oxacillin sodium.....	53	PERIOGARD.....	33
NORTREL 7/7/7.....	44	oxandrolone.....	45	permethrin.....	33
nortriptyline hcl.....	27	oxaprozin.....	11	perphenazine.....	28
NORVIR.....	53	oxazepam.....	28	perphenazine-	
NUBEQA.....	14	oxcarbazepine.....	28	amitriptyline.....	28
NUDEXTA.....	27	oxybutynin chloride.....	41	PERSERIS.....	28
NUPLAZID.....	27	oxybutynin chloride		PFIZERPEN.....	54
NURTEC.....	27	er.....	41	phenelzine sulfate.....	28
NUTRILIPID.....	35	oxycodone hcl.....	11	phenobarbital.....	28
NYAMYC.....	33	oxycodone-		phenytoin.....	28
NYLIA 1/35.....	44	acetaminophen.....	11	PHENYTOIN	
NYLIA 7/7/7.....	44	OZEMPIC (0.25 OR 0.5		INFATABS.....	28
nystatin.....	33	MG/DOSE).....	38	phenytoin sodium	
nystatin-		OZEMPIC (1		extended.....	28
triamcinolone.....	33	MG/DOSE).....	38	PHILITH.....	45
NYSTOP.....	33	OZEMPIC (2		PIFELTRO.....	54
O		MG/DOSE).....	38	pilocarpine hcl.....	33
OCELLA.....	44	P		pimecrolimus.....	33
OCTAGAM.....	48	pacerone.....	20	pimozide.....	28
octreotide acetate.....	44	paliperidone er.....	28	PIMTREA.....	45
ODEFSEY.....	53	PANRETIN.....	33	pindolol.....	20
ODOMZO.....	14	pantoprazole		pioglitazone hcl.....	38
OFEV.....	59	sodium.....	40	piperacillin sod-	
ofloxacin.....	56	paricalcitol.....	38	tazobactam.....	54
OGSIVEO.....	14	paromomycin sulfate.....	53	PIQRAY (200 MG DAILY	
OJEMDA.....	14	paroxetine hcl.....	28	DOSE).....	14
OJJAARA.....	14	PAXLOVID (150/100).....	53	PIQRAY (250 MG DAILY	
olanzapine.....	28	PAXLOVID (300/100).....	53	DOSE).....	14
olmesartan		pazopanib hcl.....	14	PIQRAY (300 MG DAILY	
medoxomil.....	20	PEDIARIX.....	48	DOSE).....	14
olmesartan medoxomil-		PEDVAX HIB.....	48	pirfenidone.....	59
hctz.....	20	peg 3350-kcl-na bicarb-		PIRMELLA 7/7/7.....	45
olmesartan-amlodipine-		nacl.....	40	piroxicam.....	11
hctz.....	20	peg-		pitavastatin calcium.....	20
olopatadine hcl.....	56	3350/electrolytes.....	40	PLENAMINE.....	35
omeprazole.....	40	PEGASYS.....	48	plerixafor.....	17
ondansetron.....	40	PEMAZYRE.....	14	pnv-dha.....	35
ondansetron hcl.....	40	PENBRAYA.....	48	podofilox.....	33
ONUREG.....	14	penicillamine.....	41	POLYCIN.....	56
opium.....	40	penicillin g		polymyxin b-	
OPSUMIT.....	59	potassium.....	53	trimethoprim.....	57
ORALONE.....	33	penicillin g sodium.....	53	POMALYST.....	14
ORGOVYX.....	14	penicillin v		PORTIA-28.....	45
ORKAMBI.....	59	potassium.....	53	posaconazole.....	54
ORSERDU.....	14	PENTACEL.....	48	potassium chloride.....	35
ORSYTHIA.....	45	pentamidine		potassium chloride crys	
oseltamivir		isethionate.....	54	er.....	35
phosphate.....	53	pentoxifylline er.....	17	potassium chloride	
OTEZLA.....	48	perindopril erbumine.....	20	er.....	35

<i>potassium chloride in</i>	PROCTOZONE-HC.....	33	RETEVMO.....	14
<i>nacl</i>	<i>progesterone</i>	45	RETROVIR.....	54
<i>potassium citrate er</i>	PROGRAF.....	48	REXULTI.....	29
<i>potassium cl in dextrose</i>	PROLASTIN-C.....	41	REYATAZ.....	54
5%.....	PROLIA.....	38	REZLIDHIA.....	14
<i>pramipexole</i>	PROMACTA.....	17	REZUROCK.....	48
<i>dihydrochloride</i>	<i>promethazine hcl</i>	40	RHOPRESSA.....	57
<i>prasugrel hcl</i>	<i>propafenone hcl</i>	20	<i>ribavirin</i>	54
<i>pravastatin sodium</i>	<i>proparacaine hcl</i>	57	<i>rifabutin</i>	54
<i>praziquantel</i>	<i>propranolol hcl</i>	20	<i>rifampin</i>	54
<i>prazosin hcl</i>	<i>propranolol hcl er</i>	20	<i>riluzole</i>	29
<i>prednicarbate</i>	<i>propylthiouracil</i>	45	<i>rimantadine hcl</i>	54
<i>prednisolone</i>	PROQUAD.....	48	<i>ringers</i>	35
<i>prednisolone acetate</i>	PROSOL.....	35	<i>ringers irrigation</i>	55
<i>prednisolone sodium</i>	<i>protriptyline hcl</i>	28	RINVOQ.....	48
<i>phosphate</i>	PULMOZYME.....	59	RINVOQ LQ.....	48
<i>prednisone</i>	PURIXAN.....	14	<i>risperidone</i>	29
PREDNISONE	<i>pyrazinamide</i>	54	<i>risperidone microspheres</i>	
INTENSOL.....	<i>pyridostigmine</i>		<i>er</i>	29
<i>pregabalin</i>	<i>bromide</i>	28	<i>ritonavir</i>	54
PREHEVBRIO.....	<i>pyrimethamine</i>	54	<i>rivastigmine</i>	29
PREMARIN.....	Q		<i>rivastigmine tartrate</i>	29
PREMASOL.....	QINLOCK.....	14	RIVELSA.....	45
PREMPRO.....	QUADRACEL.....	48	<i>rizatriptan benzoate</i>	29
<i>prenatal</i>	<i>quetiapine fumarate</i>	28	ROCKLATAN.....	57
<i>prenatal vit w/ ferrous</i>	<i>quetiapine fumarate</i>		<i>roflumilast</i>	59
<i>fumarate-l</i>	<i>er</i>	28	<i>romidepsin</i>	14
<i>methylfolate-folic</i>	<i>quinapril hcl</i>	20	<i>ropinirole hcl</i>	29
<i>acid</i>	<i>quinapril-</i>		ROSDAN.....	33
PRENATAL VIT W/ IRON	<i>hydrochlorothiazide</i>	20	<i>rosuvastatin calcium</i>	20
CARBONYL-FOLIC	<i>quinidine sulfate</i>	20	ROTARIX.....	48
ACID.....	<i>quinine sulfate</i>	54	ROTATEQ.....	48
<i>prevalite</i>	R		ROWEEPRA.....	29
PREVYMIS.....	RABAVERT.....	48	ROZLYTREK.....	14
PREZCOBIX.....	<i>raloxifene hcl</i>	45	RUBRACA.....	14
PREZISTA.....	<i>ramipril</i>	20	<i>rufinamide</i>	29
PRIFTIN.....	<i>ranolazine er</i>	20	RUKOBIA.....	54
<i>primaquine</i>	<i>rasagiline mesylate</i>	29	RYBELSUS.....	38
<i>phosphate</i>	RECLIPSEN.....	45	RYDAPT.....	14
<i>primidone</i>	RECOMBIVAX HB.....	48	RYLAZE.....	14
PRIORIX.....	REGONOL.....	29	RYTARY.....	29
<i>probenecid</i>	RELENZA DISKHALER.....	54	S	
<i>prochlorperazine</i>	<i>repaglinide</i>	38	SAJAZIR.....	17
<i>prochlorperazine</i>	REPATHA.....	20	SANDIMMUNE.....	48
<i>maleate</i>	REPATHA PUSHTRONEX		SANDOSTATIN LAR	
PROCRIT.....	SYSTEM.....	20	DEPOT.....	45
PROCTO-MED HC.....	REPATHA SURECLICK.....	20	SANTYL.....	33
PROCTOCARE-HC.....	RESTASIS.....	57	<i>sapropterin</i>	
PROCTOSOL HC.....	RESTASIS MULTIDOSE.....	57	<i>dihydrochloride</i>	41

SAVELLA.....	29	<i>sotalol hcl</i>	20	SYNJARDY XR.....	38
SAVELLA TITRATION		<i>sotalol hcl (af)</i>	20	SYNTHROID.....	45
PACK.....	29	SOVALDI.....	54	T	
SCEMBLIX.....	14	SPIRIVA HANDIHALER.....	59	TABLOID.....	15
<i>scopolamine</i>	40	SPIRIVA RESPIMAT.....	59	TABRECTA.....	15
SECUADO.....	29	<i>spironolactone</i>	20	<i>tacrolimus</i>	34
<i>selegiline hcl</i>	29	<i>spironolactone-hctz</i>	20	<i>tadalafil</i>	41
<i>selenium sulfide</i>	33	SPRAVATO (56 MG		<i>tadalafil (pah)</i>	59
SELZENTRY.....	54	DOSE).....	29	TAFINLAR.....	15
SEREVENT DISKUS.....	59	SPRAVATO (84 MG		TAGRISSO.....	15
<i>sertraline hcl</i>	29	DOSE).....	29	TALZENNA.....	15
SETLAKIN.....	45	SPRINTEC 28.....	45	<i>tamoxifen citrate</i>	15
<i>sevelamer carbonate</i>	38	SPRITAM.....	29	<i>tamsulosin hcl</i>	41
<i>sf</i>	33	SPRYCEL.....	15	TARINA 24 FE.....	45
<i>sf 5000 plus</i>	33	SPS.....	38	TARINA FE 1/20.....	45
SHAROBEL.....	45	SRONYX.....	45	TARINA FE 1/20 EQ.....	45
SHINGRIX.....	48	SSD (SILVER		TASIGNA.....	15
SIGNIFOR.....	45	SULFADIAZINE).....	34	<i>tasimelteon</i>	29
<i>sildenafil citrate</i>	59	STELARA.....	49	TAYSOFY.....	45
<i>silodosin</i>	41	sterile water for		<i>tazarotene</i>	34
<i>silver sulfadiazine</i>	33	irrigation.....	55	TAZICEF.....	54
SIMBRINZA.....	57	STIOLTO RESPIMAT.....	59	TAZORAC.....	34
SIMLIYA.....	45	STIVARGA.....	15	TAZTIA XT.....	20
SIMPESSE.....	45	<i>streptomycin sulfate</i>	54	TAZVERIK.....	15
<i>simvastatin</i>	20	STRIBILD.....	54	TDVAX.....	49
<i>sirolimus</i>	48	SUBVENITE.....	29	TECVAYLI.....	15
SIRTURO.....	54	<i>sucralfate</i>	40	TEFLARO.....	54
SKYLA.....	45	<i>sulfacetamide</i>		<i>telmisartan</i>	21
SKYRIZI.....	48	<i>sodium</i>	57	<i>telmisartan-</i>	
SKYRIZI PEN.....	48	<i>sulfacetamide sodium</i>		<i>amlodipine</i>	21
<i>sodium chloride</i>	35	(acne).....	34	<i>temazepam</i>	29
<i>sodium fluoride</i>	34	<i>sulfacetamide-</i>		TENIVAC.....	49
<i>sodium fluoride 5000</i>		<i>prednisolone</i>	57	<i>tenofovir disoproxil</i>	
<i>plus</i>	34	<i>sulfadiazine</i>	54	<i>fumarate</i>	54
<i>sodium fluoride 5000</i>		<i>sulfamethoxazole-</i>		TEPMETKO.....	15
<i>ppm</i>	34	<i>trimethoprim</i>	54	<i>terazosin hcl</i>	21
<i>sodium oxybate</i>	29	<i>sulfasalazine</i>	40	<i>terbinafine hcl</i>	54
<i>sodium</i>		SULFATRIM		<i>terbutaline sulfate</i>	59
<i>phenylbutyrate</i>	41	PEDIATRIC.....	54	<i>terconazole</i>	41
<i>sodium polystyrene</i>		<i>sulindac</i>	11	<i>teriflunomide</i>	29
<i>sulfonate</i>	38	<i>sumatriptan</i>		<i>teriparatide</i>	
SOLIA.....	45	<i>succinate</i>	29	(i recombinant).....	38
<i>solifenacin succinate</i>	41	<i>sunitinib malate</i>	15	<i>testosterone</i>	45
SOLQUA.....	38	SUNLENCA.....	54	<i>testosterone</i>	
SOLTAMOX.....	15	SYEDA.....	45	<i>cypionate</i>	45
SOMATULINE DEPOT.....	45	SYMPAZAN.....	29	<i>testosterone</i>	
SOMAVERT.....	45	SYMTUZA.....	54	<i>enantate</i>	45
<i>sorafenib tosylate</i>	15	SYNAGIS.....	55	<i>tetrabenazine</i>	30
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THALOMID.....	15	TRESIBA FLEXTOUCH.....	38	TURQOZ.....	46
<i>theophylline</i>	59	<i>tretinoin</i>	15	TWINRIX.....	49
<i>theophylline er</i>	59	TRI FEMYNOR.....	45	TYBLUME.....	46
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<i>tigecycline</i>	54	TRI-LO-SPRINTEC.....	45	V	
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<i>timolol maleate</i>	21	TRI-NYMYO.....	45	VALCHLOR.....	34
<i>timolol maleate (once-</i>		TRI-PREVIFEM.....	45	<i>valganciclovir hcl</i>	55
<i>daily)</i>	57	TRI-SPRINTEC.....	45	<i>valproate sodium</i>	30
<i>tinidazole</i>	54	TRI-VYLIBRA.....	45	<i>valproic acid</i>	30
TIS-U-SOL.....	55	TRI-VYLIBRA LO.....	45	<i>valsartan</i>	21
TIVICAY.....	55	<i>triamcinolone</i>		<i>valsartan-</i>	
TIVICAY PD.....	55	<i>acetonide</i>	34	<i>hydrochlorothiazide</i>	21
<i>tizanidine hcl</i>	30	<i>triamterene-hctz</i>	21	VALTOCO 10 MG	
TOBRADEX.....	57	<i>trientine hcl</i>	39	DOSE.....	30
TOBRADEX ST.....	57	<i>trifluoperazine hcl</i>	30	VALTOCO 15 MG	
<i>tobramycin</i>	57	<i>trifluridine</i>	55	DOSE.....	30
<i>tobramycin sulfate</i>	55	<i>trihexyphenidyl hcl</i>	30	VALTOCO 20 MG	
<i>tobramycin-</i>		TRIJARDY XR.....	39	DOSE.....	30
<i>dexamethasone</i>	57	<i>trimethoprim</i>	55	VALTOCO 5 MG DOSE.....	30
<i>tolterodine tartrate</i>	41	<i>trimipramine</i>		<i>vancomycin hcl</i>	55
<i>tolterodine tartrate</i>		<i>maleate</i>	30	VANDAZOLE.....	41
<i>er</i>	41	TRINESSA (28).....	46	VANFLYTA.....	15
<i>topiramate</i>	30	TRINTELLIX.....	30	VAQTA.....	49
<i>toremifene citrate</i>	15	TRIUMEQ.....	55	<i>varenicline tartrate</i>	30
<i>torseamide</i>	21	TRIUMEQ PD.....	55	<i>varenicline tartrate</i>	
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SOLOSTAR.....	38	TRIZIVIR.....	55	VARIVAX.....	49
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<i>tramadol-</i>		TRUQAP.....	15	VENCLEXTA STARTING	
<i>acetaminophen</i>	11	TRUSELTIQ (100MG DAILY		PACK.....	15
<i>trandolapril</i>	21	DOSE).....	15	<i>venlafaxine hcl</i>	30
<i>tranexamic acid</i>	17	TRUSELTIQ (125MG DAILY		<i>venlafaxine hcl er</i>	30
<i>tranylcypromine</i>		DOSE).....	15	VENTAVIS.....	59
<i>sulfate</i>	30	TRUSELTIQ (50MG DAILY		<i>verapamil hcl</i>	21
TRAVASOL.....	36	DOSE).....	15	<i>verapamil hcl er</i>	21
<i>travoprost (bak free)</i>	57	TRUSELTIQ (75MG DAILY		VERQUVO.....	21
<i>trazodone hcl</i>	30	DOSE).....	15	VERSACLOZ.....	30
TRECTOR.....	55	TUKYSA.....	15	VERZENIO.....	15
TRELEGY ELLIPTA.....	59	TULANA.....	46	VESTURA.....	46
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<i>vigabatrin</i>	30	XATMEP.....	49	Y	
VIGADRONE.....	30	XCOPRI.....	30	YF-VAX.....	49
VIGPODER.....	30	XCOPRI (250 MG DAILY		<i>yuvafem</i>	46
<i>vilazodone hcl</i>	30	DOSE).....	30	Z	
<i>viorele</i>	46	XCOPRI (350 MG DAILY		ZAFEMY.....	46
VIRACEPT.....	55	DOSE).....	30	<i>zafirlukast</i>	60
VIREAD.....	55	XDEMVY.....	57	<i>zaleplon</i>	30
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<i>voriconazole</i>	55	XOLAIR.....	59	ZENPEP.....	41
VOSEVI.....	55	XOSPATA.....	15	<i>zidovudine</i>	55
VOWST.....	41	XPOVIO (100 MG ONCE		<i>ziprasidone hcl</i>	30
VRAYLAR.....	30	WEEKLY).....	16	<i>ziprasidone mesylate</i>	31
VYFEMLA.....	46	XPOVIO (40 MG ONCE		ZIRGAN.....	55
VYLIBRA.....	46	WEEKLY).....	16	<i>zoledronic acid</i>	39
VYZULTA.....	57	XPOVIO (40 MG TWICE		ZOLINZA.....	16
W		WEEKLY).....	16	<i>zolpidem tartrate</i>	31
<i>warfarin sodium</i>	17	XPOVIO (60 MG ONCE		ZONISADE.....	31
WELIREG.....	15	WEEKLY).....	16	<i>zonisamide</i>	31
WERA.....	46	XPOVIO (60 MG TWICE		ZOVIA 1/35 (28).....	46
<i>wixela inhub</i>	59	WEEKLY).....	16	ZOVIA 1/35E (28).....	46
WYMZYA FE.....	46	XPOVIO (80 MG ONCE		ZTALMY.....	31
X		WEEKLY).....	16	ZUMANDIMINE.....	46
XALKORI.....	15	XPOVIO (80 MG TWICE		ZURZUVAE.....	31
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PACK.....	17	XULANE.....	46	ZYPREXA RELPREVV.....	31

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-928-6201** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-928-6201** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-928-6201** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-928-6201** (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-928-6201** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-928-6201** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-928-6201** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-928-6201** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-928-6201** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-928-6201** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على **1-800-928-6201** (TTY: **711**) سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-928-6201** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-928-6201** (TTY: **711**). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-928-6201** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-928-6201** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-928-6201** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-928-6201** (TTY: **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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This formulary was updated on 1/1/2025. For more recent information or other questions, please contact Anthem Blue Cross MediBlue Rx Plus (PDP) Pharmacy Customer Service, at **1-833-348-5281** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.anthem.com/ca**.

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