

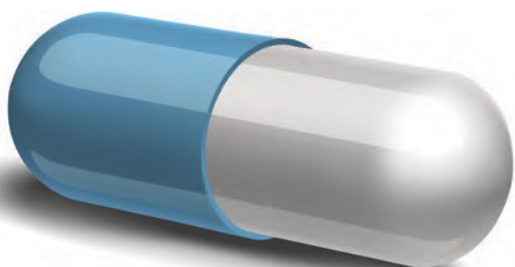
2021 Comprehensive Formulary

Jan. 1, 2021 – Dec. 31, 2021

888-645-6025 | TTY 711

Seven Days a Week, 8 A.M. to 8 P.M.
(October 1 to March 31)

Monday-Friday, 8 A.M. to 8 P.M.
(All Other Times)



BlueSM Retiree Rx Drug Plan (PDP)

Blue Retiree Rx
2021 Formulary
(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00021381, Version Number 14

This formulary was updated on 06/28/2021. For more recent information or other questions, please contact Blue Retiree Rx at 1-888-645-6025, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means BlueCross BlueShield of South Carolina. When it refers to “plan” or “our plan,” it means Blue Retiree Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of 07/01/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Blue Retiree Rx Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 Blue Retiree Rx Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from

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

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Retiree Rx Formulary?”

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

The enclosed formulary is current as of 07/01/2021. To get updated information about the drugs covered by Blue Retiree Rx, please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.SCBluesMedAdvantage.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 58. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Retiree Rx requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Blue Retiree Rx before you fill your prescriptions. If you don't get approval, Blue Retiree Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Retiree Rx limits the amount of the drug that Blue Retiree Rx will cover. For example, Blue Retiree Rx provides 30 tablets per 30 days for CABLIVI. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Retiree Rx 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, Blue Retiree Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Retiree Rx 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Blue Retiree Rx 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 Blue Retiree Rx's formulary?" on page v 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 Customer Service and ask if your drug is covered.

If you learn that Blue Retiree Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue Retiree Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Retiree Rx.
- You can ask Blue Retiree Rx 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 Blue Retiree Rx Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-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. 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 31-day emergency supply of that drug while you pursue a formulary exception.

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

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

If you have questions about Blue Retiree Rx, 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>.

Blue Retiree Rx’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue Retiree Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 58.

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

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

The information in the Drug Tier column tells you what tier each drug is in. The table below describes your share of the cost when you receive a covered Part D prescription drug for a 30-day or 90-day supply from a standard in-network retail pharmacy, or a 90-day supply through a standard mail-order pharmacy.

Blue Retiree Rx \$300 Annual Deductible

Drug Tiers and Tier Names	30-Day Standard Retail Supply	90-Day Standard Retail Supply	90-Day Standard Mail Order
Tier 1: Preferred Generic	\$5 copay	\$15 copay	\$12.50 copay
Tier 2: Generic	\$20 copay	\$60 copay	\$50 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$117.50 copay
Tier 4: Non-Preferred Drug	50% coinsurance	50% coinsurance	50% coinsurance
Tier 5: Specialty Tier	27% coinsurance	27% coinsurance	27% coinsurance

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on January 1 of each year.

2021 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	NEBU	Nebulization Solution
AERO	Aerosol	OINT	Ointment
AERP	Aerosol, Powder	POWD	Powder
AERS	Aerosol, Solution	PTCH	Patch
CAPS	Capsule	PTTW	Patch Twice Weekly
CART	Cartridge	PTWK	Patch Weekly
CHEW	Tablet, chewable	SHAM	Shampoo
CONC	Concentrate	SOAJ	Solution Auto-Injector
CPCR	Capsule Extended Release	SOCT	Solution Cartridge
CPCW	Capsule Chewable	SOLG	Gel Forming Solution
CPDR	Capsule-Delayed Release	SOLN	Solution
CPEP	Capsule Delayed Release Particles	SOLR	Solution Reconstituted
CPPK	Capsule Therapy Pack	SOPN	Solution Pen-Injector
CPSP	Capsule Sprinkle	SOSY	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	SRER	Reconstituted Susp that Releases Dose Over Extended Time
CP24	Capsule Extended Release 24 Hour	SUBL	Tablet, Sublingual
CREA	Cream	SUPN	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	SUPP	Suppository
ELIX	Elixir	SUSP	Suspension
EMUL	Emulsion	SUSR	Suspension Reconstituted
ENEM	Enema	SYRP	Syrup
FILM	Film	TABS	Tablet
GEL	Gel	TB12	Tablet Extended Release 12 Hour
GRAN	Granules	TB24	Tablet Extended Release 24 Hour
INHA	Inhaler	TB3D	Tablet Disintegrating Soluble
INJ	Injectable	TB3E	Tablet Disintegrating Soluble ER
KIT	Kit	TDCR	Tablet Extended Release
LIQD	Liquid	TBDP	Tablet Dispersible
LOTN	Lotion	TBEC	Tablet Delayed Release
LOZG	Lozenge	TBPK	Tablet Therapy Pack
LPOP	Lozenge on a Handle	TBSO	Tablet Soluble
NDS	Non-Extended Day Supply	TROC	Troche

Drug Tiers

Every drug on the plan's Drug List is in one of five cost sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

NDS = Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

ST = Step Therapy

LA = Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-888-645-6025, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. TTY users should call 711.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium</i>	4	
<i>diclofenac sodium dr</i>	4	
<i>diclofenac sodium er</i>	4	
<i>diclofenac sodium gel 1%</i>	4	QL (1000 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	4	PA
<i>diflunisal tabs 500mg</i>	4	
<i>ec-naproxen tbec 375mg</i>	2	
<i>etodolac tabs</i>	2	
<i>etodolac caps</i>	4	
<i>flurbiprofen tabs</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ibu tabs 600mg, 800mg</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	4	
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	4	
<i>naproxen tbec</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	4	
<i>sulindac tabs</i>	2	
Opioid Analgesics, Long-acting		
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
INFUMORPH 200	4	NDS
INFUMORPH 500	4	NDS
<i>methadone hcl intensol</i>	2	NDS
<i>methadone hcl conc, oral soln, tabs</i>	2	NDS
<i>methadone hcl inj</i>	4	NDS
<i>methadose sugar-free</i>	2	NDS
<i>methadose conc 10mg/ml</i>	2	NDS
<i>mitigo</i>	4	NDS
<i>morphine sulfate er tbc</i>	2	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
ABSTRAL SUBL 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	PA NDS
<i>acetaminophen/codeine</i>	2	NDS
<i>codeine sulfate tabs</i>	4	NDS
<i>endocet tabs 325mg; 5mg</i>	2	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	4	NDS

Last Updated: June 2021

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal</i>	5	PA NDS
<i>fentanyl citrate tabs</i>	4	PA
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	NDS
<i>hydromorphone hcl dosette</i>	4	NDS
<i>hydromorphone hcl tabs</i>	2	NDS
<i>hydromorphone hcl liqd</i>	4	NDS
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>hydromorphone hydrochloride inj 1mg/ml, 2mg/ml</i>	4	NDS
LAZANDA	4	PA NDS
<i>lorcet</i>	4	NDS
<i>lorcet hd</i>	4	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	NDS
<i>morphine sulfate tabs</i>	2	NDS
<i>morphine sulfate oral soln</i>	4	NDS
<i>morphine sulfate inj 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	4	B/D NDS
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	4	NDS
OXAYDO	5	NDS
<i>oxycodone hcl caps</i>	4	NDS
<i>oxycodone hydrochloride tabs</i>	2	NDS
<i>oxycodone hydrochloride caps, conc, soln</i>	4	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	4	NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	NDS
<i>tramadol hcl tabs</i>	2	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tabs 100mg</i>	2	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	4	NDS

Anesthetics

Local Anesthetics

<i>7t lido gel</i>	3	QL (30 GM per 30 days) PA
<i>glydo</i>	3	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly prsy</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly gel</i>	3	QL (30 ML per 30 days) PA
<i>lidocaine hcl prsy</i>	3	QL (30 ML per 30 days) PA
<i>lidocaine hcl soln</i>	4	QL (250 ML per 30 days) PA
<i>lidocaine/prilocaine crea</i>	3	QL (30 GM per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint 5%</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tabs</i>	3	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE SUBL 2MG; 0.5MG	2	QL (360 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
NARCAN LIQD	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	4	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	4	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	4	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)
NICOTROL NS	4	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>neomycin sulfate</i>	3	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 3 80mg/2ml</i>	3	
<i>tobramycin nebu 300mg/4ml</i>	5	B/D
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
CLEOCIN SUPP	4	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl caps 300mg, 75mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	4	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
IMPAVIDO	5	
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	5	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	4	
<i>metronidazole inj 5mg/ml; 0.79%</i>	3	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
SIVEXTRO TABS	5	QL (6 EA per 30 days)
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	2	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	5	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm, 250mg, 500mg, 750mg</i>	3	
<i>vandazole</i>	4	
XENLETA TABS	5	
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	4	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 1gm</i>	3	
<i>cefdinir</i>	2	
<i>cefepime hydrochloride inj 100gm</i>	2	
<i>cefepime inj 1gm, 2gm</i>	3	
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	3	
<i>cefotetan inj 1gm, 2gm</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	2	
<i>cephalexin susr</i>	2	
FETROJA	5	
SUPRAX CHEW	3	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj 1gm</i>	4	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	3	
<i>ampicillin caps 500mg</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>naficillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam</i>	3	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	3	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	3	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin susr, tabs</i>	2	
<i>azithromycin pack</i>	4	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	4	
<i>clarithromycin tabs</i>	2	
<i>clarithromycin susr</i>	4	
DIFICID	5	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base</i>	4	
<i>erythromycin dr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate tabs</i>	4	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	4	
<i>erythromycin cpep 250mg</i>	4	
<i>erythromycin tabs 250mg, 500mg</i>	4	
Quinolones		
<i>ciprofloxacin er tb24 500mg; 0</i>	4	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin susr 500mg/5ml</i>	2	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	4	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
Sulfonamides		
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	4	
<i>demeclocycline hydrochloride tabs 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate inj 100mg</i>	4	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
MINOCIN INJ	4	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxyne nl caps 100mg, 50mg</i>	2	
NUZYRA TABS	5	
SEYSARA	5	
<i>tetracycline hydrochloride caps</i>	4	
VIBRAMYCIN SYRP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLN, TABS	5	PA
ELEPSIA XR	5	
EPIDIOLEX	5	PA
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA
FYCOMPA	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam soln, tabs</i>	2	
NAYZILAM	5	QL (10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate csp, tabs</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	PA
XCOPRI TABS 200MG	5	PA
XCOPRI TBPK 0	4	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam susp</i>	4	
<i>clobazam tabs 10mg</i>	4	
<i>clobazam tabs 20mg</i>	4	
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	3	
<i>gabapentin caps 400mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	PA
<i>phenobarbital elix 20mg/5ml</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	PA
<i>primidone tabs</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
Sodium Channel Agents		
APTIOM	4	
BANZEL	5	
<i>carbamazepine er</i>	4	
<i>carbamazepine chew, susp, tabs</i>	2	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
<i>phenytoin sodium extended</i>	4	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide</i>	5	
VIMPAT SOLN	4	
VIMPAT TABS 50MG	4	
VIMPAT TABS 100MG, 150MG, 200MG	5	
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tabs</i>	4	
NAMZARIC CP24	4	QL (30 EA per 30 days) ST
NAMZARIC C4PK	4	QL (56 EA per 365 days) ST
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	2	
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	2	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>rivastigmine tartrate</i>	4	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	4	
Antidepressants		
Antidepressants, Other		

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>maprotiline hcl</i>	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
<i>desvenlafaxine er tb24 100mg</i>	4	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	4	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	4	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	4	
PAXIL SUSP	4	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride conc</i>	4	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	4	PA
<i>amoxapine</i>	4	
<i>clomipramine hcl caps</i>	4	
<i>desipramine hcl tabs</i>	4	
<i>doxepin hcl caps 100mg, 10mg, 150mg, 50mg, 75mg</i>	4	PA
<i>doxepin hcl conc</i>	4	PA
<i>doxepin hydrochloride caps 25mg</i>	4	PA
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate caps</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	4	QL (120 EA per 30 days)
<i>meclizine hcl tabs</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl plain</i>	4	
<i>promethazine hcl tabs 12.5mg</i>	4	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPS	4	QL (2 EA per 30 days) B/D
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	4	
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
<i>aprepitant caps 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	4	QL (8 EA per 30 days) B/D
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA
EMEND SUSR	4	QL (6 EA per 30 days) B/D
<i>granisetron hcl tabs</i>	4	QL (30 EA per 30 days) B/D
<i>ondansetron hcl soln</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride tabs</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
SANCUSO	5	QL (2 EA per 30 days)
SYNDROS	5	QL (120 ML per 30 days) PA

Antifungals

Antifungals

ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b inj</i>	4	B/D
<i>caspofungin acetate</i>	5	
<i>clotrimazole crea</i>	2	
<i>clotrimazole troc</i>	4	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	4	PA
<i>itraconazole soln</i>	5	PA
JUBLIA	4	
<i>ketoconazole sham</i>	2	
<i>ketoconazole crea, tabs</i>	4	
<i>miconazole 3 supp</i>	4	
NOXAFIL SUSP	5	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd</i>	2	
<i>nystatin susp, tabs</i>	4	
<i>nystop</i>	2	
ONMEL	5	
<i>posaconazole dr</i>	5	
<i>sulconazole nitrate crea</i>	2	
<i>terbinafine hcl tabs</i>	2	QL (84 EA per 180 days)
<i>terconazole crea 0.4%</i>	2	
<i>terconazole crea 0.8%</i>	4	
<i>terconazole supp</i>	4	
<i>voriconazole tabs</i>	4	
<i>voriconazole inj, susr</i>	5	

Antigout Agents

Antigout Agents

<i>allopurinol tabs</i>	2	
COLCHICINE CAPS	4	
COLCHICINE TABS 0.6MG	4	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	4	
<i>probenecid tabs</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate inj</i>	5	PA
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	3	
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 30 days) PA
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 30 days) PA
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA
EMGALITY INJ 100MG/ML	5	QL (3 ML per 30 days) PA
NURTEC	5	QL (15 EA per 30 days) PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate refill</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate inj</i>	4	QL (5 ML per 30 days)
<i>sumatriptan soln</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs</i>	4	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg, 25mg</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid syrp, tabs</i>	2	
<i>paser</i>	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps, inj</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide caps</i>	3	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	5	
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>ifosfamide inj 3gm</i>	4	
LEUKERAN	5	
MATULANE	5	
<i>paraplatin inj 1000mg/100ml</i>	2	
<i>paraplatin inj 450mg/45ml, 50mg/5ml</i>	4	
PEPAXTO	5	PA
<i>thiotepa inj 100mg</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
<i>adrucil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>cytarabine aqueous</i>	2	B/D
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	2	B/D
DROXIA	4	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	4	
PURIXAN	5	
SIKLOS TABS 100MG	4	PA
SIKLOS TABS 1000MG	5	PA
TABLOID	4	
Antineoplastics, Other		

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

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin</i>	2	B/D
<i>bleomycin sulfate</i>	2	B/D
GAVRETO	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LONSURF	5	PA
NINLARO	5	PA
ONUREG	5	PA
<i>paclitaxel inj 100mg/16.67ml</i>	2	
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHEGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN INJ 27.5MG/5.5ML	5	PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TUKYSA	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>irinotecan hydrochloride inj 300mg/15ml</i>	2	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
Molecular Target Inhibitors		
AFINITOR DISPERZ	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
ALECENSA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride</i>	5	PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
FARYDAK	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA
ICLUSIG TABS 30MG, 45MG	5	PA
ICLUSIG TABS 10MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA CAPS	5	
LYNPARZA TABS	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA
NEXAVAR	5	PA
ODOMZO	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TAGRISSE TABS 80MG	5	PA
TAGRISSE TABS 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	PA
TYKERB	5	PA
UKONIQ	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
AVASTIN	5	PA
BAVENCIO	5	PA
DANYELZA	5	PA
DARZALEX FASPRO	5	PA
HERCEPTIN INJ 150MG	5	PA
HERZUMA INJ 420MG	5	
IMFINZI	5	PA
JEMPERLI	5	PA
KANJINTI	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA

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Drug Name	Drug Tier	Requirements/Limits
MVASI	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
POLIVY	5	PA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
YERVOY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tabs</i>	3	
MESNEX TABS	5	
TOTECT	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	4	
Antiprotozoals		
ALINIA	5	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	2	
<i>mefloquine hcl</i>	4	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
<i>pentamidine isethionate inj</i>	4	
<i>primaquine phosphate tabs</i>	4	
<i>pyrimethamine tabs</i>	5	PA
<i>quinine sulfate caps 324mg</i>	2	PA
Antiparkinson Agents		

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Drug Name	Drug Tier	Requirements/Limits
Anticholinergics		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER TB24	4	PA
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tabs</i>	4	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl tabs</i>	2	
<i>selegiline hcl caps</i>	4	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	4	
<i>chlorpromazine hcl tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl conc, tabs</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>haloperidol decanoate inj</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	4	
<i>loxapine caps 10mg</i>	4	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	4	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tabs 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
ABILIFY MYCITE	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE MAINTENANCE KIT	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE STARTER KIT	5	QL (60 EA per 365 days) ST
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID	5	PA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	4	
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	
<i>risperidone odt</i>	4	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs</i>	2	QL (60 EA per 30 days)
SAPHRIS	5	QL (60 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days) PA
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	3	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	3	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	3	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium caps</i>	4	
DYSPORT	5	PA
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg</i>	3	B/D
<i>ganciclovir inj 500mg/10ml</i>	3	B/D
PREVYMIS INJ	5	
PREVYMIS TABS	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDGE SOLN	5	QL (600 ML per 30 days)
<i>entecavir</i>	4	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
<i>lamivudine tabs 100mg</i>	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	QL (336 EA per 365 days) PA
<i>ribavirin tabs 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	QL (30 EA per 30 days)
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>efavirenz caps 50mg</i>	4	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz tabs</i>	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine</i>	3	
<i>nevirapine er</i>	4	
PIFELTRO	5	
RESCRIPTOR TABS 200MG	4	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	QL (30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	2	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
EMTRIVA	4	
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	4	
<i>lamivudine tabs 150mg, 300mg</i>	4	
ODEFSEY	5	QL (30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine caps</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
TEMIXYS	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRUVADA	5	QL (30 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 150MG, 300MG, 75MG	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
CRIXIVAN CAPS 200MG, 400MG	3	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	5	
NORVIR PACK	3	
NORVIR SOLN	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl syrp</i>	2	
<i>amantadine hcl caps, tabs</i>	4	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL (1080 ML per 365 days)
<i>rimantadine hydrochloride</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
XOFLUZA	3	QL (4 EA per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<i>hydroxyzine pamoate caps</i>	4	
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam conc, oral soln</i>	4	
<i>diazepam inj 5mg/ml</i>	4	
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	2	
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	2	
BYDUREON	4	QL (4 EA per 28 days)
BYDUREON BCISE	4	QL (3.4 ML per 28 days)
BYDUREON PEN	4	QL (4 EA per 28 days)
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tabs</i>	1	
<i>glyburide micronized</i>	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tabs</i>	2	
GLYXAMBI	3	
INVOKAMET	4	ST
INVOKAMET XR	4	ST
INVOKANA	4	ST
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KOMBIGLYZE XR	4	ST
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride tabs</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	4	ST
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC INJ 2MG/1.5ML	3	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl-glimepiride</i>	4	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days)
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days)
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA	3	QL (9 ML per 30 days)
XIGDUO XR	3	
<i>Glycemic Agents</i>		
<i>diazoxide susp</i>	5	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD	3	
SUGAR INJ 1MG		
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
PROGLYCEM	5	
<i>Insulins</i>		

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	

Blood Products and Modifiers

Anticoagulants

ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven</i>	2	
<i>warfarin sodium tabs</i>	2	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG, 2.5MG	3	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
MOZOBIL	5	QL (38.4 ML per 365 days) PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUPOGEN	5	ST
NIVESTYM	5	ST
NPLATE	5	PA
NYVEPRIA	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
UDENYCA	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>aminocaproic acid tabs</i>	4	
<i>tranexamic acid tabs</i>	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE	4	
BRILINTA	4	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	2	
<i>clopidogrel tabs 75mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel</i>	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	4	
<i>clonidine hydrochloride tabs</i>	2	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	4	
<i>methyldopa tabs 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps 1mg, 5mg</i>	2	
<i>prazosin hydrochloride caps 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>eprosartan mesylate</i>	4	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>valsartan</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril tabs</i>	2	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl tabs 400mg</i>	4	
<i>amiodarone hydrochloride tabs 200mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	4	
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin oral soln</i>	4	
<i>digoxin inj 0.25mg/ml</i>	4	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>disopyramide phosphate caps</i>	4	
<i>dofetilide</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	2	
LANOXIN TABS 62.5MCG	4	
<i>mexiletine hcl</i>	4	
NORPACE CR	4	
<i>pacerone tabs 200mg</i>	2	
<i>pacerone tabs 100mg, 400mg</i>	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride af</i>	2	
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	4	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	
<i>pindolol tabs</i>	4	
<i>propranolol hcl er cp24 120mg, 160mg</i>	4	
<i>propranolol hcl soln</i>	4	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	4	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	4	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	
NYMALIZE SOLN 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	4	
<i>diltiazem hcl tabs</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er cp24 360mg</i>	4	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	4	
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl sr cp24</i>	4	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24</i>	4	
<i>verapamil hydrochloride tabs</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	2	
ALDACTAZIDE TABS 50MG; 50MG	4	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	4	
<i>amlodipine besylate/atorvastatin calcium</i>	4	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 12.5mg, 5mg; 6.25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABS	4	QL (60 EA per 30 days) PA
DEMSER	5	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL (60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	4	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	4	
<i>propranolol/hydrochlorothiazide</i>	4	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone/hydrochlorothiazide</i>	4	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide inj</i>	2	
<i>bumetanide tabs</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide oral soln</i>	1	
<i>furosemide inj</i>	2	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg, 80mg</i>	1	
<i>toremide tabs</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	
<i>eplerenone</i>	4	
<i>spironolactone tabs</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	2	
<i>metolazone</i>	4	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 200mg, 67mg</i>	2	
<i>fenofibrate caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 43mg</i>	4	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	4	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tabs</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine pack, powd</i>	4	
<i>colesevelam hydrochloride tabs</i>	4	
<i>colestipol hcl</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	PA
JUXTAPID	5	QL (30 EA per 30 days) PA
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	2	PA
<i>prevalite</i>	4	
REPATHA	4	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	4	QL (3.5 ML per 28 days) PA
<i>repatha sureclick</i>	4	QL (3 ML per 28 days) PA
VASCEPA	4	PA
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR	4	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	4	
<i>isosorbide dinitrate tabs 40mg</i>	5	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tabs</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24</i>	4	QL (30 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	4	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days)
<i>guanfacine er</i>	4	
<i>metadate er tbcr 20mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 10mg</i>	4	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 20mg</i>	4	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride chew 10mg</i>	4	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
FIRDAPSE	5	QL (240 EA per 30 days) PA
NUEDEXTA	4	PA
RADICAVA	5	PA
<i>riluzole</i>	3	PA
RUZURGI	5	QL (300 EA per 30 days) PA
<i>tetrabenazine</i>	5	PA
TIGLUTIK	5	PA
Fibromyalgia Agents		
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln</i>	2	QL (900 ML per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
<i>dalfampridine er</i>	5	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	5	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack misc 0</i>	5	QL (120 EA per 365 days) PA
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (0.4 ML per 28 days) PA
<i>mitoxantrone hcl inj 2mg/ml</i>	4	PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (4 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA
TYSABRI	5	PA
ZEPOSIA	5	QL (30 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate soln</i>	2	
<i>doxycycline hyclate tabs 20mg</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	4	
<i>paroex</i>	2	
<i>perio gard</i>	2	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	4	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
AC CUTANE	4	PA
<i>acitretin caps 10mg</i>	3	
<i>acitretin caps 17.5mg, 25mg</i>	4	
<i>amnesteam</i>	4	PA
<i>avita</i>	4	PA
<i>azelaic acid</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>myorisan</i>	4	PA
<i>rosadan</i>	4	
<i>tazarotene crea</i>	4	
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort crea 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate crea, lotn</i>	3	
<i>augmented betamethasone dipropionate crea</i>	2	
<i>augmented betamethasone dipropionate lotn, oint</i>	4	
<i>betamethasone dipropionate crea, lotn</i>	3	
<i>betamethasone dipropionate oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, soln</i>	4	
<i>desonide</i>	4	
EUCRISA	4	PA
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	4	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide emulsified base</i>	3	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide crea 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	3	
<i>fluticasone propionate crea 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate oint</i>	4	
HALOG SOLN	4	
<i>hydrocortisone butyrate crea, oint, soln</i>	4	
<i>hydrocortisone valerate oint</i>	3	
<i>hydrocortisone valerate crea</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	3	
<i>pimecrolimus</i>	4	
<i>prednicarbate oint</i>	4	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>tovet</i>	4	
<i>triamcinolone acetonide crea, lotn</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>diclofenac sodium gel 3%</i>	4	
FLUOROPLEX CREA	5	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln 2%, 5%</i>	4	
<i>imiquimod crea 5%</i>	3	
<i>methoxsalen caps</i>	5	
<i>nystatin/triamcinolone acetonide crea</i>	4	
<i>nystatin/triamcinolone oint</i>	4	
PICATO	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>podofilox</i>	4	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
WYNZORA	5	QL (420 GM per 28 days)
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	4	
<i>lindane sham</i>	4	
<i>malathion</i>	4	
<i>permethrin crea</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir oint 5%</i>	4	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox sham, susp</i>	4	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>dapsone gel 5%, 7.5%</i>	4	
<i>ery</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pads 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	4	B/D
CARBAGLU	5	
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
CLINIMIX E 8/10	4	B/D
CLINIMIX E 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
PLENAMINE	4	B/D
<i>potassium chloride cr tbcr 10meq</i>	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride sr tbcr 8meq</i>	2	
<i>potassium chloride pack, soln</i>	4	
<i>potassium citrate er tbcr 1080mg, 540mg</i>	4	
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	4	B/D
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%</i>	2	
<i>sodium fluoride tabs 1mg</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
CLOVIQUE	5	PA
<i>deferasirox</i>	5	PA
<i>deferiprone</i>	5	PA
FERRIPROX	5	PA
FERRIPROX TWICE-A-DAY	5	PA
JADENU SPRINKLE	5	PA
<i>jynarque tbpk</i>	5	QL (56 EA per 28 days)
<i>sodium polystyrene sulfonate powd 0</i>	4	
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate caps</i>	4	
<i>calcium acetate tabs 667mg</i>	2	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack</i>	5	
<i>sevelamer hydrochloride tabs 400mg</i>	4	
<i>sevelamer hydrochloride tabs 800mg</i>	5	
Potassium Binders		
<i>kionex</i>	3	
<i>sodium polystyrene sulfonate oral susp 15gm/60ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal susp 30gm/120ml, 50gm/200ml</i>	4	
<i>sps</i>	4	
<i>veltassa</i>	5	
Vitamins		
<i>prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 4000unit; 3mg; 1.84mg; 22mg; 25mg</i>	2	
<i>vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2500unit; 2.2mg; 6mg; 30unit; 20mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	3	QL (60 EA per 30 days)
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose soln</i>	2	
LINZESS	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	3	QL (60 EA per 30 days)
<i>polyethylene glycol 3350 pack 17gm</i>	2	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	2	
RELISTOR TABS	5	QL (90 EA per 30 days) ST
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA
<i>diphenoxylate/atropine tabs</i>	2	
<i>loperamide hcl caps</i>	2	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycate</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>glycopyrrolate tabs 1.5mg</i>	4	
<i>methscopolamine bromide tabs</i>	4	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CLENPIQ	3	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	4	
<i>gavilyte-n/flavor pack</i>	2	
GIMOTI	5	ST
<i>metoclopramide hcl soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride tabs</i>	2	
MYALEPT	5	PA
<i>opium</i>	4	
<i>opium tincture tinc 1%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350,sodium sulf,naclpotassium cl,na ascorbate,ascorbic</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
<i>ursodiol tabs</i>	3	
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucrafate tabs</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium pack</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium cpdr</i>	4	QL (60 EA per 30 days)
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tbec 40mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium pack, tbec</i>	2	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	2	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP INJ 1000MG, 500MG	5	PA
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME INJ 35MG	5	PA
GALAFOLD	5	QL (14 EA per 28 days) PA
KANUMA	5	PA
KUVAN	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
ORFADIN SUSP	5	
ORFADIN CAPS 20MG	5	
PROCYSBI CPDR	5	PA
PROLASTIN-C INJ 1000MG	5	PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powd</i>	5	
STRENSIQ	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
VYNDAQEL	5	QL (120 EA per 30 days) PA
ZEMAIRA	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA
ZOLGENSMA 10.1-10.5 KG	5	PA
ZOLGENSMA 10.6-11.0 KG	5	PA
ZOLGENSMA 11.1-11.5 KG	5	PA
ZOLGENSMA 11.6-12.0 KG	5	PA
ZOLGENSMA 12.1-12.5 KG	5	PA
ZOLGENSMA 12.6-13.0 KG	5	PA
ZOLGENSMA 13.1-13.5 KG	5	PA
ZOLGENSMA 2.6-3.0 KG	5	PA
ZOLGENSMA 3.1-3.5 KG	5	PA
ZOLGENSMA 3.6-4.0 KG	5	PA
ZOLGENSMA 4.1-4.5 KG	5	PA
ZOLGENSMA 4.6-5.0 KG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 5.1-5.5 KG	5	PA
ZOLGENSMA 5.6-6.0 KG	5	PA
ZOLGENSMA 6.1-6.5 KG	5	PA
ZOLGENSMA 6.6-7.0 KG	5	PA
ZOLGENSMA 7.1-7.5 KG	5	PA
ZOLGENSMA 7.6-8.0 KG	5	PA
ZOLGENSMA 8.1-8.5 KG	5	PA
ZOLGENSMA 8.6-9.0 KG	5	PA
ZOLGENSMA 9.1-9.5 KG	5	PA
ZOLGENSMA 9.6-10.0 KG	5	PA
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrps, tabs</i>	2	
<i>tolterodine tartrate</i>	4	
<i>tolterodine tartrate er</i>	4	
<i>tropium chloride</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride caps</i>	4	
<i>finasteride tabs</i>	2	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	3	
<i>d-penamamine</i>	5	
ELMIRON	4	
<i>penicillamine tabs</i>	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tabs 25mg</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
<i>prednisone tbpk</i>	2	
<i>prednisone soln</i>	4	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate inj</i>	4	
<i>desmopressin acetate nasal soln 0.01%</i>	4	
<i>desmopressin acetate nasal soln 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
STIMATE SOLN	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	5	PA
<i>oxandrolone tabs 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate inj</i>	2	PA
TESTOSTERONE PUMP GEL 1%	4	PA
<i>testosterone pump gel 1.62%</i>	4	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	4	PA
<i>testosterone gel 1.62%</i>	4	PA
<i>Estrogens</i>		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	4	QL (91 EA per 91 days)
<i>amethia lo</i>	4	QL (91 EA per 91 days)
<i>apri</i>	2	
<i>aranelle</i>	4	
<i>ashlyna</i>	4	QL (91 EA per 91 days)
<i>aubra</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	4	QL (91 EA per 91 days)
<i>camrese lo</i>	4	QL (91 EA per 91 days)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	4	QL (91 EA per 91 days)
<i>delyla</i>	2	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>dotti</i>	4	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	2	
ELESTRIN	4	
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	4	
<i>estradiol crea, pttw, pttwk, oral tabs, vaginal tabs</i>	4	
ESTRING	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>fyavolv</i>	4	
<i>gemmily</i>	2	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>iclevia</i>	4	QL (91 EA per 91 days)
<i>introvale</i>	4	QL (91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>isibloom</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL (91 EA per 91 days)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	4	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyllana</i>	4	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>mononessa</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 10/11-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs</i>	2	
<i>20mcg; 75mg; 1mg</i>		
<i>norethindrone acetate/ethinyl estradiol tabs</i>	2	
<i>20mcg; 1mg</i>		
<i>norethindrone acetate/ethinyl estradiol tabs</i>	4	
<i>2.5mcg; 0.5mg, 5mcg; 1mg</i>		
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	4	
PREMARIN TABS 0.3MG	3	
PREMARIN TABS 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	4	QL (91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>trinessa</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
<i>errin</i>	2	
<i>heather</i>	2	
HYDROXYPROGESTERONE CAPROATE INJ 250MG/ML	5	PA
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
MAKENA INJ 275MG/1.1ML	5	PA
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	4	QL (1 ML per 90 days)
<i>megestrol acetate tabs</i>	4	PA
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone inj</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	4	
<i>liothyronine sodium tabs</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	5	PA
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	5	PA
<i>cabergoline</i>	3	
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
MYCAPSSA	5	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml</i>	5	PA
ORGOVYX	5	PA
ORIAHNN	5	QL (56 EA per 28 days) PA
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	QL (1 EA per 365 days) PA
SYNAREL	5	
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
KALBITOR	5	PA
RUCONEST	5	PA
TAKHZYRO	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJ 5GM/50ML	5	PA
<i>carimune nanofiltered inj 12gm, 6gm</i>	5	PA
CUVITRU	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA
<i>gammagard liquid inj 10gm/100ml, 1gm/10ml, 2.5gm/25ml, 20gm/200ml, 5gm/50ml</i>	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B	5	B/D
HIZENTRA	5	PA
HYPERHEP B	5	B/D
HYPERRAB	3	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
VARIZIG INJ 125UNIT/1.2ML	3	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	PA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ARCALYST	5	PA
BENLYSTA INJ 200MG/ML	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX INJ 150MG/ML	5	PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ENSPRYNG	5	PA
ENTYVIO	5	PA
GAMIFANT INJ 100MG/20ML	5	PA
ILUMYA	5	PA
LEMTRADA	5	PA
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
ORENCIA INJ 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	5	PA
RINVOQ	5	PA
SKYRIZI	5	PA
SKYRIZI PEN	5	PA
SOLIRIS	5	PA
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYLVANT	5	PA
ULTOMIRIS	5	PA
UPLIZNA	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
SYLATRON	5	PA
Immunosuppressants		
AZASAN	4	B/D
<i>azathioprine tabs</i>	3	B/D
BENLYSTA INJ 120MG, 400MG	5	PA
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine caps</i>	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	3	B/D
<i>gengraf soln</i>	3	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
INFLECTRA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i>	3	
LUPKYNIS	5	QL (180 EA per 30 days) PA
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate tabs</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	3	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
NULOJIX	5	
ORENCIA INJ 250MG	5	PA
PROGRAF PACK 0.2MG	4	B/D
PROGRAF PACK 1MG	5	B/D
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA
RENFLEXIS	5	PA
SANDIMMUNE SOLN	4	B/D
<i>sirolimus soln</i>	5	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D
<i>sirolimus tabs 2mg</i>	5	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
ZORTRESS TABS 1MG	5	B/D
Vaccines		
ACTHIB INJ 0	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
<i>menquadfi</i>	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
ZOSTAVAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium</i>	4	
MESALAMINE DR TBEC 800MG	4	
<i>mesalamine dr tbec 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
SFROWASA	4	
<i>sulfasalazine tabs, tbec</i>	2	

Glucocorticoids

BUDESONIDE ER	5	
<i>budesonide cpep 3mg</i>	4	
<i>colocort</i>	4	
CORTIFOAM FOAM	4	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
ORTIKOS	5	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 5mg</i>	2	
<i>alendronate sodium tabs 70mg</i>	2	QL (4 EA per 28 days)
<i>alendronate sodium tabs 40mg</i>	4	
<i>calcitonin-salmon soln</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps</i>	2	
<i>calcitriol oral soln</i>	4	
<i>calcitriol inj 1mcg/ml</i>	2	
CINACALCET HYDROCHLORIDE TABS 30MG	4	
CINACALCET HYDROCHLORIDE TABS 60MG, 90MG	5	
<i>doxercalciferol caps</i>	4	
<i>etidronate disodium</i>	4	
FORTEO INJ 620MCG/2.48ML	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
NATPARA	5	QL (2 EA per 28 days) PA
<i>paricalcitol caps</i>	4	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	3	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	3	
DOJOLVI	5	PA
ELLA	3	
GIVLAARI	5	PA
<i>intralipid inj 20gm/100ml</i>	4	B/D
<i>levocarnitine soln, tabs</i>	4	
<i>nutrilipid</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 PACK	3	QL (30 EA per 30 days)
OMNIPOD DASH 5 PACK	3	QL (30 EA per 30 days)
OMNIPOD DASH SYSTEM	3	QL (1 EA per 365 days)
OMNIPOD STARTER KIT	3	QL (1 EA per 365 days)
ORLADEYO	5	QL (30 EA per 30 days) PA
OXLUMO	5	PA
PALFORZIA INITIAL DOSE ESCALATION	5	PA
PALFORZIA LEVEL 1	5	PA
PALFORZIA LEVEL 10	5	PA
PALFORZIA LEVEL 11 (MAINTENANCE)	5	PA
PALFORZIA LEVEL 11 (TITRATION)	5	PA
PALFORZIA LEVEL 2	5	PA
PALFORZIA LEVEL 3	5	PA
PALFORZIA LEVEL 4	5	PA
PALFORZIA LEVEL 5	5	PA
PALFORZIA LEVEL 6	5	PA
PALFORZIA LEVEL 7	5	PA
PALFORZIA LEVEL 8	5	PA
PALFORZIA LEVEL 9	5	PA
<i>sodium chloride 0.9%</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water irrigation</i>	2	
<i>sterile water irrigation plastic bottle</i>	2	
<i>sterile water irrigation w/hanger</i>	2	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VILTEPSO	5	PA
VISTOGARD	5	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate soln</i>	3	
<i>bacitracin/polymyxin b</i>	4	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
COMBIGAN	4	
CYSTADROPS	5	QL (20 ML per 28 days) PA
CYSTARAN	5	QL (60 ML per 28 days) PA
<i>dorzolamide hcl/timolol maleate</i>	3	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
OXERVATE	5	QL (56 ML per 28 days) PA
<i>polycin</i>	4	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	4	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>bepotastine besilate</i>	4	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
PAZEO	4	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	3	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak oint</i>	4	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	3	
<i>sulfacetamide sodium</i>	3	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	
TOBREX OINT	4	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
ALREX	4	
<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate soln</i>	3	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	4	
DUREZOL	4	

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Drug Name	Drug Tier	Requirements/Limits
FLAREX	4	
<i>flurbiprofen sodium</i>	2	
FML FORTE	4	
<i>ketorolac tromethamine ophthalmic soln 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic soln 0.4%</i>	3	
LOTEMAX SM	4	QL (20 GM per 365 days)
LOTEMAX OINT	4	QL (14 GM per 365 days)
LOTEMAX GEL	4	QL (20 GM per 365 days)
<i>loteprednol etabonate susp</i>	4	
<i>loteprednol etabonate gel</i>	4	QL (20 GM per 365 days)
<i>prednisolone acetate</i>	4	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	3	
PROLENSA	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<i>timolol maleate soln 0.5%</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	4	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	3	
AZOPT	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	3	
<i>methazolamide tabs</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	4	
RHOPRESSA	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
DURYSTA	5	
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>ciprofloxacin soln 0.2%</i>	4	
<i>flac</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide ear drops</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	2	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER	3	QL (21.2 GM per 30 days) ST
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	4	QL (23 GM per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl syrp</i>	4	
<i>hydroxyzine hcl tabs 50mg</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		
<i>montelukast sodium chew, tabs</i>	2	
<i>montelukast sodium pack</i>	4	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	4	
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate syrp, tabs</i>	4	
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EIPEN 2-PAK	4	
EIPEN-JR 2-PAK	4	
<i>levalbuterol tartrate hfa</i>	3	QL (30 GM per 30 days)
<i>metaproterenol sulfate syrp</i>	4	
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
ORKAMBI PACK	5	QL (56 EA per 28 days) PA
PULMOZYME	5	PA
SYMDEKO TBPK 75MG; 50MG	5	QL (60 EA per 30 days) PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebu 300mg/5ml</i>	5	B/D
TRIKAFTA	4	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
<i>theophylline er tb24</i>	4	
<i>theophylline er tb12 300mg, 450mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>alyq</i>	5	QL (60 EA per 30 days) PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tabs</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil</i>	5	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	4	B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
BRONCHITOL	5	QL (560 EA per 28 days) PA
BRONCHITOL TOLERANCE TEST	5	QL (560 EA per 28 days) PA
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days)
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	4	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL (30 EA per 30 days)
HETLIOZ	5	QL (30 EA per 30 days) PA
HETLIOZ LQ	5	QL (158 ML per 30 days) PA
<i>ramelteon</i>	4	QL (30 EA per 30 days)
<i>temazepam caps 15mg, 30mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days)
<i>zolpidem tartrate tabs</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>modafinil</i>	3	QL (30 EA per 30 days) PA
XYREM	4	QL (540 ML per 30 days) PA
XYWAV	5	QL (540 ML per 30 days) PA

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<i>abacavir sulfate</i>	21
<i>abacavir sulfate/lamivudine</i>	21
<i>abacavir sulfate/lamivudine/zidovudine</i>	21
ABELCET	11
ABILIFY MAINTENA	19
ABILIFY MYCITE	19
ABILIFY MYCITE MAINTENANCE KIT	19
ABILIFY MYCITE STARTER KIT	19
<i>abiraterone acetate</i>	13
ABSTRAL	1
<i>acamprosate calcium dr</i>	3
<i>acarbose</i>	23
ACCUTANE	33
<i>acebutolol hcl</i>	28
<i>acebutolol hydrochloride</i>	28
<i>acetaminophen/codeine</i>	1
<i>acetazolamide</i>	29
<i>acetazolamide er</i>	54
<i>acetic acid</i>	54
<i>acetic acid 0.25%</i>	40
<i>acetylcysteine</i>	57
<i>acitretin</i>	33
ACTEMRA	47
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ACTHIB	49
ACTIMMUNE	48
<i>acyclovir</i>	23
<i>acyclovir</i>	35
<i>acyclovir sodium</i>	23
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<i>adefovir dipivoxil</i>	20
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<i>aliskiren</i>	29
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<i>amantadine hcl</i>	22
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<i>ambrisentan</i>	56
<i>amethia</i>	41
<i>amethia lo</i>	41
<i>amiloride hcl</i>	30
<i>amiloride/hydrochlorothiazide</i>	29
<i>aminocaproic acid</i>	26
AMINOSYN II	35
<i>amiodarone hcl</i>	27
<i>amiodarone hydrochloride</i>	27
AMITIZA	37
<i>amitriptyline hcl</i>	10
<i>amitriptyline hydrochloride</i>	10
<i>amlodipine besylate</i>	28
<i>amlodipine besylate/atorvastatin calcium</i>	29
<i>amlodipine besylate/benazepril hydrochloride</i>	29
<i>amlodipine besylate/valsartan</i>	29
<i>ammonium lactate</i>	33
<i>amnesteem</i>	33
<i>amoxapine</i>	10
<i>amoxicillin</i>	5
<i>amoxicillin/clavulanate potassium</i>	5
<i>amoxicillin/clavulanate potassium er</i>	5
<i>amphetamine/dextroamphetamine</i>	31
<i>amphotericin b</i>	11
<i>ampicillin</i>	5
<i>ampicillin sodium</i>	5

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ANADROL-50	41	<i>aubra eq</i>	42
<i>anagrelide hydrochloride</i>	26	<i>augmented betamethasone dipropionate</i>	33
<i>anastrozole</i>	14	AUGMENTIN	5
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ANORO ELLIPTA	57	AUSTEDO	32
ANZEMET	10	AVASTIN	16
APOKYN	18	<i>aviane</i>	42
<i>apraclonidine</i>	54	<i>avita</i>	33
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<i>aranelle</i>	41	<i>azelaic acid</i>	33
ARANESP ALBUMIN FREE	26	<i>azelastine hcl</i>	53
ARCALYST	47	<i>azelastine hcl</i>	55
<i>aripiprazole</i>	19	<i>azelastine hydrochloride</i>	55
<i>aripiprazole odt</i>	19	<i>azelastine hydrochloride/fluticasone propionate</i>	55
ARISTADA	19	<i>azithromycin</i>	5
ARISTADA INITIO	19	AZOPT	54
ARNUIITY ELLIPTA	55	<i>aztreonam</i>	3
<i>asenapine maleate sl</i>	19	<i>bacitracin</i>	53
<i>ashlyna</i>	41	<i>bacitracin/polymyxin b</i>	52
ASMANEX HFA	55	<i>baclofen</i>	20
ASMANEX TWISTHALER 120 METERED DOSES	55	BAFIERTAM	32
ASMANEX TWISTHALER 14 METERED DOSES	55	<i>balsalazide disodium</i>	50
ASMANEX TWISTHALER 30 METERED DOSES	55	BALVERSA	14
ASMANEX TWISTHALER 60 METERED DOSES	55	<i>balziva</i>	42
ASMANEX TWISTHALER 7 METERED DOSES	55	BANZEL	8
ASPIRIN/DIPYRIDAMOLE	26	BARACLUDGE	20
<i>atazanavir</i>	22	BAVENCIO	16
<i>atazanavir sulfate</i>	22	BCG VACCINE	49
<i>atenolol</i>	28	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	51
<i>atenolol/chlorthalidone</i>	29	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	51
<i>atomoxetine</i>	31	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	51
<i>atorvastatin calcium</i>	30	BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	51
<i>atovaquone</i>	17	BD INSULIN SYRINGE/1ML/29G X 12.7MM	51
<i>atovaquone/proguanil hcl</i>	17	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	51
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BELSOMRA	57	<i>brinzolamide</i>	54
<i>benazepril hcl</i>	27	BRIVIACT	6
<i>benazepril hcl/hydrochlorothiazide</i>	29	<i>bromfenac</i>	53
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<i>bepotastine besilate</i>	53	BUDESONIDE ER	50
BEPREVE	53	<i>bumetanide</i>	30
BERINERT	46	<i>buprenorphine hcl</i>	3
BESIVANCE	53	<i>buprenorphine hcl/naloxone hcl</i>	3
<i>betamethasone dipropionate</i>	33	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
<i>betamethasone valerate</i>	33	<i>bupropion hcl</i>	9
BETASERON	32	<i>bupropion hydrochloride</i>	9
<i>betaxolol hcl</i>	28	<i>bupropion hydrochloride er (sr)</i>	3
<i>betaxolol hcl</i>	54	<i>bupropion hydrochloride er (sr)</i>	9
<i>bethanechol chloride</i>	40	<i>bupropion hydrochloride er (xl)</i>	9
BETIMOL	54	<i>buspirone hcl</i>	23
<i>bexarotene</i>	17	<i>buspirone hydrochloride</i>	23
BEXSERO	49	BYDUREON	23
<i>bicalutamide</i>	13	BYDUREON BCISE	23
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BICILLIN L-A	5	BYNFEZIA PEN	46
BIKTARVY	20	BYSTOLIC	28
<i>bimatoprost</i>	54	CABENUVA	20
<i>bisoprolol fumarate</i>	28	<i>cabergoline</i>	46
<i>bisoprolol fumarate/hydrochlorothiazide</i>	29	CABLIVI	26
BIVIGAM	47	CABOMETYX	15
<i>bleomycin</i>	14	<i>calcipotriene</i>	34
<i>bleomycin sulfate</i>	14	<i>calcitonin-salmon</i>	51
BLEPHAMIDE	52	<i>calcitriol</i>	51
BLEPHAMIDE S.O.P.	52	<i>calcium acetate</i>	36
<i>blisovi 24 fe</i>	42	CALQUENCE	15
<i>blisovi fe 1.5/30</i>	42	<i>camila</i>	45
<i>blisovi fe 1/20</i>	42	<i>camrese</i>	42
BOOSTRIX	49	<i>camrese lo</i>	42
BOSULIF	15	<i>candesartan cilexetil</i>	27
BRAFTOVI	15	<i>candesartan cilexetil/hydrochlorothiazide</i>	29
BREO ELLIPTA	57	CAPLYTA	19
BREZTRI AEROSPHERE	55	CAPRELSA	15
<i>briellyn</i>	42	<i>captopril</i>	27
		<i>captopril/hydrochlorothiazide</i>	29

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Drug Name	Page #	Drug Name	Page #
CARBAGLU	35	<i>chlorzoxazone</i>	57
<i>carbamazepine</i>	8	CHOLBAM	38
<i>carbamazepine er</i>	8	<i>cholestyramine</i>	30
<i>carbidopa</i>	18	<i>cholestyramine light</i>	30
<i>carbidopa/levodopa</i>	18	<i>ciclodan</i>	35
<i>carbidopa/levodopa er</i>	18	<i>ciclopirox</i>	35
<i>carbidopa/levodopa odt</i>	18	<i>ciclopirox nail lacquer</i>	35
<i>carboplatin</i>	12	<i>ciclopirox olamine</i>	35
<i>carimune nanofiltered</i>	47	<i>cidofovir</i>	20
<i>carteolol hcl</i>	54	<i>cilostazol</i>	26
<i>cartia xt</i>	28	CIMDUO	21
<i>carvedilol</i>	28	CINACALCET HYDROCHLORIDE	51
<i>caspofungin acetate</i>	11	CINRYZE	46
CAYSTON	56	<i>ciprofloxacin</i>	6
<i>caziant</i>	42	<i>ciprofloxacin</i>	54
<i>cefaclor</i>	4	<i>ciprofloxacin er</i>	6
<i>cefadroxil</i>	4	<i>ciprofloxacin hcl</i>	6
<i>cefazolin sodium</i>	4	<i>ciprofloxacin hydrochloride</i>	6
<i>cefdinir</i>	4	<i>ciprofloxacin hydrochloride</i>	53
<i>cefepime</i>	4	<i>ciprofloxacin i.v.-in d5w</i>	6
<i>cefepime hydrochloride</i>	4	<i>ciprofloxacin/dexamethasone</i>	54
<i>cefixime</i>	4	<i>citalopram hydrobromide</i>	9
<i>cefotaxime sodium</i>	4	<i>claravis</i>	33
<i>cefotetan</i>	4	<i>clarithromycin</i>	5
<i>cefoxitin sodium</i>	4	<i>clarithromycin er</i>	5
<i>cefpodoxime proxetil</i>	4	CLENPIQ	37
<i>cefprozil</i>	4	CLEOCIN	3
<i>ceftazidime</i>	4	CLIMARA PRO	42
<i>ceftriaxone sodium</i>	4	<i>clindacin etz pledgets</i>	3
<i>cefuroxime axetil</i>	4	<i>clindacin-p</i>	3
<i>cefuroxime sodium</i>	5	<i>clindamycin hcl</i>	4
<i>celecoxib</i>	1	<i>clindamycin hydrochloride</i>	4
CELONTIN	7	<i>clindamycin palmitate hcl</i>	4
<i>cephalexin</i>	5	<i>clindamycin phosphate</i>	4
CERDELGA	38	<i>clindamycin phosphate</i>	35
CEREZYME	38	<i>clindamycin phosphate/benzoyl peroxide</i>	33
CHANTIX	3	<i>clindamycin/benzoyl peroxide</i>	33
CHANTIX CONTINUING MONTH PAK	3	CLINIMIX 6/5	35
CHANTIX STARTING MONTH PAK	3	CLINIMIX 8/10	35
<i>chateal</i>	42	CLINIMIX 8/14	35
CHEMET	36	CLINIMIX E 8/10	35
CHENODAL	37	CLINIMIX E 8/14	35
<i>chlorhexidine gluconate</i>	33	<i>clinisol sf 15%</i>	35
<i>chloroquine phosphate</i>	17	<i>clobazam</i>	7
<i>chlorothiazide</i>	30	<i>clobetasol propionate</i>	34
<i>chlorpromazine hcl</i>	18	<i>clobetasol propionate e</i>	33
<i>chlorthalidone</i>	30	<i>clobetasol propionate emollient</i>	33

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<i>clomipramine hcl</i>	10	<i>cyproheptadine hydrochloride</i>	55
<i>clonazepam</i>	7	<i>cyred</i>	42
<i>clonazepam odt</i>	7	<i>cyred eq</i>	42
<i>clonidine hcl</i>	27	CYSTADROPS	52
<i>clonidine hydrochloride</i>	27	CYSTAGON	39
<i>clopidogrel</i>	26	CYSTARAN	52
<i>clorazepate dipotassium</i>	23	<i>cytarabine</i>	13
<i>clotrimazole</i>	11	<i>cytarabine aqueous</i>	13
<i>clotrimazole/betamethasone dipropionate</i>	34	<i>dalfampridine er</i>	32
CLOVIQUE	36	DALIRESP	56
<i>clozapine</i>	20	<i>danazol</i>	41
<i>clozapine odt</i>	20	<i>dantrolene sodium</i>	20
COARTEM	17	DANYELZA	16
<i>codeine sulfate</i>	1	<i>dapsone</i>	12
COLCHICINE	11	<i>dapsone</i>	35
<i>colesevelam hydrochloride</i>	30	DAPTACEL	49
<i>colestipol hcl</i>	30	DAPTOMYCIN	4
<i>colistimethate sodium</i>	4	<i>darifenacin hydrobromide er</i>	40
<i>colocort</i>	50	DARZALEX FASPRO	16
COMBIGAN	52	<i>dasetta 1/35</i>	42
COMBIVENT RESPIMAT	57	<i>dasetta 7/7/7</i>	42
COMETRIQ	15	DAURISMO	15
COMPLERA	21	<i>daysee</i>	42
<i>compro</i>	10	<i>deblitane</i>	45
<i>constulose</i>	37	<i>deferasirox</i>	36
COPIKTRA	15	<i>deferiprone</i>	36
CORLANOR	29	DELSTRIGO	21
CORTIFOAM	50	<i>delyla</i>	42
<i>cortisone acetate</i>	40	<i>demeclocycline hcl</i>	6
COSENTYX	47	<i>demeclocycline hydrochloride</i>	6
COSENTYX SENSOREADY PEN	47	DEMSEER	29
COTELLIC	15	DEPO-PROVERA	45
CREON	38	DESCOVY	21
CRIXIVAN	22	<i>desipramine hcl</i>	10
<i>cromolyn sodium</i>	39	<i>desmopressin acetate</i>	41
<i>cromolyn sodium</i>	53	<i>desogestrel/ethinyl estradiol</i>	42
<i>cromolyn sodium</i>	56	<i>desonide</i>	34
<i>crotan</i>	35	<i>desvenlafaxine er</i>	9
<i>cryselle-28</i>	42	<i>dexamethasone</i>	40
CURITY GAUZE PADS 2"X2"	51	<i>dexamethasone intensol</i>	40
CUVITRU	47	<i>dexamethasone sodium phosphate</i>	53
<i>cyclafem 1/35</i>	42	<i>dexmethylphenidate hcl</i>	31
<i>cyclafem 7/7/7</i>	42	<i>dexmethylphenidate hydrochloride</i>	31
<i>cyclobenzaprine hydrochloride</i>	57	<i>dextroamphetamine sulfate</i>	31
<i>cyclophosphamide</i>	13	<i>dextroamphetamine sulfate er</i>	31
<i>cyclosporine</i>	48	<i>dextrose 5%</i>	35
<i>cyclosporine modified</i>	48	<i>dextrose 5%/nacl 0.45%</i>	35

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<i>dextrose 5%/nacl 0.9%</i>	35	<i>dotti</i>	42
DIACOMIT	7	DOVATO	20
<i>diazepam</i>	23	<i>doxazosin mesylate</i>	40
<i>diazepam rectal gel</i>	7	<i>doxepin hcl</i>	10
<i>diazoxide</i>	24	<i>doxepin hydrochloride</i>	10
<i>diclofenac potassium</i>	1	<i>doxercalciferol</i>	51
<i>diclofenac sodium</i>	1	<i>doxy 100</i>	6
<i>diclofenac sodium</i>	34	<i>doxycycline hyclate</i>	6
<i>diclofenac sodium</i>	53	<i>doxycycline hyclate</i>	33
<i>diclofenac sodium dr</i>	1	<i>doxycycline monohydrate</i>	6
<i>diclofenac sodium er</i>	1	<i>doxylamine succinate/pyridoxine</i>	10
<i>dicloxacillin sodium</i>	5	<i>hydrochloride</i>	
<i>dicyclomine hydrochloride</i>	37	<i>d-penamamine</i>	40
<i>didanosine</i>	21	DRIZALMA SPRINKLE	9
DIFICID	5	<i>dronabinol</i>	10
<i>diflunisal</i>	1	<i>drospirenone/ethinyl estradiol</i>	42
<i>digitek</i>	27	<i>drospirenone/ethinyl estradiol/levomefolate</i>	42
<i>digox</i>	27	<i>calcium</i>	
<i>digoxin</i>	27	DROXIA	13
<i>dihydroergotamine mesylate</i>	12	<i>droxidopa</i>	27
DILANTIN	8	DULERA	57
DILATRATE SR	31	<i>duloxetine hydrochloride</i>	9
<i>diltiazem hcl</i>	29	DUPIXENT	47
<i>diltiazem hcl cd</i>	28	DUREZOL	53
<i>diltiazem hcl er</i>	29	DURYSTA	54
<i>diltiazem hydrochloride er</i>	29	<i>dutasteride</i>	40
<i>dilt-xr</i>	28	DYSPORT	20
<i>dimethyl fumarate</i>	32	<i>ec-naproxen</i>	1
<i>dimethyl fumarate starterpack</i>	32	<i>econazole nitrate</i>	11
<i>diphenhydramine hcl</i>	55	EDURANT	21
<i>diphenhydramine hydrochloride</i>	55	<i>efavirenz</i>	21
<i>diphenoxylate/atropine</i>	37	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	21
<i>diphtheria/tetanus toxoids adsorbed</i>	49	<i>fumarate</i>	
<i>pediatric</i>		<i>efavirenz/lamivudine/tenofovir disoproxil</i>	21
<i>disopyramide phosphate</i>	27	<i>fumarate</i>	
<i>disulfiram</i>	3	ELAPRASE	39
<i>divalproex sodium</i>	7	ELEPSIA XR	6
<i>divalproex sodium dr</i>	7	ELESTRIN	42
<i>divalproex sodium er</i>	7	<i>elinest</i>	42
<i>dofetilide</i>	27	ELIQUIS	25
DOJOLVI	51	ELIQUIS STARTER PACK	25
<i>donepezil hcl</i>	8	ELLA	51
<i>donepezil hydrochloride</i>	8	ELMIRON	40
<i>dorzolamide hcl</i>	54	EMCYT	13
<i>dorzolamide hcl/timolol maleate</i>	52	EMEND	10
<i>dorzolamide hydrochloride/timolol maleate</i>	52	EMGALITY	12
<i>pf</i>		<i>emoquette</i>	42

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EMSAM	9	<i>erythromycin dr</i>	5
<i>emtricitabine</i>	21	<i>erythromycin ethylsuccinate</i>	6
<i>emtricitabine/tenofovir disoproxil</i>	21	<i>erythromycin/benzoyl peroxide</i>	33
<i>emtricitabine/tenofovir disoproxil fumarate</i>	21	ESBRIET	57
EMTRIVA	21	<i>escitalopram oxalate</i>	9
<i>enalapril maleate</i>	27	<i>esomeprazole magnesium</i>	38
<i>enalapril maleate/hydrochlorothiazide</i>	29	<i>estarylla</i>	42
ENBREL	48	<i>estradiol</i>	42
ENBREL MINI	48	<i>estradiol valerate</i>	42
ENBREL SURECLICK	48	ESTRING	42
ENDARI	39	<i>ethacrynic acid</i>	30
<i>endocet</i>	1	<i>ethambutol hydrochloride</i>	12
ENGERIX-B	49	<i>ethosuximide</i>	7
<i>enoxaparin sodium</i>	25	<i>ethynodiol diacetate/ethinyl estradiol</i>	42
<i>enpresse-28</i>	42	<i>etidronate disodium</i>	51
<i>enskyce</i>	42	<i>etodolac</i>	1
ENSPRYNG	48	<i>etoposide</i>	14
<i>entacapone</i>	18	EUCRISA	34
<i>entecavir</i>	20	<i>everolimus</i>	15
ENTRESTO	29	<i>everolimus</i>	48
ENTYVIO	48	EVOTAZ	22
<i>enulose</i>	37	EVRYSDI	39
EPIDIOLEX	6	<i>exemestane</i>	14
<i>epinastine hcl</i>	53	<i>ezetimibe</i>	31
EPINEPHRINE	56	<i>ezetimibe/simvastatin</i>	31
EPIPEN 2-PAK	56	FABRAZYME	39
EPIPEN-JR 2-PAK	56	<i>falmina</i>	42
<i>epitol</i>	8	<i>famciclovir</i>	23
EPIVIR HBV	20	<i>famotidine</i>	38
<i>eplerenone</i>	30	FANAPT	19
<i>eprosartan mesylate</i>	27	FANAPT TITRATION PACK	19
EQUETRO	23	FARXIGA	23
<i>ergoloid mesylates</i>	8	FARYDAK	15
ERGOMAR	12	FASENRA	57
<i>ergotamine tartrate/caffeine</i>	12	FASENRA PEN	57
ERIVEDGE	15	<i>febuxostat</i>	11
ERLEADA	13	<i>felbamate</i>	6
<i>erlotinib hydrochloride</i>	15	<i>felodipine er</i>	28
<i>errin</i>	45	<i>femynor</i>	42
<i>ertapenem</i>	5	<i>fenofibrate</i>	30
<i>ertapenem sodium</i>	5	<i>fenofibrate micronized</i>	30
<i>ery</i>	35	<i>fenofibric acid dr</i>	30
ERYTHROCIN STEARATE	5	<i>fentanyl</i>	1
<i>erythromycin</i>	6	<i>fentanyl citrate</i>	2
<i>erythromycin</i>	35	<i>fentanyl citrate oral transmucosal</i>	2
<i>erythromycin</i>	53	FERRIPROX	36
<i>erythromycin base</i>	5	FERRIPROX TWICE-A-DAY	36

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FETROJA	5	FOTIVDA	13
FETZIMA	9	FRAGMIN	25
FETZIMA TITRATION PACK	9	<i>frovatriptan succinate</i>	12
FINACEA	33	<i>furosemide</i>	30
<i>finasteride</i>	40	FUZEON	22
FINTEPLA	6	<i>fyavolv</i>	42
FIRDAPSE	32	FYCOMPA	6
FIRMAGON	46	<i>gabapentin</i>	7
<i>flac</i>	54	GALAFOLD	39
FLAREX	54	<i>galantamine hydrobromide</i>	8
<i>flavoxate hcl</i>	40	<i>galantamine hydrobromide er</i>	8
FLEBOGAMMA DIF	47	GAMASTAN	47
<i>flecainide acetate</i>	28	GAMIFANT	48
FLOVENT DISKUS	55	GAMMAGARD LIQUID	47
FLOVENT HFA	55	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	47
<i>fluconazole</i>	11	GAMMAKED	47
<i>fluconazole in sodium chloride</i>	11	GAMMAPLEX	47
<i>flucytosine</i>	11	GAMUNEX-C	47
<i>fludrocortisone acetate</i>	40	<i>ganciclovir</i>	20
<i>fluocinolone acetonide</i>	34	GARDASIL 9	49
<i>fluocinolone acetonide</i>	55	<i>gatifloxacin</i>	53
<i>fluocinolone acetonide ear drops</i>	55	GATTEX	37
<i>fluocinonide</i>	34	<i>gavilyte-c</i>	37
<i>fluocinonide emulsified base</i>	34	<i>gavilyte-g</i>	37
FLUOROPLEX	34	<i>gavilyte-h</i>	37
<i>fluorouracil</i>	13	<i>gavilyte-n/flavor pack</i>	37
<i>fluorouracil</i>	34	GAVRETO	14
<i>fluoxetine hcl</i>	9	<i>gemfibrozil</i>	30
<i>fluoxetine hydrochloride</i>	9	<i>gemmily</i>	42
<i>fluphenazine decanoate</i>	18	<i>generlac</i>	37
<i>fluphenazine hcl</i>	18	<i>gengraf</i>	48
<i>fluphenazine hydrochloride</i>	18	GENOTROPIN	41
<i>flurbiprofen</i>	1	GENOTROPIN MINIQUICK	41
<i>flurbiprofen sodium</i>	54	<i>gentak</i>	53
<i>flutamide</i>	13	<i>gentamicin sulfate</i>	3
<i>fluticasone propionate</i>	34	<i>gentamicin sulfate</i>	53
<i>fluticasone propionate</i>	55	GENVOYA	20
<i>fluticasone propionate/salmeterol diskus</i>	57	<i>gianvi</i>	42
<i>fluvastatin</i>	30	GILENYA	32
<i>fluvastatin sodium er</i>	30	GILOTRIF	15
<i>fluvoxamine maleate</i>	9	GIMOTI	37
FML FORTE	54	GIVLAARI	51
<i>fondaparinux sodium</i>	25	<i>glatiramer acetate</i>	32
FORTEO	51	<i>glatopa</i>	32
<i>fosamprenavir calcium</i>	22	GLEOSTINE	13
<i>fosinopril sodium</i>	27	<i>glimepiride</i>	23
<i>fosinopril sodium/hydrochlorothiazide</i>	29		

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<i>glipizide</i>	24	HUMALOG KWIKPEN	25
<i>glipizide er</i>	23	HUMALOG MIX 50/50	25
<i>glipizide xl</i>	23	HUMALOG MIX 50/50 KWIKPEN	25
<i>glipizide/metformin hydrochloride</i>	23	HUMALOG MIX 75/25	25
GLUCAGEN HYPOKIT	24	HUMALOG MIX 75/25 KWIKPEN	25
GLUCAGON EMERGENCY KIT	24	HUMIRA	48
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	24	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	48
<i>glyburide</i>	24	HUMIRA PEN	48
<i>glyburide micronized</i>	24	HUMIRA PEN-CD/UC/HS STARTER	48
<i>glyburide/metformin hydrochloride</i>	24	HUMIRA PEN-PEDIATRIC UC STARTER PACK	48
<i>glycate</i>	37	HUMIRA PEN-PS/UV STARTER	48
<i>glycopyrrolate</i>	37	HUMULIN 70/30	25
<i>glydo</i>	2	HUMULIN 70/30 KWIKPEN	25
GLYXAMBI	24	HUMULIN N	25
<i>granisetron hcl</i>	10	HUMULIN N KWIKPEN	25
<i>griseofulvin microsize</i>	11	HUMULIN R	25
<i>griseofulvin ultramicrosize</i>	11	HUMULIN R U-500 (CONCENTRATED)	25
<i>guanfacine er</i>	31	HUMULIN R U-500 KWIKPEN	25
<i>guanfacine hcl</i>	27	<i>hydralazine hcl</i>	31
<i>guanidine hcl</i>	12	<i>hydralazine hydrochloride</i>	31
GVOKE HYPOPEN 1-PACK	24	<i>hydrochlorothiazide</i>	30
GVOKE HYPOPEN 2-PACK	24	<i>hydrocodone bitartrate/acetaminophen</i>	2
HAEGARDA	47	<i>hydrocodone/acetaminophen</i>	2
<i>hailey 1.5/30</i>	42	<i>hydrocortisone</i>	34
<i>hailey 24 fe</i>	42	<i>hydrocortisone</i>	40
<i>halobetasol propionate</i>	34	<i>hydrocortisone</i>	50
HALOG	34	<i>hydrocortisone butyrate</i>	34
<i>haloperidol</i>	18	<i>hydrocortisone valerate</i>	34
<i>haloperidol decanoate</i>	18	<i>hydromorphone hcl</i>	2
<i>haloperidol lactate</i>	18	<i>hydromorphone hcl dosette</i>	2
HAVRIX	49	<i>hydromorphone hydrochloride</i>	2
<i>heather</i>	45	<i>hydroxychloroquine sulfate</i>	17
HEPAGAM B	47	HYDROXYPROGESTERONE CAPROATE	45
<i>heparin sodium</i>	26	<i>hydroxyurea</i>	13
<i>heparin sodium/sodium chloride</i>	26	<i>hydroxyzine hcl</i>	55
<i>heparin sodium/sodium chloride 0.9%</i>	26	<i>hydroxyzine hydrochloride</i>	55
<i>heparin sodium/sodium chloride 0.9%</i> <i>premix</i>	26	<i>hydroxyzine pamoate</i>	23
HERCEPTIN	16	HYPERRHEP B	47
HERZUMA	16	HYPERRAB	47
HETLIOZ	57	HYPERRHO S/D	47
HETLIOZ LQ	57	HYPERRHO S/D MINI-DOSE	47
HIBERIX	49	<i>ibandronate sodium</i>	51
HIZENTRA	47	IBRANCE	14
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<i>ibu</i>	1	<i>ipratropium bromide/albuterol sulfate</i>	57
<i>ibuprofen</i>	1	<i>irbesartan</i>	27
<i>icatibant acetate</i>	47	<i>irbesartan/hydrochlorothiazide</i>	29
<i>iclevia</i>	42	IRESSA	15
ICLUSIG	15	<i>irinotecan hydrochloride</i>	14
<i>icosapent ethyl</i>	31	ISENTRESS	20
IDHIFA	14	ISENTRESS HD	20
<i>ifosfamide</i>	13	<i>isibloom</i>	43
ILUMYA	48	<i>isoniazid</i>	12
<i>imatinib mesylate</i>	15	<i>isosorbide dinitrate</i>	31
IMBRUVICA	15	<i>isosorbide mononitrate</i>	31
IMFINZI	16	<i>isosorbide mononitrate er</i>	31
<i>imipenem/cilastatin</i>	5	<i>isotretinoin</i>	33
<i>imipramine hcl</i>	10	ISTURISA	46
<i>imipramine hydrochloride</i>	10	<i>itraconazole</i>	11
<i>imiquimod</i>	34	<i>ivermectin</i>	17
IMOVAX RABIES (H.D.C.V.)	49	IXIARO	49
IMPAVIDO	4	JADENU SPRINKLE	36
<i>incassia</i>	45	JAKAFI	15
INCRELEX	41	<i>jantoven</i>	26
<i>indapamide</i>	30	JANUMET	24
<i>indomethacin</i>	1	JANUMET XR	24
INFANRIX	49	JANUVIA	24
INFLECTRA	48	JARDIANCE	24
INFUMORPH 200	1	JEMPERLI	16
INFUMORPH 500	1	<i>jencycla</i>	45
INLYTA	15	JENTADUETO	24
INQOVI	15	JENTADUETO XR	24
INREBIC	14	<i>jinteli</i>	43
INSULIN LISPRO	25	<i>jolessa</i>	43
INSULIN LISPRO JUNIOR KWIKPEN	25	<i>jolivette</i>	45
INSULIN LISPRO KWIKPEN	25	JUBLIA	11
INSULIN LISPRO	25	<i>juleber</i>	43
PROTAMINE/INSULIN LISPRO		JULUCA	21
KWIKPEN		<i>junel 1.5/30</i>	43
INTELENCE	21	<i>junel 1/20</i>	43
<i>intralipid</i>	51	<i>junel fe 1.5/30</i>	43
INTRON A	48	<i>junel fe 1/20</i>	43
<i>introvale</i>	42	<i>junel fe 24</i>	43
INVEGA SUSTENNA	19	JUXTAPID	31
INVEGA TRINZA	19	<i>jynarque</i>	36
INVIRASE	22	KALBITOR	47
INVOKAMET	24	KALETRA	22
INVOKAMET XR	24	KALYDECO	56
INVOKANA	24	KANJINTI	16
IPOL INACTIVATED IPV	49	KANUMA	39
<i>ipratropium bromide</i>	55	<i>kariva</i>	43

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<i>kelnor 1/50</i>	43	<i>larin 24 fe</i>	43
KESIMPTA	32	<i>larin fe 1.5/30</i>	43
<i>ketoconazole</i>	11	<i>larin fe 1/20</i>	43
<i>ketorolac tromethamine</i>	1	<i>larissia</i>	43
<i>ketorolac tromethamine</i>	54	<i>latanoprost</i>	54
KEYTRUDA	16	LATUDA	19
<i>kimidess</i>	43	LAZANDA	2
KINRIX	50	<i>leena</i>	43
<i>kionex</i>	36	<i>leflunomide</i>	49
KISQALI	15	LEMTRADA	48
KISQALI FEMARA 200 DOSE	14	LENVIMA 10 MG DAILY DOSE	15
KISQALI FEMARA 400 DOSE	14	LENVIMA 12MG DAILY DOSE	15
KISQALI FEMARA 600 DOSE	14	LENVIMA 14 MG DAILY DOSE	15
<i>klor-con</i>	35	LENVIMA 18 MG DAILY DOSE	15
<i>klor-con 10</i>	35	LENVIMA 20 MG DAILY DOSE	15
<i>klor-con 8</i>	35	LENVIMA 24 MG DAILY DOSE	15
<i>klor-con m10</i>	36	LENVIMA 4 MG DAILY DOSE	15
<i>klor-con m15</i>	36	LENVIMA 8 MG DAILY DOSE	15
<i>klor-con m20</i>	36	<i>lessina</i>	43
<i>klor-con sprinkle</i>	36	<i>letrozole</i>	14
KOMBIGLYZE XR	24	<i>leucovorin calcium</i>	17
KORLYM	41	LEUKERAN	13
KOSELUGO	15	<i>leuprolide acetate</i>	46
<i>kurvelo</i>	43	<i>levalbuterol tartrate hfa</i>	56
KUVAN	39	LEVEMIR	25
KYNMOBI	18	LEVEMIR FLEXTOUCH	25
KYNMOBI TITRATION KIT	18	<i>levetiracetam</i>	7
<i>labetalol hydrochloride</i>	28	<i>levetiracetam er</i>	7
<i>lactated ringers</i>	36	<i>levobunolol hcl</i>	54
<i>lactated ringers viaflex</i>	36	<i>levocarnitine</i>	51
<i>lactulose</i>	37	<i>levocetirizine dihydrochloride</i>	55
<i>lamivudine</i>	20	<i>levofloxacin</i>	6
<i>lamivudine</i>	21	<i>levofloxacin</i>	53
<i>lamivudine/zidovudine</i>	21	<i>levonest</i>	43
<i>lamotrigine</i>	7	<i>levonorgestrel and ethinyl estradiol</i>	43
<i>lamotrigine starter kit/blue</i>	7	<i>levonorgestrel/ethinyl estradiol</i>	43
<i>lamotrigine starter kit/green</i>	7	<i>levora 0.15/30-28</i>	43
<i>lamotrigine starter kit/orange</i>	7	<i>levothyroxine sodium</i>	45
<i>lamotrigine titration</i>	7	LEVOXYL	46
LANOXIN	28	LEXIVA	22
<i>lansoprazole</i>	38	LIBTAYO	16
<i>lanthanum carbonate</i>	36	<i>lidocaine</i>	3
LANTUS	25	<i>lidocaine hcl</i>	2
LANTUS SOLOSTAR	25	<i>lidocaine hcl jelly</i>	2
<i>lapatinib ditosylate</i>	15	<i>lidocaine viscous</i>	33
<i>larin 1.5/30</i>	43	<i>lidocaine/prilocaine</i>	2

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<i>linezolid</i>	4
LINZESS	37
<i>liothyronine sodium</i>	46
<i>lisinopril</i>	27
<i>lisinopril/hydrochlorothiazide</i>	29
<i>lithium</i>	23
<i>lithium carbonate</i>	23
<i>lithium carbonate er</i>	23
LIVALO	30
LO LOESTRIN FE	43
LONHALA MAGNAIR REFILL KIT	55
LONSURF	14
<i>loperamide hcl</i>	37
<i>lopinavir/ritonavir</i>	22
<i>lorazepam</i>	23
<i>lorazepam intensol</i>	23
LORBRENA	15
<i>lorcet</i>	2
<i>lorcet hd</i>	2
<i>lorcet plus</i>	2
<i>loryna</i>	43
<i>losartan potassium</i>	27
<i>losartan potassium/hydrochlorothiazide</i>	29
LOTEMAX	54
LOTEMAX SM	54
<i>loteprednol etabonate</i>	54
<i>lovastatin</i>	30
<i>low-ogestrel</i>	43
<i>loxapine</i>	18
<i>loxapine succinate</i>	18
<i>lubiprostone</i>	37
LUMIGAN	54
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LUPRON DEPOT (1-MONTH)	46
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LUPRON DEPOT (6-MONTH)	46
LUPRON DEPOT-PED (1-MONTH)	46
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<i>lutera</i>	43
<i>lyleq</i>	45
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LYSODREN	46
LYUMJEV	25

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MAKENA	45
<i>malathion</i>	35
<i>maprotiline hcl</i>	9
MARGENZA	16
<i>marlissa</i>	43
MARPLAN	9
MATULANE	13
<i>matzim la</i>	29
MAVYRET	20
<i>meclizine hcl</i>	10
<i>medroxyprogesterone acetate</i>	45
<i>mefloquine hcl</i>	17
<i>megestrol acetate</i>	45
MEKINIST	15
MEKTOVI	15
<i>meloxicam</i>	1
<i>memantine hcl titration pak</i>	8
<i>memantine hydrochloride</i>	8
<i>memantine hydrochloride er</i>	8
MENACTRA	50
<i>menquadfi</i>	50
MENVEO	50
<i>mercaptapurine</i>	13
<i>meropenem</i>	5
<i>merzee</i>	43
<i>mesalamine</i>	50
MESALAMINE DR	50
<i>mesalamine er</i>	50
MESNEX	17
<i>metadate er</i>	31
<i>metaproterenol sulfate</i>	56
<i>metformin hydrochloride</i>	24
<i>metformin hydrochloride er</i>	24
<i>methadone hcl</i>	1
<i>methadone hcl intensol</i>	1
<i>methadose</i>	1
<i>methadose sugar-free</i>	1
<i>methazolamide</i>	54
<i>methenamine hippurate</i>	4
<i>methimazole</i>	46
<i>methotrexate</i>	49
<i>methotrexate sodium</i>	49
<i>methoxsalen</i>	34
<i>methscopolamine bromide</i>	37
<i>methyl dopa</i>	27

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<i>methylphenidate hydrochloride er</i>	31	<i>moxifloxacin hydrochloride</i>	6
<i>methylprednisolone</i>	41	<i>moxifloxacin hydrochloride</i>	53
<i>methylprednisolone dose pack</i>	40	MOZOBIL	26
<i>metoclopramide hcl</i>	37	<i>mupirocin</i>	35
<i>metoclopramide hydrochloride</i>	38	MVASI	17
<i>metolazone</i>	30	MYALEPT	38
<i>metoprolol succinate er</i>	28	MYCAPSSA	46
<i>metoprolol tartrate</i>	28	<i>mycophenolate mofetil</i>	49
<i>metoprolol/hydrochlorothiazide</i>	29	<i>mycophenolic acid dr</i>	49
<i>metronidazole</i>	4	<i>myorisan</i>	33
<i>metronidazole</i>	33	MYRBETRIQ	40
<i>metronidazole vaginal</i>	4	NABI-HB	47
<i>metyrosine</i>	29	<i>nabumetone</i>	1
<i>mexiletine hcl</i>	28	<i>nadolol</i>	28
<i>miconazole 3</i>	11	<i>nafcillin sodium</i>	5
MICRHOGAM ULTRA-FILTERED PLUS	47	NAGLAZYME	39
<i>microgestin 1.5/30</i>	43	<i>naloxone hcl</i>	3
<i>microgestin 1/20</i>	43	<i>naloxone hydrochloride</i>	3
<i>microgestin fe 1.5/30</i>	43	<i>naltrexone hcl</i>	3
<i>microgestin fe 1/20</i>	43	NAMZARIC	8
<i>midodrine hcl</i>	27	<i>naproxen</i>	1
<i>miglustat</i>	39	<i>naproxen sodium</i>	1
<i>mili</i>	43	<i>naratriptan hcl</i>	12
<i>minitran</i>	31	NARCAN	3
MINOCIN	6	NATACYN	53
<i>minocycline hcl</i>	6	<i>nateglinide</i>	24
<i>minocycline hydrochloride</i>	6	NATPARA	51
<i>minoxidil</i>	31	NAYZILAM	7
<i>mirtazapine</i>	9	<i>necon 0.5/35-28</i>	43
<i>mirtazapine odt</i>	9	<i>necon 10/11-28</i>	43
<i>misoprostol</i>	38	<i>necon 7/7/7</i>	43
<i>mitigo</i>	1	<i>nefazodone hcl</i>	9
<i>mitoxantrone hcl</i>	32	<i>nefazodone hydrochloride</i>	9
M-M-R II	50	<i>neomycin sulfate</i>	3
<i>modafinil</i>	57	<i>neomycin/bacitracin/polymyxin</i>	52
<i>moexipril hcl</i>	27	<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	52
<i>molindone hydrochloride</i>	18	<i>neomycin/polymyxin/dexamethasone</i>	52
<i>mometasone furoate</i>	34	<i>neomycin/polymyxin/gramicidin</i>	52
<i>mometasone furoate</i>	55	<i>neomycin/polymyxin/hc</i>	55
<i>mondoxyne nl</i>	6	<i>neomycin/polymyxin/hydrocortisone</i>	53
MONJUVI	16	<i>neomycin/polymyxin/hydrocortisone</i>	55
<i>mono-lynyah</i>	43	<i>neo-polycin</i>	52
<i>mononessa</i>	43	<i>neo-polycin hc</i>	52
<i>montelukast sodium</i>	55	NERLYNX	15
<i>morphine sulfate</i>	2		
<i>morphine sulfate er</i>	1		

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NEUPOGEN	26	NUPLAZID	19
NEUPRO	18	NURTEC	12
<i>nevirapine</i>	21	<i>nutrilipid</i>	51
<i>nevirapine er</i>	21	NUZYRA	6
NEXAVAR	15	<i>nyamyc</i>	11
<i>niacin er</i>	31	<i>nylia 7/7/7</i>	44
NICOTROL INHALER	3	NYMALIZE	28
NICOTROL NS	3	<i>nymyo</i>	44
<i>nifedipine er</i>	28	<i>nystatin</i>	11
<i>nikki</i>	43	<i>nystatin/triamcinolone</i>	34
<i>nilutamide</i>	13	<i>nystatin/triamcinolone acetonide</i>	34
<i>nimodipine</i>	28	<i>nystop</i>	11
NINLARO	14	NYVEPRIA	26
<i>nisoldipine er</i>	28	<i>ocella</i>	44
<i>nitazoxanide</i>	17	OCTAGAM	47
<i>nitisinone</i>	39	<i>octreotide acetate</i>	46
NITRO-BID	31	ODEFSEY	21
NITRO-DUR	31	ODOMZO	15
<i>nitrofurantoin macrocrystals</i>	4	OFEV	57
<i>nitrofurantoin monohydrate</i>	4	<i>ofloxacin</i>	6
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	<i>ofloxacin</i>	53
<i>nitroglycerin</i>	31	<i>ofloxacin</i>	55
<i>nitroglycerin transdermal</i>	31	<i>olanzapine</i>	19
NIVESTYM	26	<i>olanzapine odt</i>	19
<i>nizatidine</i>	38	<i>olmesartan medoxomil</i>	27
<i>nora-be</i>	45	<i>olmesartan medoxomil/hydrochlorothiazide</i>	29
<i>norethindrone</i>	45	<i>olopatadine hcl</i>	53
<i>norethindrone acetate</i>	45	<i>olopatadine hydrochloride</i>	53
<i>norethindrone acetate/ethinyl estradiol</i>	44	<i>omega-3-acid ethyl esters</i>	31
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	44	<i>omeprazole</i>	38
<i>norgestimate/ethinyl estradiol</i>	44	<i>omeprazole dr</i>	38
<i>norlyroc</i>	45	OMNIPOD 5 PACK	52
NORPACE CR	28	OMNIPOD DASH 5 PACK	52
NORTHERA	27	OMNIPOD DASH SYSTEM	52
<i>nortrel 0.5/35 (28)</i>	44	OMNIPOD STARTER KIT	52
<i>nortrel 1/35</i>	44	<i>ondansetron hcl</i>	10
<i>nortrel 7/7/7</i>	44	<i>ondansetron hydrochloride</i>	11
<i>nortriptyline hcl</i>	10	<i>ondansetron odt</i>	11
<i>nortriptyline hydrochloride</i>	10	ONGLYZA	24
NORVIR	22	ONMEL	11
NOXAFIL	11	ONTRUZANT	17
NPLATE	26	ONUREG	14
NUBEQA	13	OPDIVO	17
NUCALA	57	<i>opium</i>	38
		<i>opium tincture</i>	38

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<i>oralone dental paste</i>	33	PANRETIN	17
ORENCIA	48	<i>pantoprazole sodium</i>	38
ORENCIA	49	<i>pantoprazole sodium dr</i>	38
ORENCIA CLICKJECT	48	PANZYGA	47
ORENITRAM	56	<i>paraplatin</i>	13
ORFADIN	39	<i>paricalcitol</i>	51
ORGOVYX	46	<i>paroex</i>	33
ORIAHNN	46	<i>paromomycin sulfate</i>	3
ORILISSA	46	<i>paroxetine hcl</i>	9
ORKAMBI	56	<i>paroxetine hcl er</i>	9
ORLADEYO	52	<i>paroxetine hydrochloride</i>	9
<i>orsythia</i>	44	<i>paser</i>	12
ORTIKOS	50	PAXIL	9
<i>oseltamivir phosphate</i>	22	PAZEO	53
OSMOLEX ER	18	PEDIARIX	50
OSPHENA	45	PEDVAX HIB	50
<i>oxandrolone</i>	41	<i>peg 3350/electrolytes</i>	38
<i>oxaprozin</i>	1	<i>peg-3350,sodium sulf,naclpotassium cl,na</i>	38
OXAYDO	2	<i>ascorbate,ascorbic</i>	
<i>oxcarbazepine</i>	8	<i>peg-3350/electrolytes</i>	38
OXERVATE	53	<i>peg-3350/electrolytes/ascorbate</i>	38
OXLUMO	52	<i>peg-3350/nacl/na bicarbonate/kcl</i>	38
<i>oxybutynin chloride</i>	40	PEGANONE	8
<i>oxybutynin chloride er</i>	40	PEGASYS	48
<i>oxycodone hcl</i>	2	PEGASYS PROCLICK	48
<i>oxycodone hydrochloride</i>	2	PEMAZYRE	14
<i>oxycodone/acetaminophen</i>	2	<i>penicillamine</i>	40
<i>oxycodone/aspirin</i>	2	<i>penicillin g sodium</i>	5
OZEMPIC	24	<i>penicillin v potassium</i>	5
<i>pacerone</i>	28	PENTACEL	50
<i>paclitaxel</i>	14	<i>pentamidine isethionate</i>	17
PALFORZIA INITIAL DOSE	52	<i>pentoxifylline er</i>	29
ESCALATION		PEPAXTO	13
PALFORZIA LEVEL 1	52	PERFOROMIST	56
PALFORZIA LEVEL 10	52	<i>perindopril erbumine</i>	27
PALFORZIA LEVEL 11	52	<i>periogard</i>	33
(MAINTENANCE)		<i>permethrin</i>	35
PALFORZIA LEVEL 11 (TITRATION)	52	<i>perphenazine</i>	18
PALFORZIA LEVEL 2	52	PERSERIS	19
PALFORZIA LEVEL 3	52	<i>phenelzine sulfate</i>	9
PALFORZIA LEVEL 4	52	<i>phenobarbital</i>	7
PALFORZIA LEVEL 5	52	<i>phenobarbital sodium</i>	7
PALFORZIA LEVEL 6	52	<i>phenoxybenzamine hydrochloride</i>	27
PALFORZIA LEVEL 7	52	<i>phenytoin</i>	8
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PHOSPHOLINE IODIDE	54	<i>prednisolone sodium phosphate</i>	54
PICATO	34	<i>prednisone</i>	41
PIFELTRO	21	<i>pregabalin</i>	32
<i>pilocarpine hcl</i>	54	PREMARIN	44
<i>pilocarpine hydrochloride</i>	33	<i>premasol</i>	36
<i>pimecrolimus</i>	34	PREMPHASE	44
<i>pimozide</i>	18	PREMPRO	44
<i>pimtreea</i>	44	<i>prenatal</i>	37
<i>pindolol</i>	28	<i>prevalite</i>	31
<i>pioglitazone hcl</i>	24	<i>previfem</i>	44
<i>pioglitazone hcl/metformin hcl</i>	24	PREVYMIS	20
<i>pioglitazone hcl-glimepiride</i>	24	PREZCOBIX	22
<i>pioglitazone hydrochloride</i>	24	PREZISTA	22
<i>piperacillin sodium/tazobactam</i>	5	PRIFTIN	12
<i>piperacillin sodium/tazobactam sodium</i>	5	<i>primaquine phosphate</i>	17
<i>piperacillin/tazobactam</i>	5	<i>primidone</i>	8
PIQRAY 200MG DAILY DOSE	16	PRIVIGEN	47
PIQRAY 250MG DAILY DOSE	16	PROAIR HFA	56
PIQRAY 300MG DAILY DOSE	16	PROAIR RESPICLICK	56
<i>pirmella 1/35</i>	44	<i>probenecid</i>	11
<i>pirmella 7/7/7</i>	44	<i>probenecid/colchicine</i>	11
PLEGRIDY	32	<i>prochlorperazine</i>	10
PLEGRIDY STARTER PACK	32	<i>prochlorperazine edisylate</i>	10
PLENAMINE	36	<i>prochlorperazine maleate</i>	10
<i>podofilox</i>	35	<i>procto-med hc</i>	50
POLIVY	17	<i>procto-pak</i>	50
<i>polycin</i>	53	<i>proctosol hc</i>	51
<i>polyethylene glycol 3350</i>	37	<i>proctozone-hc</i>	51
<i>polymyxin b sulfate/trimethoprim sulfate</i>	53	PROCYSBI	39
POMALYST	13	<i>progesterone</i>	45
<i>portia-28</i>	44	PROGLYCEM	24
<i>posaconazole dr</i>	11	PROGRAF	49
<i>potassium chloride</i>	36	PROLASTIN-C	39
<i>potassium chloride cr</i>	36	PROLENSA	54
<i>potassium chloride er</i>	36	PROLIA	51
<i>potassium chloride sr</i>	36	PROMACTA	26
<i>potassium citrate er</i>	36	<i>promethazine hcl</i>	10
<i>pramipexole dihydrochloride</i>	18	<i>promethazine hcl plain</i>	10
<i>prasugrel</i>	27	<i>promethazine hydrochloride</i>	10
<i>pravastatin sodium</i>	30	<i>propafenone hcl</i>	28
<i>praziquantel</i>	17	<i>propafenone hydrochloride er</i>	28
<i>prazosin hcl</i>	27	<i>propranolol hcl</i>	28
<i>prazosin hydrochloride</i>	27	<i>propranolol hcl er</i>	28
<i>prednicarbate</i>	34	<i>propranolol hydrochloride</i>	28
<i>prednisolone</i>	41	<i>propranolol hydrochloride er</i>	28
<i>prednisolone acetate</i>	54	<i>propranolol/hydrochlorothiazide</i>	29

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<i>propylthiouracil</i>	46	RESTASIS	53
PROQUAD	50	RETACRIT	26
<i>protriptyline hcl</i>	10	RETEVMO	14
PULMOZYME	56	RETROVIR IV INFUSION	21
PURIXAN	13	REVCOVI	39
<i>pyrazinamide</i>	12	REVLIMID	13
<i>pyridostigmine bromide</i>	12	REXULTI	19
<i>pyridostigmine bromide er</i>	12	REYATAZ	22
<i>pyrimethamine</i>	17	RHOGAM ULTRA-FILTERED PLUS	47
QINLOCK	13	RHOPHYLAC	47
QUADRACEL	50	RHOPRESSA	54
<i>quetiapine fumarate</i>	19	RIABNI	17
<i>quetiapine fumarate er</i>	19	<i>ribavirin</i>	20
<i>quinapril hcl</i>	27	<i>rifabutin</i>	12
<i>quinapril hydrochloride</i>	27	<i>rifampin</i>	12
<i>quinapril/hydrochlorothiazide</i>	29	<i>riluzole</i>	32
<i>quinidine gluconate cr</i>	28	<i>rimantadine hydrochloride</i>	22
<i>quinidine gluconate er</i>	28	RINVOQ	48
<i>quinidine sulfate</i>	28	RISPERDAL CONSTA	19
<i>quinine sulfate</i>	17	<i>risperidone</i>	19
QVAR REDIHALER	55	<i>risperidone odt</i>	19
RABAVERT	50	<i>ritonavir</i>	22
<i>rabeprazole sodium</i>	38	RITUXAN	17
RADICAVA	32	RITUXAN HYCELA	17
<i>raloxifene hydrochloride</i>	45	<i>rivastigmine tartrate</i>	8
<i>ramelteon</i>	57	<i>rivastigmine transdermal system</i>	8
<i>ramipril</i>	27	<i>rizatriptan benzoate</i>	12
<i>ranolazine er</i>	29	<i>rizatriptan benzoate odt</i>	12
<i>rasagiline mesylate</i>	18	ROCKLATAN	53
RASUVO	49	ROMIDEPSIN	14
RAVICTI	39	<i>ropinirole hcl</i>	18
RAYALDEE	51	<i>ropinirole hydrochloride</i>	18
REBIF	32	<i>rosadan</i>	33
REBIF REBIDOSE	32	<i>rosuvastatin calcium</i>	30
REBIF REBIDOSE TITRATION PACK	32	ROTARIX	50
REBIF TITRATION PACK	32	ROTATEQ	50
REBLOZYL	26	<i>roweepra</i>	7
<i>reclipsen</i>	44	<i>roweepra xr</i>	7
RECOMBIVAX HB	50	ROZLYTREK	16
RECTIV	38	RUBRACA	16
RELISTOR	37	RUCONEST	47
RENFLEXIS	49	<i>rufinamide</i>	8
<i>repaglinide</i>	24	RUKOBIA	22
REPATHA	31	RUXIENCE	17
REPATHA PUSHTRONEX SYSTEM	31	RUZURGI	32
<i>repatha sureclick</i>	31	RYBELSUS	24
RESCRIPTOR	21	RYBREVANT	17

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RYDAPT	16	SOLTAMOX	13
RYTARY	18	SOMATULINE DEPOT	46
SANCUSO	11	SOMAVERT	46
SANDIMMUNE	49	<i>sorine</i>	28
SANTYL	35	<i>sotalol hcl</i>	28
SAPHRIS	19	<i>sotalol hydrochloride</i>	28
<i>sapropterin dihydrochloride</i>	39	<i>sotalol hydrochloride (af)</i>	28
SARCLISA	17	<i>sotalol hydrochloride af</i>	28
SAVELLA	32	SPIRIVA HANDIHALER	55
SAVELLA TITRATION PACK	32	SPIRIVA RESPIMAT	55
<i>scopolamine</i>	10	<i>spironolactone</i>	30
SECUADO	19	<i>spironolactone/hydrochlorothiazide</i>	30
<i>selegiline hcl</i>	18	SPRAVATO 56MG DOSE	9
<i>selenium sulfide</i>	34	SPRAVATO 84MG DOSE	9
SELZENTRY	22	<i>sprintec 28</i>	44
SEREVENT DISKUS	56	SPRITAM	7
<i>sertraline hcl</i>	9	SPRYCEL	16
<i>sertraline hydrochloride</i>	9	<i>sps</i>	37
<i>setlakin</i>	44	<i>sronyx</i>	44
<i>sevelamer carbonate</i>	36	<i>ssd</i>	35
<i>sevelamer hydrochloride</i>	36	STAMARIL	50
SEYSARA	6	<i>stavudine</i>	21
SFROWASA	50	STELARA	48
<i>sharobel</i>	45	<i>sterile water irrigation</i>	52
SHINGRIX	50	<i>sterile water irrigation plastic bottle</i>	52
SIGNIFOR	46	<i>sterile water irrigation w/hanger</i>	52
SIKLOS	13	STIMATE	41
<i>sildenafil citrate</i>	56	STIOLTO RESPIMAT	57
<i>silodosin</i>	40	STIVARGA	16
<i>silver sulfadiazine</i>	35	STRENSIQ	39
SIMBRINZA	53	<i>streptomycin sulfate</i>	3
<i>simvastatin</i>	30	STRIBILD	21
<i>sirolimus</i>	49	<i>subvenite</i>	7
SIRTURO	12	<i>subvenite starter kit/blue</i>	7
SIVEXTRO	4	<i>subvenite starter kit/green</i>	7
SKYRIZI	48	<i>subvenite starter kit/orange</i>	7
SKYRIZI PEN	48	<i>sucrafate</i>	38
<i>sodium chloride</i>	36	<i>sulconazole nitrate</i>	11
<i>sodium chloride 0.9%</i>	52	<i>sulfacetamide sodium</i>	53
<i>sodium chloride 0.45%</i>	36	<i>sulfacetamide sodium/prednisolone sodium</i>	53
<i>sodium chloride 0.9%</i>	52	<i>phosphate</i>	
<i>sodium fluoride</i>	36	<i>sulfadiazine</i>	6
<i>sodium phenylbutyrate</i>	39	<i>sulfamethoxazole/trimethoprim</i>	6
<i>sodium polystyrene sulfonate</i>	36	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>sodium polystyrene sulfonate</i>	36	<i>sulfasalazine</i>	50
SOFOSBUVIR/VELPATASVIR	20	<i>sulindac</i>	1
SOLIRIS	48	<i>sumatriptan</i>	12

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<i>sumatriptan succinate</i>	12
<i>sumatriptan succinate refill</i>	12
SUPPRELIN LA	46
SUPRAX	5
SUPREP BOWEL PREP KIT	38
SUTENT	16
<i>syeda</i>	44
SYLATRON	48
SYLVANT	48
SYMBICORT	57
SYMDEKO	56
SYMFI	21
SYMFI LO	21
SYMPAZAN	8
SYMTUZA	22
SYNAGIS	47
SYNAREL	46
SYNDROS	11
SYNJARDY	24
SYNJARDY XR	24
SYNRIBO	14
TABLOID	13
TABRECTA	13
<i>tacrolimus</i>	34
<i>tacrolimus</i>	49
<i>tadalafil</i>	56
TAFINLAR	16
TAGRISSO	16
TAKHZYRO	47
TALZENNA	16
<i>tamoxifen citrate</i>	13
<i>tamsulosin hydrochloride</i>	40
TARGRETIN	17
<i>tarina 24 fe</i>	44
<i>tarina fe 1/20</i>	44
<i>tarina fe 1/20 eq</i>	44
TASIGNA	16
<i>tazarotene</i>	33
<i>tazicef</i>	5
<i>taztia xt</i>	29
TAZVERIK	14
TDVAX	50
TECENTRIQ	17
TECFIDERA	32
TECFIDERA STARTER PACK	32
TEFLARO	5
TEGSEDI	39

Drug Name	Page #
<i>telmisartan</i>	27
<i>telmisartan/hydrochlorothiazide</i>	30
<i>temazepam</i>	57
TEMIXYS	22
TENIVAC	50
<i>tenofovir disoproxil fumarate</i>	22
TEPMETKO	16
<i>terazosin hcl</i>	40
<i>terazosin hydrochloride</i>	40
<i>terbinafine hcl</i>	11
<i>terconazole</i>	11
TERIPARATIDE	51
TESTOSTERONE	41
<i>testosterone cypionate</i>	41
<i>testosterone enanthate</i>	41
TESTOSTERONE PUMP	41
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	50
<i>tetrabenazine</i>	32
<i>tetracycline hydrochloride</i>	6
THALOMID	13
<i>theophylline er</i>	56
THIOLA EC	40
<i>thioridazine hcl</i>	18
<i>thiotepa</i>	13
<i>thiothixene</i>	18
<i>tiadylt er</i>	29
<i>tiagabine hydrochloride</i>	8
TIBSOVO	16
TIGLUTIK	32
<i>tilia fe</i>	44
<i>timolol maleate</i>	12
<i>timolol maleate</i>	54
<i>timolol maleate ophthalmic gel forming</i>	54
<i>tinidazole</i>	4
TIVICAY	21
TIVICAY PD	21
<i>tizanidine hcl</i>	20
<i>tizanidine hydrochloride</i>	20
TOBI PODHALER	56
TOBRADEX	53
TOBRADEX ST	53
<i>tobramycin</i>	3
<i>tobramycin</i>	56
<i>tobramycin sulfate</i>	3
<i>tobramycin sulfate</i>	53
<i>tobramycin/dexamethasone</i>	53

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TOBREX	53
<i>tolcapone</i>	18
<i>tolterodine tartrate</i>	40
<i>tolterodine tartrate er</i>	40
<i>topiramate</i>	7
<i>toposar</i>	14
<i>toremifene citrate</i>	13
<i>toremide</i>	30
TOTECT	17
TOUJEO MAX SOLOSTAR	25
TOUJEO SOLOSTAR	25
<i>tovet</i>	34
TRADJENTA	24
<i>tramadol hcl</i>	2
<i>tramadol hydrochloride</i>	2
<i>tramadol hydrochloride/acetaminophen</i>	2
<i>trandolapril</i>	27
<i>tranexamic acid</i>	26
<i>tranlycypromine sulfate</i>	9
TRAZIMERA	17
<i>trazodone hydrochloride</i>	9
TRECTOR	12
TRELEGY ELLIPTA	57
TRELSTAR MIXJECT	46
TRESIBA	25
TRESIBA FLEXTOUCH	25
<i>tretinoin</i>	17
<i>tretinoin</i>	33
<i>triamcinolone acetonide</i>	34
<i>triamcinolone acetonide dental paste</i>	33
<i>triamterene/hydrochlorothiazide</i>	30
<i>triderm</i>	34
<i>trientine hydrochloride</i>	36
<i>tri-estarylla</i>	44
<i>trifluoperazine hcl</i>	19
<i>trifluoperazine hydrochloride</i>	19
<i>trifluridine</i>	53
<i>trihexyphenidyl hcl</i>	18
<i>trihexyphenidyl hydrochloride</i>	18
TRIJARDY XR	24
TRIKAFTA	56
<i>tri-legest fe</i>	44
<i>tri-linyah</i>	44
<i>tri-lo-estarylla</i>	44
<i>tri-lo-marzia</i>	44
<i>tri-lo-sprintec</i>	44
<i>trilyte</i>	38

Drug Name	Page #
<i>trimethoprim</i>	4
<i>tri-mili</i>	44
<i>trimipramine maleate</i>	10
<i>trinessa</i>	44
TRINTELLIX	9
<i>tri-nymyo</i>	44
<i>tri-previfem</i>	44
TRIPTODUR	46
<i>tri-sprintec</i>	44
TRIUMEQ	22
<i>trivora-28</i>	45
<i>tri-vylibra</i>	44
TRODELVY	17
<i>trospium chloride</i>	40
TRULICITY	24
TRUMENBA	50
TRUVADA	22
TUKYSA	14
<i>tulana</i>	45
TURALIO	16
TWINRIX	50
TYBOST	22
TYKERB	16
TYMLOS	51
TYPHIM VI	50
TYSABRI	32
UDENYCA	26
UKONIQ	16
ULTOMIRIS	48
UPLIZNA	48
<i>ursodiol</i>	38
<i>valacyclovir hcl</i>	23
<i>valacyclovir hydrochloride</i>	23
VALCHLOR	13
<i>valganciclovir</i>	20
<i>valganciclovir hydrochloride</i>	20
<i>valproic acid</i>	7
<i>valsartan</i>	27
<i>valsartan/hydrochlorothiazide</i>	30
VALTOCO	8
<i>vancomycin hydrochloride</i>	4
<i>vandazole</i>	4
VAQTA	50
VARIVAX	50
VARIZIG	47
VASCEPA	31
VAXELIS	50

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<i>velivet</i>	45	<i>vyfemla</i>	45
<i>veltassa</i>	37	<i>vylibra</i>	45
VEMLIDY	20	VYNDAMAX	30
VENCLEXTA	16	VYNDAQEL	39
VENCLEXTA STARTING PACK	16	VYZULTA	54
<i>venlafaxine hcl</i>	9	<i>warfarin sodium</i>	26
<i>venlafaxine hcl er</i>	10	<i>wera</i>	45
<i>venlafaxine hydrochloride er</i>	10	<i>wixela inhub</i>	57
VENTAVIS	56	WYNZORA	35
<i>verapamil hcl</i>	29	XALKORI	16
<i>verapamil hcl er</i>	29	XARELTO	26
<i>verapamil hcl sr</i>	29	XARELTO STARTER PACK	26
<i>verapamil hydrochloride</i>	29	XATMEP	49
<i>verapamil hydrochloride er</i>	29	XCOPRI	7
VERSACLOZ	20	XELJANZ	48
VERZENIO	16	XELJANZ XR	48
<i>vestura</i>	45	XEMBIFY	47
V-GO 20	52	XENLETA	4
V-GO 30	52	XGEVA	51
V-GO 40	52	XIFAXAN	38
VIBRAMYCIN	6	XIGDUO XR	24
<i>vicodin hp</i>	2	XIIDRA	53
VICTOZA	24	XOFLUZA	23
VIDEX EC	22	XOLAIR	48
VIDEX PEDIATRIC	22	XOSPATA	16
<i>vienva</i>	45	XPOVIO	14
<i>vigabatrin</i>	8	XPOVIO 100 MG ONCE WEEKLY	14
<i>vigadrone</i>	8	XPOVIO 40 MG ONCE WEEKLY	14
VIIBRYD	10	XPOVIO 40 MG TWICE WEEKLY	14
VIIBRYD STARTER PACK	10	XPOVIO 60 MG ONCE WEEKLY	14
VILTEPSO	52	XPOVIO 60 MG TWICE WEEKLY	14
VIMIZIM	39	XPOVIO 80 MG ONCE WEEKLY	14
VIMPAT	8	XPOVIO 80 MG TWICE WEEKLY	14
<i>viorele</i>	45	XTAMPZA ER	1
VIRACEPT	22	XTANDI	13
VIREAD	22	<i>xulane</i>	45
VISTOGARD	52	XYREM	57
VITRAKVI	16	XYWAV	57
VIVITROL	3	YERVOY	17
VIZIMPRO	16	YF-VAX	50
VOCABRIA	21	YUPELRI	56
<i>voriconazole</i>	11	<i>yuvafem</i>	45
VOSEVI	20	<i>zafemy</i>	45
VOTRIENT	16	<i>zafirlukast</i>	55
<i>vp-pnv-dha</i>	37	<i>zaleplon</i>	57
VPRIV	39	<i>zarah</i>	45
VRAYLAR	19	ZARXIO	26

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ZELBORAF	16
ZEMAIRA	39
<i>zenatane</i>	33
ZENPEP	39
ZEPOSIA	32
ZEPOSIA 7-DAY STARTER PACK	33
ZEPOSIA STARTER KIT	33
ZEPZELCA	13
<i>zidovudine</i>	22
<i>ziprasidone hcl</i>	19
<i>ziprasidone mesylate</i>	19
ZIRABEV	17
ZIRGAN	53
ZOKINVY	39
ZOLADEX	46
ZOLGENSMA 10.1-10.5 KG	39
ZOLGENSMA 10.6-11.0 KG	39
ZOLGENSMA 11.1-11.5 KG	39
ZOLGENSMA 11.6-12.0 KG	39
ZOLGENSMA 12.1-12.5 KG	39
ZOLGENSMA 12.6-13.0 KG	39
ZOLGENSMA 13.1-13.5 KG	39
ZOLGENSMA 2.6-3.0 KG	39
ZOLGENSMA 3.1-3.5 KG	39
ZOLGENSMA 3.6-4.0 KG	39
ZOLGENSMA 4.1-4.5 KG	39
ZOLGENSMA 4.6-5.0 KG	39
ZOLGENSMA 5.1-5.5 KG	40
ZOLGENSMA 5.6-6.0 KG	40
ZOLGENSMA 6.1-6.5 KG	40
ZOLGENSMA 6.6-7.0 KG	40
ZOLGENSMA 7.1-7.5 KG	40
ZOLGENSMA 7.6-8.0 KG	40
ZOLGENSMA 8.1-8.5 KG	40
ZOLGENSMA 8.6-9.0 KG	40
ZOLGENSMA 9.1-9.5 KG	40
ZOLGENSMA 9.6-10.0 KG	40
ZOLINZA	14
<i>zolmitriptan</i>	12
<i>zolpidem tartrate</i>	57
<i>zonisamide</i>	8
ZORBTIVE	38
ZORTRESS	49
ZOSTAVAX	50
<i>zovia 1/35e</i>	45
<i>zumandimine</i>	45

Drug Name	Page #
ZYDELIG	16
ZYKADIA	16
ZYLET	53
ZYNLONTA	17
ZYPREXA RELPREVV	20

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

This formulary was updated on 06/28/2021. For more recent information or other questions, please contact Blue Retiree Rx at 1-888-645-6025, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.



South Carolina

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