

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*)



BlueCross RX **PLUS**SM (PDP)

BlueCross Rx Plus

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 BlueCross Rx Plus 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/marx21.

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 BlueCross Rx Plus.

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 BlueCross Rx Plus 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. BlueCross Rx Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Rx Plus 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 BlueCross Rx Plus 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 BlueCross Rx Plus 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 BlueCross Rx Plus 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 BlueCross Rx Plus, 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/marx21.

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?

BlueCross Rx Plus 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:** BlueCross Rx Plus requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Rx Plus before you fill your prescriptions. If you don't get approval, BlueCross Rx Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Rx Plus limits the amount of the drug that BlueCross Rx Plus will cover. For example, BlueCross Rx Plus 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, BlueCross Rx Plus 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, BlueCross Rx Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Rx Plus 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 BlueCross Rx Plus 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 BlueCross Rx Plus'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 BlueCross Rx Plus does not cover your drug, you have two options:

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

You can ask BlueCross Rx Plus 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, BlueCross Rx Plus 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 BlueCross Rx Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross Rx Plus, 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>.

BlueCross Rx Plus's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueCross Rx Plus. 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 BlueCross Rx Plus 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.

BlueCross Rx Plus \$0 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	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$3 copay	\$9 copay	\$7.50 copay
Tier 3: Preferred Brand	\$20 copay	\$60 copay	\$50 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance	33% 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
lidocaine oint 5%	4	QL (150 GM per 30 days) PA
lidocaine ptch 5%	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	4	
disulfiram tabs	3	
naltrexone hcl tabs	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	2	QL (360 EA per 30 days)
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	2	QL (90 EA per 30 days)
buprenorphine hcl subl	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	2	QL (60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg	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		
naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml	2	
naloxone hydrochloride inj 0.4mg/ml	2	
NARCAN LIQD	4	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	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		
gentamicin sulfate crea 0.1%	2	
gentamicin sulfate inj 40mg/ml	4	
gentamicin sulfate oint 0.1%	2	
neomycin sulfate	3	
paromomycin sulfate	4	
streptomycin sulfate inj 1gm	4	
tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 3 80mg/2ml		
tobramycin nebu 300mg/4ml	5	B/D
Antibacterials, Other		
aztreonam inj 1gm	4	
aztreonam inj 2gm	5	
CLEOCIN SUPP	4	
clindacin etz pledgets	2	
clindacin-p	2	

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

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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>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>nafcillin 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>mondoxylene 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		
Ergot Alkaloids		
<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	
Prophylactic		
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	
Serotonin (5-HT) Receptor Agonist		
<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		
Parasympathomimetics		
<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		
Antimycobacterials, Other		
<i>dapsone tabs 100mg, 25mg</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<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	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<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
Antiangiogenic Agents		
<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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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
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
<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	
<i>Molecular Target Inhibitors</i>		
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		
benztropine mesylate tabs	2	
trihexyphenidyl hcl soln	2	
trihexyphenidyl hydrochloride	4	
Antiparkinson Agents, Other		
entacapone	3	
OSMOLEX ER TB24	4	PA
tolcapone	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
bromocriptine mesylate caps, tabs	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
pramipexole dihydrochloride	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er	2	
carbidopa/levodopa odt	4	
carbidopa tabs	4	
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs	4	
selegiline hcl tabs	2	
selegiline hcl caps	4	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl inj	4	
chlorpromazine hcl tabs	4	
fluphenazine decanoate inj	4	
fluphenazine hcl inj	4	
fluphenazine hcl conc, tabs	4	
fluphenazine hydrochloride elix	4	
haloperidol decanoate inj	4	
haloperidol lactate	4	
haloperidol conc, tabs	2	
loxapine succinate caps 25mg, 50mg, 5mg	4	
loxapine caps 10mg	4	
molindone hydrochloride	4	
perphenazine tabs	4	
pimozide	4	
thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg	4	PA
thiothixene caps 10mg, 1mg, 2mg, 5mg	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		
clozapine odt tbdp 150mg	4	QL (180 EA per 30 days)
clozapine odt tbdp 100mg, 25mg	4	QL (270 EA per 30 days)
clozapine odt tbdp 12.5mg	4	QL (90 EA per 30 days)
clozapine odt tbdp 200mg	5	QL (120 EA per 30 days)
clozapine tabs 200mg	3	QL (120 EA per 30 days)
clozapine tabs 50mg	3	QL (180 EA per 30 days)
clozapine tabs 100mg, 25mg	3	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs	2	
dantrolene sodium caps	4	
DYSPORT	5	PA
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride tabs 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	5	
ganciclovir inj 500mg	3	B/D
ganciclovir inj 500mg/10ml	3	B/D
PREVYMIS INJ	5	
PREVYMIS TABS	5	
valganciclovir	3	
valganciclovir hydrochloride	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	5	
BARACLUDE SOLN	5	QL (600 ML per 30 days)
entecavir	4	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
lamivudine tabs 100mg	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	QL (336 EA per 365 days) PA
ribavirin tabs 200mg	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	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
efavirenz caps 50mg	4	
efavirenz caps 200mg	5	
efavirenz tabs	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
nevirapine	3	
nevirapine er	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)		
abacavir	4	
abacavir sulfate	4	
abacavir sulfate/lamivudine	4	QL (30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
didanosine cpdr 200mg, 250mg, 400mg	2	
emtricitabine	2	
emtricitabine/tenofovir disoproxil	5	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
EMTRIVA	4	
lamivudine/zidovudine	4	QL (60 EA per 30 days)
lamivudine soln 10mg/ml	4	
lamivudine tabs 150mg, 300mg	4	
ODEFSEY	5	QL (30 EA per 30 days)
RETROVIR IV INFUSION	4	
stavudine caps	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)
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg, 800mg	2	
famciclovir tabs	2	
valacyclovir hcl tabs 1gm	2	QL (120 EA per 30 days)
valacyclovir hydrochloride tabs 500mg	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
bupirone hcl tabs 15mg, 30mg	2	
bupirone hydrochloride tabs 10mg, 5mg, 7.5mg	2	
hydroxyzine pamoate caps	4	
Benzodiazepines		
alprazolam tabs 0.25mg, 0.5mg, 1mg	2	QL (120 EA per 30 days)
alprazolam tabs 2mg	2	QL (150 EA per 30 days)
clorazepate dipotassium tabs 15mg	4	QL (180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	4	QL (360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	4	QL (720 EA per 30 days)
diazepam conc, oral soln	4	
diazepam inj 5mg/ml	4	
diazepam tabs 10mg	2	QL (120 EA per 30 days)
diazepam tabs 5mg	2	QL (240 EA per 30 days)
diazepam tabs 2mg	2	QL (300 EA per 30 days)
lorazepam intensol	2	
lorazepam inj 2mg/ml, 4mg/ml	2	
lorazepam tabs 2mg	2	QL (150 EA per 30 days)
lorazepam tabs 0.5mg, 1mg	2	QL (90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
lithium	2	
lithium carbonate er	2	
lithium carbonate caps, tabs	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs	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	
glimepiride	1	
glipizide er	1	
glipizide xl	1	
glipizide/metformin hydrochloride	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	
Glycemic Agents		
<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	
Insulins		

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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 18000UNIT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride inj 2000unit/l; 0.9%	2	
heparin sodium inj 5000unit/ml	2	
jantoven	2	
warfarin sodium tabs	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		
anagrelide hydrochloride	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		
aminocaproic acid tabs	4	
tranexamic acid tabs	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE	4	
BRILINTA	4	
CABLIVI	5	QL (30 EA per 30 days) PA
cilostazol	2	
clopidogrel tabs 75mg	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	
<i>NORTHERA</i>	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
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er cp12, tb24	4	
diltiazem hcl tabs	2	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er cp24 360mg	4	
matzim la	4	
taztia xt	2	
tiadylt er	2	
verapamil hcl er cp24 100mg, 300mg	4	
verapamil hcl er tbc	2	
verapamil hcl sr cp24	4	
verapamil hcl tabs 40mg, 80mg	2	
verapamil hydrochloride er cp24	4	
verapamil hydrochloride tabs	2	
Cardiovascular Agents, Other		
acetazolamide	2	
ALDACTAZIDE TABS 50MG; 50MG	4	
aliskiren	2	
amiloride/hydrochlorothiazide	4	
amlodipine besylate/atorvastatin calcium	4	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	1	
atenolol/chlorthalidone	2	
benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 12.5mg, 5mg; 6.25mg	1	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg	1	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	2	
captopril/hydrochlorothiazide	2	
CORLANOR TABS	4	QL (60 EA per 30 days) PA
DEMSER	5	
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO	3	QL (60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide	1	
irbesartan/hydrochlorothiazide	1	
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	
metoprolol/hydrochlorothiazide	4	
metyrosine	5	
olmesartan medoxomil/hydrochlorothiazide	2	
pentoxifylline er	4	
propranolol/hydrochlorothiazide	4	
quinapril/hydrochlorothiazide	1	
ranolazine er	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) PA
<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	
Diuretics, Loop		
<i>bumetanide inj</i>	2	QL (30 EA per 30 days) PA
<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>torsemide 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	QL (30 EA per 30 days) PA
<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	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	
<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 tbc 20mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 10mg</i>	4	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbc 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		
Dental and Oral Agents		
chlorhexidine gluconate soln	2	
doxycycline hyclate tabs 20mg	2	
lidocaine viscous	2	
oralone dental paste	4	
paroex	2	
periogard	2	
pilocarpine hydrochloride	4	
triamcinolone acetonide dental paste	4	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE	4	PA
acitretin caps 10mg	3	
acitretin caps 17.5mg, 25mg	4	
amnestem	4	PA
avita	4	PA
azelaic acid	4	
claravis	4	PA
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	4	
clindamycin/benzoyl peroxide	4	
erythromycin/benzoyl peroxide	4	
FINACEA FOAM	4	
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	PA
metronidazole crea 0.75%	4	
metronidazole gel 0.75%, 1%	4	
metronidazole lotn 0.75%	4	
myorisan	4	PA
rosadan	4	
tazarotene crea	4	
tretinoin crea 0.025%, 0.05%, 0.1%	2	PA
tretinoin gel 0.01%, 0.025%, 0.05%	4	PA
zenatane	4	PA
Dermatitis and Pruitus Agents		
ala-cort crea 2.5%	2	
alclometasone dipropionate	3	
ammonium lactate crea, lotn	3	
augmented betamethasone dipropionate crea	2	
augmented betamethasone dipropionate lotn, oint	4	
betamethasone dipropionate crea, lotn	3	
betamethasone dipropionate oint	4	
betamethasone valerate crea, lotn, oint	3	
clobetasol propionate e	4	
clobetasol propionate emollient foam	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 tbc 10meq</i>	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride sr tbc 8meq</i>	2	
<i>potassium chloride pack, soln</i>	4	
<i>potassium citrate er tbc 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
sodium polystyrene sulfonate rectal susp 30gm/120ml, 50gm/200ml	4	
sps	4	
veltassa	5	
Vitamins		
prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 4000unit; 3mg; 1.84mg; 22mg; 25mg	2	
vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2500unit; 2.2mg; 6mg; 30unit; 20mg	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	3	QL (60 EA per 30 days)
constulose	2	
enulose	2	
generlac	2	
lactulose soln	2	
LINZESS	3	QL (30 EA per 30 days)
lubiprostone	3	QL (60 EA per 30 days)
polyethylene glycol 3350 pack 17gm	2	
polyethylene glycol 3350 powd 17gm/scoop	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		
alosetron hydrochloride tabs 0.5mg	4	PA
alosetron hydrochloride tabs 1mg	5	PA
diphenoxylate/atropine tabs	2	
loperamide hcl caps	2	
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride caps, tabs	2	
glycate	4	
glycopyrrolate tabs 1mg, 2mg	2	
glycopyrrolate tabs 1.5mg	4	
methscopolamine bromide tabs	4	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CLENPIQ	3	
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	2	
gavilyte-h	4	
gavilyte-n/flavor pack	2	
GIMOTI	5	ST
metoclopramide hcl soln	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>sucralfate 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		
darifenacin hydrobromide er	4	
flavoxate hcl	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride syrp, tabs	2	
tolterodine tartrate	4	
tolterodine tartrate er	4	
tropium chloride	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride caps	4	
finasteride tabs	2	
silodosin	3	
tamsulosin hydrochloride	2	
terazosin hcl caps 10mg, 1mg, 5mg	2	
terazosin hydrochloride caps 2mg	2	
Genitourinary Agents, Other		
acetic acid 0.25%	2	
bethanechol chloride tabs	3	
d-penamine	5	
ELMIRON	4	
penicillamine tabs	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
cortisone acetate tabs 25mg	2	
dexamethasone intensol	2	
dexamethasone elix	2	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs	2	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tbpk	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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
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
Androgens		
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
Estrogens		
<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	
<i>LO LOESTRIN FE</i>	4	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</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 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg,</i>	4	
<i>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>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>PREMARIN CREA</i>	4	
<i>PREMARIN TABS 0.3MG</i>	3	
<i>PREMARIN TABS 0.45MG, 0.625MG, 0.9MG, 1.25MG</i>	4	
<i>PREMPHASE</i>	4	
<i>PREMPRO</i>	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-lynyah</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>yuvaferm</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		
OSPHERA	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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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
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	4	
<i>liothyronine sodium tabs</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
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)		
Antithyroid Agents		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	3	
Immunological Agents		
Angioedema Agents		
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
Immunoglobulins		
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
Immunological Agents, Other		
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
azathioprine tabs	3	B/D
BENLYSTA INJ 120MG, 400MG	5	PA
cyclosporine modified	3	B/D
cyclosporine caps	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
everolimus tabs 0.25mg, 0.5mg, 0.75mg	5	B/D
gengraf caps 100mg, 25mg	3	B/D
gengraf soln	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		
Metabolic Bone Disease Agents		
<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		
Miscellaneous Therapeutic Agents		
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		
<i>Ophthalmic Agents, Other</i>		
<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 HANDIHALER	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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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
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<i>acebutolol hydrochloride</i>	28
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<i>acetazolamide</i>	29
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<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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DIACOMIT	7
diazepam	23
diazepam rectal gel	7
diazoxide	24
diclofenac potassium	1
diclofenac sodium	1
diclofenac sodium	34
diclofenac sodium	53
diclofenac sodium dr	1
diclofenac sodium er	1
dicloxacillin sodium	5
dicyclomine hydrochloride	37
didanosine	21
DIFICID	5
diflunisal	1
digitek	27
digox	27
digoxin	27
dihydroergotamine mesylate	12
DILANTIN	8
DILATRATE SR	31
diltiazem hcl	29
diltiazem hcl cd	28
diltiazem hcl er	29
diltiazem hydrochloride er	29
dilt-xr	28
dimethyl fumarate	32
dimethyl fumarate starterpack	32
diphenhydramine hcl	55
diphenhydramine hydrochloride	55
diphenoxylate/atropine	37
diphtheria/tetanus toxoids adsorbed	49
pediatric	
disopyramide phosphate	27
disulfiram	3
divalproex sodium	7
divalproex sodium dr	7
divalproex sodium er	7
dofetilide	27
DOJOLVI	51
donepezil hcl	8
donepezil hydrochloride	8
dorzolamide hcl	54
dorzolamide hcl/timolol maleate	52
dorzolamide hydrochloride/timolol maleate	52
pf	

Drug Name	Page #
dotti	42
DOVATO	20
doxazosin mesylate	40
doxepin hcl	10
doxepin hydrochloride	10
doxercalciferol	51
doxy 100	6
doxycycline hyclate	6
doxycycline hyclate	33
doxycycline monohydrate	6
doxylamine succinate/pyridoxine	10
hydrochloride	
d-penamine	40
DRIZALMA SPRINKLE	9
dronabinol	10
drospirenone/ethinyl estradiol	42
drospirenone/ethinyl estradiol/levomefolate	42
calcium	
DROXIA	13
droxidopa	27
DULERA	57
duloxetine hydrochloride	9
DUPIXENT	47
DUREZOL	53
DURYSTA	54
dutasteride	40
DYSPORT	20
ec-naproxen	1
econazole nitrate	11
EDURANT	21
efavirenz	21
efavirenz/emtricitabine/tenofovir disoproxil	21
fumarate	
efavirenz/lamivudine/tenofovir disoproxil	21
fumarate	
ELAPRASE	39
ELEPSIA XR	6
ELESTRIN	42
elinest	42
ELIQUIS	25
ELIQUIS STARTER PACK	25
ELLA	51
ELMIRON	40
EMCYT	13
EMEND	10
EMGALITY	12
emoquette	42

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Drug Name	Page #
EMSAM	9
<i>emtricitabine</i>	21
<i>emtricitabine/tenofovir disoproxil</i>	21
<i>emtricitabine/tenofovir disoproxil fumarate</i>	21
EMTRIVA	21
<i>enalapril maleate</i>	27
<i>enalapril maleate/hydrochlorothiazide</i>	29
ENBREL	48
ENBREL MINI	48
ENBREL SURECLICK	48
ENDARI	39
<i>endocet</i>	1
ENGERIX-B	49
<i>enoxaparin sodium</i>	25
<i>enpresse-28</i>	42
<i>enskyce</i>	42
ENSPRYNG	48
<i>entacapone</i>	18
<i>entecavir</i>	20
ENTRESTO	29
ENTYVIO	48
<i>enulose</i>	37
EPIDIOLEX	6
<i>epinastine hcl</i>	53
EPINEPHRINE	56
EPIPEN 2-PAK	56
EPIPEN-JR 2-PAK	56
<i>epitol</i>	8
EPIVIR HBV	20
<i>eplerenone</i>	30
<i>eprosartan mesylate</i>	27
EQUETRO	23
<i>ergoloid mesylates</i>	8
ERGOMAR	12
<i>ergotamine tartrate/caffeine</i>	12
ERIVEDGE	15
ERLEADA	13
<i>erlotinib hydrochloride</i>	15
<i>errin</i>	45
<i>ertapenem</i>	5
<i>ertapenem sodium</i>	5
<i>ery</i>	35
ERYTHROCIN STEARATE	5
<i>erythromycin</i>	6
<i>erythromycin</i>	35
<i>erythromycin</i>	53
<i>erythromycin base</i>	5

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<i>erythromycin dr</i>	5
<i>erythromycin ethylsuccinate</i>	6
<i>erythromycin/benzoyl peroxide</i>	33
ESBRIET	57
<i>escitalopram oxalate</i>	9
<i>esomeprazole magnesium</i>	38
<i>estarylla</i>	42
<i>estradiol</i>	42
<i>estradiol valerate</i>	42
ESTRING	42
<i>ethacrynic acid</i>	30
<i>ethambutol hydrochloride</i>	12
<i>ethosuximide</i>	7
<i>ethynodiol diacetate/ethinyl estradiol</i>	42
<i>etidronate disodium</i>	51
<i>etodolac</i>	1
<i>etoposide</i>	14
EUCRISA	34
<i>everolimus</i>	15
<i>everolimus</i>	48
EVOTAZ	22
EVRYSDI	39
<i>exemestane</i>	14
<i>ezetimibe</i>	31
<i>ezetimibe/simvastatin</i>	31
FABRAZYME	39
<i>falmina</i>	42
<i>famciclovir</i>	23
<i>famotidine</i>	38
FANAPT	19
FANAPT TITRATION PACK	19
FARXIGA	23
FARYDAK	15
FASENRA	57
FASENRA PEN	57
<i>febuxostat</i>	11
<i>felbamate</i>	6
<i>felodipine er</i>	28
<i>femynor</i>	42
<i>fenofibrate</i>	30
<i>fenofibrate micronized</i>	30
<i>fenofibric acid dr</i>	30
<i>fentanyl</i>	1
<i>fentanyl citrate</i>	2
<i>fentanyl citrate oral transmucosal</i>	2
FERRIPROX	36
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	47
<i>fluconazole</i>	11	1MCG/ML	
<i>fluconazole in sodium chloride</i>	11	GAMMAKED	47
<i>flucytosine</i>	11	GAMMAPLEX	47
<i>fludrocortisone acetate</i>	40	GAMUNEX-C	47
<i>fluocinolone acetonide</i>	34	<i>ganciclovir</i>	20
<i>fluocinolone acetonide</i>	55	GARDASIL 9	49
<i>fluocinolone acetonide ear drops</i>	55	<i>gatifloxacin</i>	53
<i>fluocinonide</i>	34	GATTEX	37
<i>fluocinonide emulsified base</i>	34	<i>gavilyte-c</i>	37
FLUOROPLEX	34	<i>gavilyte-g</i>	37
<i>fluorouracil</i>	13	<i>gavilyte-h</i>	37
<i>fluorouracil</i>	34	<i>gavilyte-n/flavor pack</i>	37
<i>fluoxetine hcl</i>	9	GAVRETO	14
<i>fluoxetine hydrochloride</i>	9	<i>gemfibrozil</i>	30
<i>fluphenazine decanoate</i>	18	<i>gemmily</i>	42
<i>fluphenazine hcl</i>	18	<i>generlac</i>	37
<i>fluphenazine hydrochloride</i>	18	<i>gengraf</i>	48
<i>flurbiprofen</i>	1	GENOTROPIN	41
<i>flurbiprofen sodium</i>	54	GENOTROPIN MINIQUICK	41
<i>flutamide</i>	13	<i>gentak</i>	53
<i>fluticasone propionate</i>	34	<i>gentamicin sulfate</i>	3
<i>fluticasone propionate</i>	55	<i>gentamicin sulfate</i>	53
<i>fluticasone propionate/salmeterol diskus</i>	57	GENVOYA	20
<i>fluvastatin</i>	30	<i>gianvi</i>	42
<i>fluvastatin sodium er</i>	30	GILENYA	32
<i>fluvoxamine maleate</i>	9	GILOTRIF	15
FML FORTE	54	GIMOTI	37
<i>fondaparinux sodium</i>	25	GIVLAARI	51
FORTEO	51	<i>glatiramer acetate</i>	32
<i>fosamprenavir calcium</i>	22	<i>glatopa</i>	32
<i>fosinopril sodium</i>	27	GLEOSTINE	13
<i>fosinopril sodium/hydrochlorothiazide</i>	29	<i>glimepiride</i>	23

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<i>glipizide</i>	24
<i>glipizide er</i>	23
<i>glipizide xl</i>	23
<i>glipizide/metformin hydrochloride</i>	23
GLUCAGEN HYPOKIT	24
GLUCAGON EMERGENCY KIT	24
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	24
<i>glyburide</i>	24
<i>glyburide micronized</i>	24
<i>glyburide/metformin hydrochloride</i>	24
<i>glycate</i>	37
<i>glycopyrrolate</i>	37
<i>glydo</i>	2
GLYXAMBI	24
<i>granisetron hcl</i>	10
<i>griseofulvin microsize</i>	11
<i>griseofulvin ultramicrosize</i>	11
<i>guanfacine er</i>	31
<i>guanfacine hcl</i>	27
<i>guanidine hcl</i>	12
GVOKE HYPOPEN 1-PACK	24
GVOKE HYPOPEN 2-PACK	24
HAEGARDA	47
<i>hailey 1.5/30</i>	42
<i>hailey 24 fe</i>	42
<i>halobetasol propionate</i>	34
HALOG	34
<i>haloperidol</i>	18
<i>haloperidol decanoate</i>	18
<i>haloperidol lactate</i>	18
HAVRIX	49
<i>heather</i>	45
HEPAGAM B	47
<i>heparin sodium</i>	26
<i>heparin sodium/sodium chloride</i>	26
<i>heparin sodium/sodium chloride 0.9%</i>	26
<i>heparin sodium/sodium chloride 0.9% premix</i>	26
HERCEPTIN	16
HERZUMA	16
HETLIOZ	57
HETLIOZ LQ	57
HIBERIX	49
HIZENTRA	47
HUMALOG	25
HUMALOG JUNIOR KWIKPEN	25

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HUMALOG MIX 50/50	25
HUMALOG MIX 50/50 KWIKPEN	25
HUMALOG MIX 75/25	25
HUMALOG MIX 75/25 KWIKPEN	25
HUMIRA	48
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	48
HUMIRA PEN	48
HUMIRA PEN-CD/UC/HS STARTER	48
HUMIRA PEN-PEDIATRIC UC STARTER PACK	48
HUMIRA PEN-PS/UV STARTER	48
HUMULIN 70/30	25
HUMULIN 70/30 KWIKPEN	25
HUMULIN N	25
HUMULIN N KWIKPEN	25
HUMULIN R	25
HUMULIN R U-500 (CONCENTRATED)	25
HUMULIN R U-500 KWIKPEN	25
<i>hydralazine hcl</i>	31
<i>hydralazine hydrochloride</i>	31
<i>hydrochlorothiazide</i>	30
<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>hydrocodone/acetaminophen</i>	2
<i>hydrocortisone</i>	34
<i>hydrocortisone</i>	40
<i>hydrocortisone</i>	50
<i>hydrocortisone butyrate</i>	34
<i>hydrocortisone valerate</i>	34
<i>hydromorphone hcl</i>	2
<i>hydromorphone hcl dosette</i>	2
<i>hydromorphone hydrochloride</i>	2
<i>hydroxychloroquine sulfate</i>	17
HYDROXYPROGESTERONE CAPROATE	45
<i>hydroxyurea</i>	13
<i>hydroxyzine hcl</i>	55
<i>hydroxyzine hydrochloride</i>	55
<i>hydroxyzine pamoate</i>	23
HYPERHEP B	47
HYPERRAB	47
HYPERRHO S/D	47
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<i>ibandronate sodium</i>	51
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IBRANCE	15

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<i>ibu</i>	1
<i>ibuprofen</i>	1
<i>icatibant acetate</i>	47
<i>iclevia</i>	42
ICLUSIG	15
<i>icosapent ethyl</i>	31
IDHIFA	14
<i>ifosfamide</i>	13
ILUMYA	48
<i>imatinib mesylate</i>	15
IMBRUVICA	15
IMFINZI	16
<i>imipenem/cilastatin</i>	5
<i>imipramine hcl</i>	10
<i>imipramine hydrochloride</i>	10
<i>imiquimod</i>	34
IMOVAX RABIES (H.D.C.V.)	49
IMPAVIDO	4
<i>incassia</i>	45
INCRELEX	41
<i>indapamide</i>	30
<i>indomethacin</i>	1
INFANRIX	49
INFLECTRA	48
INFUMORPH 200	1
INFUMORPH 500	1
INLYTA	15
INQOVI	15
INREBIC	14
INSULIN LISPRO	25
INSULIN LISPRO JUNIOR KWIKPEN	25
INSULIN LISPRO KWIKPEN	25
INSULIN LISPRO	25
PROTAMINE/INSULIN LISPRO	
KWIKPEN	
INTELENCE	21
<i>intralipid</i>	51
INTRON A	48
<i>introvale</i>	42
INVEGA SUSTENNA	19
INVEGA TRINZA	19
INVIRASE	22
INVOKAMET	24
INVOKAMET XR	24
INVOKANA	24
IPOL INACTIVATED IPV	49
<i>ipratropium bromide</i>	55

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<i>ipratropium bromide/albuterol sulfate</i>	57
<i>irbesartan</i>	27
<i>irbesartan/hydrochlorothiazide</i>	29
IRESSA	15
<i>irinotecan hydrochloride</i>	14
ISENTRESS	20
ISENTRESS HD	20
<i>isibloom</i>	43
<i>isoniazid</i>	12
<i>isosorbide dinitrate</i>	31
<i>isosorbide mononitrate</i>	31
<i>isosorbide mononitrate er</i>	31
<i>isotretinoin</i>	33
ISTURISA	46
<i>itraconazole</i>	11
<i>ivermectin</i>	17
IXIARO	49
JADENU SPRINKLE	36
JAKAFI	15
<i>jantoven</i>	26
JANUMET	24
JANUMET XR	24
JANUVIA	24
JARDIANCE	24
JEMPERLI	16
<i>jencycla</i>	45
JENTADUETO	24
JENTADUETO XR	24
<i>jinteli</i>	43
<i>jolessa</i>	43
<i>jolivet</i>	45
JUBLIA	11
<i>juleber</i>	43
JULUCA	21
<i>junel 1.5/30</i>	43
<i>junel 1/20</i>	43
<i>junel fe 1.5/30</i>	43
<i>junel fe 1/20</i>	43
<i>junel fe 24</i>	43
JUXTAPID	31
<i>jynarque</i>	36
KALBITOR	47
KALETRA	22
KALYDECO	56
KANJINTI	16
KANUMA	39
<i>kariva</i>	43

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<i>kelnor 1/50</i>	43
KESIMPTA	32
<i>ketoconazole</i>	11
<i>ketorolac tromethamine</i>	1
<i>ketorolac tromethamine</i>	54
KEYTRUDA	16
<i>kimidess</i>	43
KINRIX	50
<i>kionex</i>	36
KISQALI	15
KISQALI FEMARA 200 DOSE	14
KISQALI FEMARA 400 DOSE	14
KISQALI FEMARA 600 DOSE	14
<i>klor-con</i>	35
<i>klor-con 10</i>	35
<i>klor-con 8</i>	35
<i>klor-con m10</i>	36
<i>klor-con m15</i>	36
<i>klor-con m20</i>	36
<i>klor-con sprinkle</i>	36
KOMBIGLYZE XR	24
KORLYM	41
KOSELUGO	15
<i>kurvelo</i>	43
KUVAN	39
KYNMOBI	18
KYNMOBI TITRATION KIT	18
<i>labetalol hydrochloride</i>	28
<i>lactated ringers</i>	36
<i>lactated ringers viaflex</i>	36
<i>lactulose</i>	37
<i>lamivudine</i>	20
<i>lamivudine</i>	21
<i>lamivudine/zidovudine</i>	21
<i>lamotrigine</i>	7
<i>lamotrigine starter kit/blue</i>	7
<i>lamotrigine starter kit/green</i>	7
<i>lamotrigine starter kit/orange</i>	7
<i>lamotrigine titration</i>	7
LANOXIN	28
<i>lansoprazole</i>	38
<i>lanthanum carbonate</i>	36
LANTUS	25
LANTUS SOLOSTAR	25
<i>lapatinib ditosylate</i>	15
<i>larin 1.5/30</i>	43

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<i>larin 24 fe</i>	43
<i>larin fe 1.5/30</i>	43
<i>larin fe 1/20</i>	43
<i>larissia</i>	43
<i>latanoprost</i>	54
LATUDA	19
LAZANDA	2
<i>leena</i>	43
<i>leflunomide</i>	49
LEMTRADA	48
LENVIMA 10 MG DAILY DOSE	15
LENVIMA 12MG DAILY DOSE	15
LENVIMA 14 MG DAILY DOSE	15
LENVIMA 18 MG DAILY DOSE	15
LENVIMA 20 MG DAILY DOSE	15
LENVIMA 24 MG DAILY DOSE	15
LENVIMA 4 MG DAILY DOSE	15
LENVIMA 8 MG DAILY DOSE	15
<i>lessina</i>	43
<i>letrozole</i>	14
<i>leucovorin calcium</i>	17
LEUKERAN	13
<i>leuprolide acetate</i>	46
<i>levalbuterol tartrate hfa</i>	56
LEVEMIR	25
LEVEMIR FLEXTOUCH	25
<i>levetiracetam</i>	7
<i>levetiracetam er</i>	7
<i>levobunolol hcl</i>	54
<i>levocarnitine</i>	51
<i>levocetirizine dihydrochloride</i>	55
<i>levofloxacin</i>	6
<i>levofloxacin</i>	53
<i>levonest</i>	43
<i>levonorgestrel and ethinyl estradiol</i>	43
<i>levonorgestrel/ethinyl estradiol</i>	43
<i>levora 0.15/30-28</i>	43
<i>levothyroxine sodium</i>	45
LEVOXYL	46
LEXIVA	22
LIBTAYO	16
<i>lidocaine</i>	3
<i>lidocaine hcl</i>	2
<i>lidocaine hcl jelly</i>	2
<i>lidocaine viscous</i>	33
<i>lidocaine/prilocaine</i>	2

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<i>linezolid</i>	4
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<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
LUMIZYME	39
LUPKYNIS	49
LUPRON DEPOT (1-MONTH)	46
LUPRON DEPOT (3-MONTH)	46
LUPRON DEPOT (4-MONTH)	46
LUPRON DEPOT (6-MONTH)	46
LUPRON DEPOT-PED (1-MONTH)	46
LUPRON DEPOT-PED (3-MONTH)	46
<i>lutera</i>	43
<i>lyleq</i>	45
<i>lyllana</i>	43
LYNPARZA	15
LYSODREN	46
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<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>mercaptopurine</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>methyldopa</i>	27

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

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ORLADEYO	52
<i>orsythia</i>	44
ORTIKOS	50
<i>oseltamivir phosphate</i>	22
OSMOLEX ER	18
OSPHENA	45
<i>oxandrolone</i>	41
<i>oxaprozin</i>	1
OXAYDO	2
<i>oxcarbazepine</i>	8
OXERVATE	53
OXLUMO	52
<i>oxybutynin chloride</i>	40
<i>oxybutynin chloride er</i>	40
<i>oxycodone hcl</i>	2
<i>oxycodone hydrochloride</i>	2
<i>oxycodone/acetaminophen</i>	2
<i>oxycodone/aspirin</i>	2
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<i>pacerone</i>	28
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PALFORZIA LEVEL 11 (TITRATION)	52
PALFORZIA LEVEL 2	52
PALFORZIA LEVEL 3	52
PALFORZIA LEVEL 4	52
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<i>pantoprazole sodium</i>	38
<i>pantoprazole sodium dr</i>	38
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<i>paraplatin</i>	13
<i>paricalcitol</i>	51
<i>paroex</i>	33
<i>paromomycin sulfate</i>	3
<i>paroxetine hcl</i>	9
<i>paroxetine hcl er</i>	9
<i>paroxetine hydrochloride</i>	9
<i>paser</i>	12
PAXIL	9
PAZEO	53
PEDIARIX	50
PEDVAX HIB	50
<i>peg 3350/electrolytes</i>	38
<i>peg-3350,sodium sulf,naclpotassium cl,na</i>	38
<i>ascorbate,ascorbic</i>	
<i>peg-3350/electrolytes</i>	38
<i>peg-3350/electrolytes/ascorbate</i>	38
<i>peg-3350/nacl/na bicarbonate/kcl</i>	38
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<i>penicillamine</i>	40
<i>penicillin g sodium</i>	5
<i>penicillin v potassium</i>	5
PENTACEL	50
<i>pentamidine isethionate</i>	17
<i>pentoxifylline er</i>	29
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<i>perindopril erbumine</i>	27
<i>periogard</i>	33
<i>permethrin</i>	35
<i>perphenazine</i>	18
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<i>phenelzine sulfate</i>	9
<i>phenobarbital</i>	7
<i>phenobarbital sodium</i>	7
<i>phenoxybenzamine hydrochloride</i>	27
<i>phenytoin</i>	8
<i>phenytoin sodium extended</i>	8
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<i>pilocarpine hydrochloride</i>	33
<i>pimecrolimus</i>	34
<i>pimozide</i>	18
<i>pimtrea</i>	44
<i>pindolol</i>	28
<i>pioglitazone hcl</i>	24
<i>pioglitazone hcl/metformin hcl</i>	24
<i>pioglitazone hcl-glimepiride</i>	24
<i>pioglitazone hydrochloride</i>	24
<i>piperacillin sodium/tazobactam</i>	5
<i>piperacillin sodium/tazobactam sodium</i>	5
<i>piperacillin/tazobactam</i>	5
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<i>posaconazole dr</i>	11
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<i>potassium chloride cr</i>	36
<i>potassium chloride er</i>	36
<i>potassium chloride sr</i>	36
<i>potassium citrate er</i>	36
<i>pramipexole dihydrochloride</i>	18
<i>prasugrel</i>	27
<i>pravastatin sodium</i>	30
<i>praziquantel</i>	17
<i>prazosin hcl</i>	27
<i>prazosin hydrochloride</i>	27
<i>prednicarbate</i>	34
<i>prednisolone</i>	41
<i>prednisolone acetate</i>	54

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<i>prednisolone sodium phosphate</i>	54
<i>prednisone</i>	41
<i>pregabalin</i>	32
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<i>premasol</i>	36
PREMPHASE	44
PREMPRO	44
<i>prenatal</i>	37
<i>prevalite</i>	31
<i>previfem</i>	44
PREVYMIS	20
PREZCOBIX	22
PREZISTA	22
PRIFTIN	12
<i>primaquine phosphate</i>	17
<i>primidone</i>	8
PRIVIGEN	47
PROAIR HFA	56
PROAIR RESPICLICK	56
<i>probenecid</i>	11
<i>probenecid/colchicine</i>	11
<i>prochlorperazine</i>	10
<i>prochlorperazine edisylate</i>	10
<i>prochlorperazine maleate</i>	10
<i>procto-med hc</i>	50
<i>procto-pak</i>	50
<i>proctosol hc</i>	51
<i>proctozone-hc</i>	51
PROCYSBI	39
<i>progesterone</i>	45
PROGLYCEM	24
PROGRAF	49
PROLASTIN-C	39
PROLENSA	54
PROLIA	51
PROMACTA	26
<i>promethazine hcl</i>	10
<i>promethazine hcl plain</i>	10
<i>promethazine hydrochloride</i>	10
<i>propafenone hcl</i>	28
<i>propafenone hydrochloride er</i>	28
<i>propranolol hcl</i>	28
<i>propranolol hcl er</i>	28
<i>propranolol hydrochloride</i>	28
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<i>propranolol/hydrochlorothiazide</i>	29

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<i>pyridostigmine bromide</i>	12
<i>pyridostigmine bromide er</i>	12
<i>pyrimethamine</i>	17
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<i>quetiapine fumarate</i>	19
<i>quetiapine fumarate er</i>	19
<i>quinapril hcl</i>	27
<i>quinapril hydrochloride</i>	27
<i>quinapril/hydrochlorothiazide</i>	29
<i>quinidine gluconate cr</i>	28
<i>quinidine gluconate er</i>	28
<i>quinidine sulfate</i>	28
<i>quinine sulfate</i>	17
QVAR REDIHALER	55
RABAVERT	50
<i>rabeprazole sodium</i>	38
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<i>raloxifene hydrochloride</i>	45
<i>ramelteon</i>	57
<i>ramipril</i>	27
<i>ranolazine er</i>	29
<i>rasagiline mesylate</i>	18
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REBIF REBIDOSE TITRATION PACK	32
REBIF TITRATION PACK	32
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<i>repatha sureclick</i>	31
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<i>rifabutin</i>	12
<i>rifampin</i>	12
<i>riluzole</i>	32
<i>rimantadine hydrochloride</i>	22
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RITUXAN HYCELA	17
<i>rivastigmine tartrate</i>	8
<i>rivastigmine transdermal system</i>	8
<i>rizatriptan benzoate</i>	12
<i>rizatriptan benzoate odt</i>	12
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<i>ropinirole hydrochloride</i>	18
<i>rosadan</i>	33
<i>rosuvastatin calcium</i>	30
ROTARIX	50
ROTATEQ	50
<i>roweepra</i>	7
<i>roweepra xr</i>	7
ROZLYTREK	16
RUBRACA	16
RUCONEST	47
<i>rufinamide</i>	8
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SARCLISA	17
SAVELLA	32
SAVELLA TITRATION PACK	32
scopolamine	10
SECUADO	19
selegiline hcl	18
selenium sulfide	34
SELZENTRY	22
SEREVENT DISKUS	56
sertraline hcl	9
sertraline hydrochloride	9
setlakin	44
sevelamer carbonate	36
sevelamer hydrochloride	36
SEYSARA	6
SFROWASA	50
sharobel	45
SHINGRIX	50
SIGNIFOR	46
SIKLOS	13
sildenafil citrate	56
silodosin	40
silver sulfadiazine	35
SIMBRINZA	53
simvastatin	30
sirolimus	49
SIRTURO	12
SIVEXTRO	4
SKYRIZI	48
SKYRIZI PEN	48
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sodium chloride 0.9%	52
sodium chloride 0.45%	36
sodium chloride 0.9%	52
sodium fluoride	36
sodium phenylbutyrate	39
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sodium polystyrene sulfonate	36
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sotalol hcl	28
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sotalol hydrochloride (af)	28
sotalol hydrochloride af	28
SPIRIVA HANDIHALER	55
SPIRIVA RESPIMAT	55
spironolactone	30
spironolactone/hydrochlorothiazide	30
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SPRAVATO 84MG DOSE	9
sprintec 28	44
SPRITAM	7
SPRYCEL	16
sps	37
sronyx	44
ssd	35
STAMARIL	50
stavudine	21
STELARA	48
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sterile water irrigation plastic bottle	52
sterile water irrigation w/hanger	52
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STIOLTO RESPIMAT	57
STIVARGA	16
STRENSIQ	39
streptomycin sulfate	3
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subvenite starter kit/blue	7
subvenite starter kit/green	7
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sucrafate	38
sulconazole nitrate	11
sulfacetamide sodium	53
sulfacetamide sodium/prednisolone sodium phosphate	53
sulfadiazine	6
sulfamethoxazole/trimethoprim	6
sulfamethoxazole/trimethoprim ds	6
sulfasalazine	50
sulindac	1
sumatriptan	12

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<i>sumatriptan succinate refill</i>	12
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<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
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<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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<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>tranylcypromine 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-lynyah</i>	44
<i>tri-lo-estarylla</i>	44
<i>tri-lo-marzia</i>	44
<i>tri-lo-sprintec</i>	44
<i>trilyte</i>	38

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

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ZYDELIG	16
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We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0183]。 (Chinese)

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)

이 건보법에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

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)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

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 BlueCross Rx Plus 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/marx21.



South Carolina

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