

2021 Comprehensive Formulary



BlueCross Total (PPO) BlueCross Secure (HMO)

Jan. 1, 2021 – Dec. 31, 2021

855-204-2744 | 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)



South Carolina

BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association

BlueCross Secure (HMO) & BlueCross Total (PPO)

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 00021380, Version Number 17

This formulary was updated on 06/28/2021. For more recent information or other questions, please contact BlueCross Secure & BlueCross Total at 1-855-204-2744, 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 Secure & BlueCross Total.

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 Secure & BlueCross Total 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 Secure & BlueCross Total will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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.

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 Secure & BlueCross Total 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 Secure & BlueCross Total 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 Secure & BlueCross Total, 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 72. 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 Secure & BlueCross Total 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 Secure & BlueCross Total requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Secure & BlueCross Total before you fill your prescriptions. If you don't get approval, BlueCross Secure & BlueCross Total may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Secure & BlueCross Total limits the amount of the drug that BlueCross Secure & BlueCross Total will cover. For example, BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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 Secure & BlueCross Total may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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 Secure & BlueCross Total'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 Secure & BlueCross Total 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 Secure & BlueCross Total. 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 Secure & BlueCross Total.
- You can ask BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total Formulary?

You can ask BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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 Secure & BlueCross Total prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross Secure & BlueCross Total, 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 Secure & BlueCross Total’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueCross Secure & BlueCross Total. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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 Secure & BlueCross Total 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 Secure \$70 Annual Deductible

BlueCross Total \$100 Annual Deductible

Drug Tiers and Tier Names	30-Day Standard Retail Supply	90-Day Standard Retail Supply	90-Day Standard Mail Order
Tier 1: Preferred Generic	\$5 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$15 copay	\$45 copay	\$37.50 copay
Tier 3: Preferred Brand	\$37 copay	\$111 copay	\$92.50 copay
Tier 4: Non-Preferred Drug	45% coinsurance	45% coinsurance	45% coinsurance
Tier 5: Specialty Tier	31% coinsurance	31% coinsurance	31% 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
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>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	2	PA
<i>diflunisal tabs 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
FENOPROFEN CALCIUM CAPS 400MG	4	
<i>fenopropfen calcium tabs</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 er</i>	4	
INDOMETHACIN INJ	4	
<i>indomethacin caps 25mg, 50mg</i>	4	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps</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>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>nabumetone tabs</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen/esomeprazole magnesium</i>	5	QL (60 EA per 30 days) PA
<i>naproxen tbec</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	2	
PENNSAID SOLN	5	PA
<i>piroxicam caps</i>	2	
SPRIX	5	QL (5 EA per 30 days)
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	4	
<i>tolmetin sodium tabs 600mg</i>	4	
Opioid Analgesics, Long-acting		
ARYMO ER TBEA 15MG	4	ST NDS
ARYMO ER TBEA 30MG, 60MG	5	ST NDS
BUPRENORPHINE	3	QL (4 EA per 28 days) NDS
BUTRANS PTWK 7.5MCG/HR	3	QL (4 EA per 28 days) 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 pt72 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	NDS
<i>fentanyl pt72 12mcg/hr, 37.5mcg/hr</i>	4	NDS
<i>fentanyl pt72 62.5mcg/hr, 87.5mcg/hr</i>	5	NDS
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	NDS
<i>hydromorphone hydrochloride er tb24 32mg</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>	2	NDS
<i>morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	4	NDS
<i>morphine sulfate er cp24 100mg</i>	5	NDS
<i>morphine sulfate er tbc</i>	2	NDS
<i>oxymorphone hydrochloride er</i>	4	NDS
<i>oxymorphone hydrochlorideer</i>	4	NDS
<i>tramadol hcl er tb24</i>	4	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
ABSTRAL SUBL 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA NDS
<i>acetaminophen/codeine soln</i>	1	NDS
<i>acetaminophen/codeine tabs</i>	2	NDS
<i>ascomp/codeine</i>	4	PA NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	PA NDS
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA NDS
<i>butorphanol tartrate soln</i>	2	NDS
<i>codeine sulfate tabs</i>	2	NDS
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>fentanyl citrate oral transmucosal</i>	5	PA NDS
<i>fentanyl citrate tabs</i>	5	PA
<i>fentanyl citrate inj 100mcg/2ml, 50mcg/ml</i>	4	B/D NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	5	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 2.5mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	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>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	NDS
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg</i>	4	NDS
<i>hydromorphone hcl dosette</i>	2	NDS
<i>hydromorphone hcl liqd, tabs</i>	2	NDS
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	2	NDS
<i>hydromorphone hydrochloride inj 1mg/ml</i>	2	
<i>hydromorphone hydrochloride inj 1mg/ml, 4mg/ml</i>	2	NDS
LAZANDA	5	PA NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral soln, tabs</i>	2	NDS
<i>morphine sulfate inj 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	B/D NDS
<i>morphine sulfate inj 0.5mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml</i>	2	NDS
OXAYDO	5	NDS
<i>oxycodone hcl caps</i>	2	NDS
<i>oxycodone hydrochloride caps, soln, tabs</i>	2	NDS
<i>oxycodone hydrochloride conc</i>	4	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 2 325mg; 5mg, 325mg; 7.5mg</i>		NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	NDS
<i>oxycodone/ibuprofen</i>	2	NDS
<i>oxymorphone hydrochloride</i>	2	NDS
<i>pentazocine/naloxone hcl</i>	4	NDS
<i>tramadol hcl tabs</i>	1	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>	2	QL (30 GM per 30 days) PA
<i>bupivacaine fisiopharma inj 2.5mg/ml</i>	4	
<i>bupivacaine hcl inj 0.25%</i>	4	
<i>bupivacaine hydrochloride inj 0.25%</i>	4	
<i>glydo</i>	2	QL (30 ML per 30 days) PA
LIDOCAINE AND TETRACAINE CREAM	4	QL (30 GM per 30 days) PA
<i>lidocaine hcl jelly</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl/dextrose soln</i>	4	
<i>lidocaine hcl prsy 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl external soln 4%</i>	2	QL (250 ML per 30 days) PA
<i>lidocaine-prilocaine-cream base crea</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days) PA

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
LIDOCAINE/TETRACAINE CREA 7%; 7%	4	QL (30 GM per 30 days) PA
<i>lidocaine oint 5%</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
PLIAGLIS CREA	4	QL (30 GM per 30 days) PA
<i>premium lidocaine</i>	4	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	
<i>buprenorphine hcl inj</i>	5	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days)
LUCEMYRA	5	QL (224 EA per 14 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
NARCAN LIQD	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	3	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 280mg/2ml</i>	4	
<i>tobramycin nebu 300mg/4ml</i>	5	B/D

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
Antibacterials, Other		
ALTABAX	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
CLEOCIN SUPP	4	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	4	
DALVANCE	5	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
<i>fosfomicin tromethamine</i>	2	
IMPAVIDO	5	
KIMYRSA	5	
<i>lincomycin hcl inj</i>	2	
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
LINEZOLID INJ 600MG/300ML; 0.9%	5	
<i>linezolid inj 600mg/300ml</i>	5	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole inj 5mg/ml; 0.79%</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	2	
MONUROL	4	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
SIVEXTRO TABS	5	QL (6 EA per 30 days)
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hydrochloride/dextrose inj 5%; 750mg/150ml</i>	2	
VANCOMYCIN HYDROCHLORIDE ORAL SOLR	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	5	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1gm, 250mg, 500mg, 750mg</i>	2	
<i>vandazole</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
XENLETA TABS	5	
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime hydrochloride inj 100gm</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotaxime sodium inj 1gm, 2gm, 500mg</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 750mg</i>	2	
<i>cephalexin caps 250mg, 500mg</i>	1	
<i>cephalexin susr</i>	2	
<i>cephalexin tabs 250mg</i>	2	
FETROJA	5	
SUPRAX CHEW	3	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicefinj 1gm, 2gm, 6gm</i>	2	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tabs</i>	1	
<i>amoxicillin/clavulanate potassium chew, susr</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin-sulbactam</i>	2	
<i>ampicillin caps 500mg</i>	1	
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</i>	5	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium inj 1gm, 2gm</i>	4	
<i>nafcillin sodium inj 10gm, 2gm</i>	5	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1	
<i>pfizerpen inj 5000000unit</i>	2	
<i>piperacillin sodium/tazobactam</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	2	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	2	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin tabs</i>	1	
<i>azithromycin pack, susr</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
ERY-TAB	3	
ERYPED 400	5	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin cpep 250mg</i>	4	
<i>erythromycin tabs 250mg, 500mg</i>	4	
Quinolones		
BAXDELA TABS	5	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<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>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
Sulfonamides		
<i>sulfacetamide sodium lotn 10%</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	4	
<i>demeclocycline hydrochloride tabs 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<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 100mg, 50mg</i>	2	
<i>doxycycline susr</i>	2	
<i>doxycycline cpdr</i>	4	
MINOCIN INJ	5	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxyne nl caps 100mg, 50mg</i>	2	
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 2x100mg caps</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 SUSP	4	
FYCOMPA TABS 2MG, 8MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<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	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam soln</i>	2	
NAYZILAM	5	QL (10 EA per 30 days)
<i>roweepra</i>	1	
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate cpsp</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 NDS
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam tabs</i>	4	
<i>clobazam susp</i>	5	
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	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>	2	
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	1	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

Last Updated: June 2021

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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	
SABRIL TABS	5	PA
SYMPAZAN	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	5	
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew</i>	1	
<i>carbamazepine susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
DILANTIN CAPS	4	
<i>epitol</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
PHENYTEK	4	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide susp</i>	5	
<i>rufinamide tabs</i>	5	NDS
TEGRETOL-XR	4	
TEGRETOL SUSP, TABS	4	
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>	1	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<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		
<i>Antidepressants, Other</i>		
APLENZIN	5	QL (30 EA per 30 days) ST
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	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>chlordiazepoxide/amitriptyline</i>	4	PA
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	4	QL (90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	4	PA
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	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)

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cpep 40mg</i>	2	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>	1	
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>fluoxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	
<i>paroxetine</i>	4	QL (30 EA per 30 days)
<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>	2	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	4	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24 150mg, 225mg, 75mg</i>	4	
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	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	4	QL (120 EA per 30 days)
<i>meclizine hcl tabs</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl plain</i>	2	
<i>promethazine hcl supp 12.5mg, 25mg</i>	4	
<i>promethazine hcl tabs 12.5mg</i>	4	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	
<i>promethegan</i>	4	
<i>scopolamine</i>	4	
<i>trimethobenzamide hydrochloride</i>	4	B/D
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
DRONABINOL CAPS 10MG	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg, 5mg</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>	2	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
<i>ondansetron hydrochloride tabs</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
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>clotrimazole crea</i>	1	
<i>clotrimazole troc</i>	2	

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
CRESEMBA CAPS	5	
<i>econazole nitrate crea</i>	2	
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	5	
EXELDERM SOLN	4	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
GYNAZOLE-1	4	
<i>itraconazole caps</i>	4	PA
<i>itraconazole soln</i>	5	PA
JUBLIA	4	
<i>ketoconazole sham</i>	1	
<i>ketoconazole crea, tabs</i>	2	
<i>micafungin</i>	5	
<i>miconazole 3 supp</i>	2	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride gel</i>	2	
<i>naftifine hydrochloride crea</i>	4	
NAFTIN GEL 2%	4	
NOXAFIL SUSP	5	
<i>nyamyc</i>	2	
<i>nystatin crea, susp</i>	1	
<i>nystatin oint, powd, tabs</i>	2	
<i>nystop</i>	2	
ONMEL	5	
OXISTAT LOTN	4	
<i>posaconazole dr</i>	5	
<i>terbinafine hcl tabs</i>	1	QL (84 EA per 180 days)
<i>terconazole</i>	2	
TOLSURA	5	PA
<i>voriconazole tabs</i>	4	
<i>voriconazole inj, susr</i>	5	

Antigout Agents

Antigout Agents

<i>allopurinol tabs</i>	1	
COLCHICINE CAPS	3	
COLCHICINE TABS 0.6MG	3	
<i>febuxostat</i>	2	
GLOPERBA	4	ST
<i>probenecid/colchicine</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid tabs</i>	2	
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>	2	
MIGERGOT	5	
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	4	QL (3 ML per 30 days) PA
NURTEC	5	QL (15 EA per 30 days) PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
UBRELVY	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan malate</i>	4	QL (12 EA per 30 days)
<i>almotriptan tabs 12.5mg</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<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)
SUMATRIPTAN SUCCINATE REFILL	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SOLN	4	QL (12 EA per 30 days)
TOSYMRA	4	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	
MESTINON SOLN	5	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs 100mg, 25mg</i>	2	
<i>rifabutin</i>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>carboplatin inj 150mg/15ml, 50mg/5ml, 600mg/60ml</i>	2	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	2	
<i>cyclophosphamide caps</i>	2	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	5	
<i>dacarbazine inj 100mg, 200mg</i>	2	
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
IFOSFAMIDE INJ 3GM	4	
LEUKERAN	5	
MATULANE	5	
<i>paraplatin inj 1000mg/100ml, 50mg/5ml</i>	2	
PEPAXTO	5	PA
<i>thiotepa inj 100mg</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
YONSA	5	PA
ZYTIGA TABS 500MG	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		

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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>	2	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>	2	B/D
<i>gemcitabine hcl inj 1gm, 200mg</i>	4	
<i>gemcitabine hydrochloride inj 1gm, 200mg</i>	4	
<i>hydroxyurea caps</i>	2	
INFUGEM INJ 1900MG/190ML; 0.9%	5	
<i>mercaptapurine tabs</i>	2	
PURIXAN	5	
SIKLOS TABS 100MG	4	PA
SIKLOS TABS 1000MG	5	PA
TABLOID	4	
Antineoplastics, Other		
<i>adriamycin inj 10mg, 2mg/ml</i>	2	B/D
<i>arsenic trioxide inj 10mg/10ml</i>	4	
ASPARLAS	5	
<i>bleomycin</i>	2	B/D
<i>bleomycin sulfate</i>	2	B/D
<i>daunorubicin hydrochloride inj 50mg/10ml</i>	2	
<i>doxorubicin hcl inj 2mg/ml</i>	2	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	2	
GAVRETO	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
IXEMPRA KIT INJ 15MG	5	
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, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHEGO	5	PA
RETEVMO	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
ROMIDEPSIN INJ 27.5MG/5.5ML	5	PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TICE BCG	4	
TUKYSA	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>irinotecan</i>	2	
<i>irinotecan hcl</i>	2	
<i>irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml</i>	2	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
Molecular Target Inhibitors		
AFINITOR DISPERZ	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
ALECENSA	5	PA
ALUNBRIG TBPK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
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

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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
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

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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 HYLECTA	5	PA
HERCEPTIN INJ 150MG	5	PA
IMFINZI	5	PA
JEMPERLI	5	PA
KANJINTI	5	PA NDS
KEYTRUDA INJ 100MG/4ML	5	PA
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
POLIVY	5	PA
RIABNI	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TRAZIMERA	5	PA NDS
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		
ELITEK	5	
<i>leucovorin calcium tabs</i>	2	
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg/50ml, 50mg</i>	2	
<i>leucovorin calcium inj 100mg/10ml</i>	2	B/D
<i>leucovorin calcium inj 500mg</i>	4	
<i>mesna</i>	2	
MESNEX TABS	5	
TOTECT	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs</i>	4	
Antiprotozoals		
ALINIA	5	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	3	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate caps 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	2	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	2	
GOCOVRI	5	PA
OSMOLEX ER TB24	4	PA
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tabs</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	4	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	2	
<i>chlorpromazine hcl tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc, inj, tabs</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	2	
<i>loxapine caps 10mg</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
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>	2	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>	2	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	1	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<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>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	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	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	
<i>risperidone odt</i>	2	QL (60 EA per 30 days)

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML 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	
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium caps</i>	2	
DYSPORT	5	PA
<i>tizanidine hcl caps</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	2	B/D
PREVYMIS	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDGE SOLN	5	QL (600 ML per 30 days)
<i>entecavir</i>	4	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	QL (336 EA per 365 days) PA
REBETOL SOLN	5	

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>ribavirin caps</i>	2	
<i>ribavirin tabs 200mg</i>	4	
SOFOSBUVIR/VELPATASVIR	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
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	
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	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
ATRIPLA	5	QL (30 EA per 30 days)
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz tabs</i>	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
RESCRIPTOR TABS 200MG	4	
SYMFI	5	QL (30 EA per 30 days)
SYMFI LO	5	QL (30 EA per 30 days)
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	2	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
EMTRIVA	4	
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
ODEFSEY	5	QL (30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine caps</i>	2	
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>	2	
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, 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	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i>	2	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl syrup</i>	1	
<i>amantadine hcl caps, tabs</i>	2	
<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)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hydrochloride</i>	2	
XOFLUZA	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine pamoate caps</i>	4	
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam intensol</i>	4	
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	4	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	4	QL (150 EA per 30 days)
<i>alprazolam xr tb24 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days)
<i>alprazolam xr tb24 3mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hydrochloride</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam conc, oral soln</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	2	
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
<i>oxazepam</i>	2	QL (120 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	2	
CYCLOSET	4	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<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>metformin hydrochloride soln</i>	4	
<i>miglitol</i>	2	
<i>nateglinide</i>	1	
ONGLYZA	4	ST

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC INJ 2MG/1.5ML, 4MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl-glimepiride</i>	4	
<i>pioglitazone hcl/metformin hcl</i>	1	
<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)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tabs 250mg, 500mg</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	3	
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA	3	QL (9 ML per 30 days)
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	5	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
PROGLYCEM	5	
<i>Insulins</i>		
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	

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
INSULIN ASPART	3	
INSULIN ASPART FLEXPEN	3	
INSULIN ASPART PENFILL	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	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	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	

Blood Products and Modifiers

Anticoagulants

COUMADIN TABS	4	
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)

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<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)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
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		
ADAKVEO	5	PA
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	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/ML	5	PA
FULPHILA	5	PA
GRANIX	5	ST
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL (38.4 ML per 365 days) PA
MULPLETA	5	PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUPOGEN	5	ST

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM	5	ST
NPLATE	5	PA
NYVEPRIA	5	PA
OXBRYTA	5	QL (90 EA per 30 days) 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	
ZIEXTENZO	5	PA
Hemostasis Agents		
AMINOCAPROIC ACID SOLN	4	
<i>aminocaproic acid tabs</i>	4	
<i>tranexamic acid tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole tabs</i>	4	
<i>prasugrel</i>	2	
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride tabs</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	4	
<i>methyldopa tabs 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps 1mg, 5mg</i>	2	
<i>prazosin hydrochloride caps 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium tabs</i>	1	
<i>olmesartan medoxomil tabs</i>	2	

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>telmisartan</i>	1	
<i>valsartan</i>	1	
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>	1	
<i>enalapril maleate tabs</i>	1	
<i>enalaprilat</i>	2	
<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>adenosine inj 12mg/4ml, 6mg/2ml</i>	2	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin oral soln</i>	2	
<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	
<i>flecainide acetate</i>	2	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	4	
<i>lidocaine hcl inj 100mg/5ml</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 100mg, 400mg</i>	2	
<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	

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>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps 400mg</i>	1	
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	4	
INNOPRAN XL	4	
<i>labetalol hydrochloride tabs</i>	2	
<i>labetalol hydrochloride inj 5mg/ml</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<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>isradipine</i>	4	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	4	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 60MG/20ML, 6MG/ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA TB24 120MG	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	4	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er cp24 360mg</i>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>matzim la</i>	2	
<i>tazia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbc</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24</i>	2	
<i>verapamil hydrochloride tabs</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	2	
ADRENALIN	4	
ALDACTAZIDE TABS 50MG; 50MG	4	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 125mg, 5mg; 6.25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
BIDIL	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CORLANOR SOLN	4	QL (450 ML per 30 days) PA
CORLANOR TABS	4	QL (60 EA per 30 days) PA
DEMSER	5	
DUTOPROL	4	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL (60 EA per 30 days)
<i>epinephrine inj 1mg/10ml, 30mg/30ml</i>	2	
EVKKEEZA	5	PA
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>methyl dopa/hydrochlorothiazide</i>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/amlodipine</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide inj, oral soln</i>	2	
<i>toremide tabs</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	
<i>eplerenone</i>	2	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	4	
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 134mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibrate tabs 120mg, 40mg</i>	4	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	4	
LIVALO	3	ST
<i>lovastatin tabs</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride tabs</i>	4	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	PA
JUXTAPID	5	QL (30 EA per 30 days) PA
NEXLETOL	4	QL (30 EA per 30 days) PA
<i>niacin er</i>	2	
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	PA
<i>prevalite</i>	2	
REPATHA	4	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	4	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	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>	2	
<i>isosorbide dinitrate tabs 40mg</i>	5	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin lingual soln</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	4	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	2	

Central Nervous System Agents

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
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 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>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days)
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days)
ZENZEDI TABS 15MG, 2.5MG, 20MG, 7.5MG	4	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days)
<i>guanfacine er</i>	2	
<i>metadate er tbcr 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd cpr 20mg, 30mg, 50mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpr 10mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 18mg, 27mg, 54mg, 72mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 36mg</i>	4	QL (60 EA per 30 days)
<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 5mg/5ml</i>	2	
<i>relexxii</i>	4	QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	PA
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	4	PA
<i>butalbital/aspirin/caffeine caps</i>	4	PA
EXSERVAN	5	PA NDS
FIRDAPSE	5	QL (240 EA per 30 days) PA
INGREZZA CPPK	5	QL (56 EA per 365 days) PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 60MG	5	QL (30 EA per 30 days) PA NDS
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	4	PA
RADICAVA	5	PA
<i>riluzole</i>	2	PA
RUZURGI	5	QL (300 EA per 30 days) PA
<i>tencon tabs 325mg; 50mg</i>	4	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		
AUBAGIO	5	QL (30 EA per 30 days) PA
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
EXTAVIA	5	QL (15 EA per 30 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
MAVENCLAD	5	PA
MAYZENT STARTER PACK	5	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABS 2MG	5	QL (30 EA per 30 days) PA
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
OCREVUS	5	QL (40 ML per 365 days) 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

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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
VUMERITY CPDR 231MG	5	QL (120 EA per 30 days) PA
VUMERITY CPDR 231MG	5	QL (212 EA per 365 days) PA
ZEPOSIA	5	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	5	
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
KEPIVANCE	5	
<i>lidocaine hcl mouth/throat soln 4%</i>	2	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	PA
<i>acitretin</i>	4	
<i>adapalene pump</i>	2	
<i>adapalene/benzoyl peroxide gel</i>	4	
<i>adapalene gel</i>	2	
<i>adapalene crea</i>	4	
<i>amnesteem</i>	4	PA
<i>avita</i>	4	PA
<i>azelaic acid</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	4	
EPIDUO FORTE	4	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA FOAM	3	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
MIRVASO	4	PA
<i>myorisan</i>	4	PA
NORITATE	5	
<i>rosadan</i>	2	
<i>tazarotene crea</i>	4	
TAZORAC GEL	4	
TAZORAC CREA 0.05%	4	
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide oint</i>	4	
<i>ammonium lactate crea, lotn</i>	2	
<i>apexicon e</i>	5	
<i>augmented betamethasone dipropionate crea</i>	1	
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
CAPEX	4	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea, gel, lotn, oint, soln</i>	2	
<i>clobetasol propionate foam, liqd, sham</i>	4	
<i>clodan</i>	4	
CORDRAN TAPE	4	
CORDRAN CREA 0.025%	4	
<i>desonide crea, gel, oint</i>	2	
<i>desonide lotn</i>	4	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone gel, liqd</i>	4	
<i>desoximetasone oint 0.25%</i>	2	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	4	
HALOBETASOL PROPIONATE FOAM	5	
<i>halobetasol propionate crea, oint</i>	2	
HALOG SOLN	4	
<i>hydrocortisone butyrate crea, oint, soln</i>	2	
<i>hydrocortisone valerate crea</i>	2	QL (60 GM per 30 days)
<i>hydrocortisone valerate oint</i>	4	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	
LEXETTE	5	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>prednicarbate</i>	2	
<i>selenium sulfide</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
<i>tovet</i>	4	
<i>triamcinolone acetonide crea</i>	1	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide aers</i>	4	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.05%</i>	4	
<i>trianex</i>	4	
<i>triderm</i>	1	
<i>tritocin</i>	4	
Dermatological Agents, Other		
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSP	5	QL (400 GM per 30 days)
<i>calcipotriene/betamethasone dipropionate oint</i>	5	QL (400 GM per 30 days)
<i>calcipotriene crea</i>	2	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	2	QL (60 ML per 30 days)
<i>calcipotriene oint</i>	4	QL (120 GM per 30 days)
CALCITRIOL OINT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate crea</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	
CORTISPORIN OINT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	4	
<i>diclofenac sodium gel 3%</i>	4	
DUOBRII	5	PA
FLUOROPLEX CREA	5	
<i>fluorouracil crea 5%</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil external soln 2%, 5%</i>	2	
<i>hydrocortisone acetate/pramoxine crea 1%; 1%</i>	4	
<i>imiquimod pump</i>	5	
<i>imiquimod crea 5%</i>	2	
<i>imiquimod crea 3.75%</i>	5	
KLISYRI	5	ST
<i>methoxsalen caps</i>	5	
<i>nystatin/triamcinolone acetonide crea</i>	2	
<i>nystatin/triamcinolone oint</i>	2	
OTEZLA TABS 30MG	5	PA
PICATO	5	
<i>podofilox</i>	2	
REGANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
SYNALAR CREAM KIT	4	
TACLONEX SUSP	5	QL (400 GM per 30 days)
VEREGEN	5	
WYNZORA	5	QL (420 GM per 28 days)
ZYCLARA	5	
ZYCLARA PUMP	5	
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	2	
<i>ivermectin crea 1%</i>	4	
<i>ivermectin lotn 0.5%</i>	2	
<i>lindane sham</i>	4	
<i>malathion</i>	4	
<i>permethrin crea</i>	2	
SKLICE	4	
<i>Topical Anti-infectives</i>		
<i>acyclovir oint 5%</i>	2	
BACTROBAN NASAL	4	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate external soln 1%</i>	2	
CLINDESSE	4	
<i>dapsone gel 5%, 7.5%</i>	4	
DENAVIR	5	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint</i>	2	
<i>mupirocin crea</i>	4	
SULFAMYLON CREA	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<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</i>	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
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
<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	
<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	
NORMOSOL -R	4	
<i>plenamine</i>	4	B/D
<i>potassium acetate inj 2meq/ml</i>	2	
<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 soln</i>	2	
<i>potassium chloride pack</i>	4	
<i>potassium citrate er</i>	2	

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>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	
<i>sodium phosphate inj 142mg/ml; 276mg/ml</i>	2	
Electrolyte/Mineral/Metal Modifiers		
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
JYNARQUE TBPK	5	QL (56 EA per 28 days)
JYNARQUE TABS 30MG	5	QL (30 EA per 30 days)
JYNARQUE TABS 15MG	5	QL (60 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate caps</i>	2	
<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</i>	3	
VELPHORO	5	
Potassium Binders		
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate oral susp 15gm/60ml</i>	2	
<i>sodium polystyrene sulfonate rectal susp 30gm/120ml, 50gm/200ml</i>	2	
<i>sps</i>	2	
<i>veltassa pack 16.8gm</i>	4	
<i>veltassa pack 25.2gm, 8.4gm</i>	5	
Vitamins		
<i>prenatal tabs 120mg; 0; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 4000unit; 3mg; 1.84mg; 22mg; 25mg</i>	2	

Gastrointestinal Agents

Anti-Constipation Agents

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
AMITIZA	3	QL (60 EA per 30 days)
<i>constulose</i>	2	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	2	
LINZESS	3	QL (30 EA per 30 days)
LUBIPROSTONE	3	QL (60 EA per 30 days)
<i>pegylax</i>	2	
<i>polyethylene glycol 3350 pack 17gm</i>	2	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	2	
RELISTOR TABS	5	QL (90 EA per 30 days) ST
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	PA
<i>alosetron hydrochloride tabs 1mg</i>	5	PA
<i>diphenoxylate/atropine tabs</i>	2	
<i>loperamide hcl caps</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
CUVPOSA	4	
<i>dicyclomine hcl soln</i>	4	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycate</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>glycopyrrolate tabs 1.5mg</i>	4	
<i>methscopolamine bromide tabs</i>	4	
<i>propantheline bromide tabs</i>	4	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CLENPIQ	3	
GATTEX	5	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
GIMOTI	5	ST
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs</i>	1	
<i>metoclopramide odt</i>	4	
MYALEPT	5	PA
OICALIVA	5	QL (30 EA per 30 days) PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>opium</i>	4	
<i>opium tincture tinc 1%</i>	4	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350,sodium sulf,naclpotassium cl,na ascorbate,ascorbic</i>	2	
<i>peg-3350/electrolytes</i>	1	
<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	
URSODIOL CAPS	4	
<i>ursodiol tabs</i>	2	
XIFAXAN	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	2	
SUCRALFATE SUSP	4	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	2	QL (60 EA per 30 days)
<i>lansoprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	4	QL (30 EA per 30 days)
<i>omeprazole cpdr</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tbec 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium pack</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
AMONDYS 45	5	PA
ARALAST NP INJ 1000MG, 500MG	5	PA
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	2	
CYSTADANE	5	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME	5	PA
GALAFOLD	5	QL (14 EA per 28 days) PA
GLASSIA	5	PA
KANUMA	5	PA
KEVEYIS	5	QL (120 EA per 30 days) PA
KUVAN	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
NITYR	5	
ONPATTRO	5	PA
ORFADIN SUSP	5	
ORFADIN CAPS 20MG	5	
PROCYSBI CPDR	5	PA
PROLASTIN-C INJ 1000MG	5	PA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powd, tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	
TEGSEDI	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
VYNDAQEL	5	QL (120 EA per 30 days) PA
XURIDEN	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

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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
ZOLGENSMA 5.1-5.5 KG	5	PA
ZOLGENSMA 5.6-6.0 KG	5	PA
ZOLGENSMA 6.1-6.5 KG	5	PA
ZOLGENSMA 6.6-7.0 KG	5	PA
ZOLGENSMA 7.1-7.5 KG	5	PA
ZOLGENSMA 7.6-8.0 KG	5	PA
ZOLGENSMA 8.1-8.5 KG	5	PA
ZOLGENSMA 8.6-9.0 KG	5	PA
ZOLGENSMA 9.1-9.5 KG	5	PA
ZOLGENSMA 9.6-10.0 KG	5	PA

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	2	
GELNIQUE PUMP	4	
GELNIQUE GEL 10%	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	2	
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	
<i>silodosin</i>	3	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hydrochloride</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tabs</i>	2	
<i>d-penamine</i>	5	
ELMIRON	4	
<i>penicillamine tabs</i>	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	5	PA
<i>cortisone acetate tabs 25mg</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone soln</i>	1	
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml</i>	4	
<i>prednisolone soln</i>	1	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj, nasal soln</i>	4	
EGRIFTA SV	5	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
FENSOLVI	5	QL (1 EA per 168 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
HUMATROPE COMBO PACK	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA
SAIZEN	5	PA
SAIZENPREP RECONSTITUTIONKIT	5	PA
SEROSTIM	5	PA
STIMATE SOLN	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
<i>mifepristone</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	5	PA
<i>oxandrolone tabs 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
<i>danazol caps</i>	2	
<i>methitest</i>	4	PA
<i>methyltestosterone caps</i>	5	PA
STRIANT	4	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate inj</i>	2	PA
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone topical solution</i>	4	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
<i>testosterone gel 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>Estrogens</i>		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amabelz</i>	4	
<i>amethia</i>	2	QL (91 EA per 91 days)
<i>amethia lo</i>	2	QL (91 EA per 91 days)
<i>amethyst</i>	2	
<i>apri</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL (91 EA per 91 days)
<i>aubra eq</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aviane</i>	2	
<i>azurette</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>	2	QL (91 EA per 91 days)
<i>camrese lo</i>	2	QL (91 EA per 91 days)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	
COMBIPATCH	4	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	QL (91 EA per 91 days)
<i>delyla</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol</i>	2	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	4	
DOTTI	4	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</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>	2	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol crea</i>	2	
<i>estradiol pttw, ptwk, vaginal tabs</i>	4	
<i>estradiol oral tabs 0.5mg</i>	2	
<i>estradiol oral tabs 1mg, 2mg</i>	4	

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
ESTRING	4	QL (1 EA per 90 days)
ESTROGEL	4	
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
<i>femynor</i>	2	
FYAVOLV	4	
<i>gemmily</i>	2	
<i>gianvi</i>	2	
<i>hailey 24 fe</i>	2	
<i>iclevia</i>	2	QL (91 EA per 91 days)
<i>introvale</i>	2	QL (91 EA per 91 days)
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	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>kaitlib fe</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>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	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>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
LO LOESTRIN FE	4	
<i>lopreeza</i>	4	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutura</i>	2	
<i>lyllana</i>	4	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST	4	
<i>merzee</i>	2	
<i>mibelas 24 fe</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>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	2	
<i>mononessa</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps,2</i>		
<i>chew</i>		
<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>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<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>ogestrel</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	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	2	
PREMARIN CREA	4	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>rajani</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL (91 EA per 91 days)
<i>setlakin</i>	2	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 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trinessa</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</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>wymzya fe</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	2	
<i>zovia 1/35e</i>	2	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<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)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
HYDROXYPROGESTERONE CAPROATE INJ 250MG/ML5	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>	2	QL (1 ML per 90 days)
<i>megestrol acetate tabs</i>	2	PA
<i>megestrol acetate susp 40mg/ml</i>	2	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 caps, inj</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	4	
<i>levo-t</i>	4	
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	4	
<i>liothyronine sodium tabs</i>	2	
SYNTHROID TABS	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
<i>unithroid</i>	4	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	5	PA
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	4	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
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
LUPANETA PACK KIT 3.75MG; 5MG	5	QL (1 EA per 28 days) PA
LUPANETA PACK KIT 11.25MG; 5MG	5	QL (1 EA per 84 days) 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, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/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
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 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)
ZOLADEX INJ 10.8MG	4	QL (1 EA per 84 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
Angioedema Agents		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
KALBITOR	5	PA
RUCONEST	5	PA
TAKHZYRO	5	PA
Immunoglobulins		
ASCENIV	5	PA
BIVIGAM INJ 5GM/50ML	5	PA
<i>carimune nanofiltered inj 12gm, 6gm</i>	5	PA
CUTAQUIG	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
HYPERRAB S/D INJ 1500UNIT/10ML, 300UNIT/2ML	3	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML, 20GM/200ML; 5 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML		PA
IMOGAM RABIES-HT INJ 300UNIT/2ML	4	B/D
KEDRAB	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
<i>nabi-hb</i>	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 5 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 5GM/100ML, 5GM/50ML		PA
PANZYGA	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
VARIZIG INJ 125UNIT/1.2ML	3	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	PA
ACTEMRA INJ 80MG/4ML	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
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI	5	PA NDS
ENSPRYNG	5	PA
ENTYVIO	5	PA
GAMIFANT INJ 100MG/20ML	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
ILUMYA	5	PA
KEVZARA	5	PA
KINERET	5	PA
LEMTRADA	5	PA
OLUMIANT	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
OTEZLA TBPK 0	5	PA
RIDAURA	5	
RINVOQ	5	PA
SILIQ	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA NDS
SKYRIZI INJ 75MG/0.83ML	5	PA
SKYRIZI INJ 150MG/ML	5	PA NDS
SOLIRIS	5	PA
STELARA	5	PA
SYLVANT	5	PA
TALTZ	5	PA
TREMFYA	5	PA
ULTOMIRIS	5	PA
UPLIZNA	5	PA
XELJANZ	5	PA

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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		
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN	4	B/D
<i>azathioprine tabs</i>	2	B/D
BENLYSTA INJ 120MG, 400MG	5	PA
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine caps</i>	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D
<i>engraf caps 100mg, 25mg</i>	4	B/D
<i>engraf soln</i>	4	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
<i>leflunomide</i>	2	
LUPKYNIS	5	QL (180 EA per 30 days) PA
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate tabs</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps, tabs</i>	4	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
NULOJIX	5	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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
REMICADE	5	PA
RENFLIXIS	5	PA
SANDIMMUNE SOLN	4	B/D
SIMPONI	5	PA
SIMPONI ARIA	5	PA
<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>	2	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
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

APRISO	3	
<i>balsalazide disodium</i>	4	
DIPENTUM	5	
MESALAMINE DR TBEC 800MG	3	
<i>mesalamine dr tbec 1.2gm</i>	3	
<i>mesalamine er</i>	2	
<i>mesalamine enem, kit, supp</i>	4	
<i>sulfasalazine tabs, tbec</i>	2	

Glucocorticoids

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

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
BINOSTO	4	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tabs 30mg</i>	4	
<i>cinacalcet hydrochloride tabs 60mg, 90mg</i>	5	
<i>doxercalciferol inj</i>	2	
<i>doxercalciferol caps</i>	4	
EVENITY	5	QL (2.34 ML per 28 days) PA
FORTEO INJ 620MCG/2.48ML	5	PA
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium inj</i>	2	
<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>	2	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL (200 EA per 30 days)
BD 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)
COSELA	5	PA
CURITY GAUZE PADS 2"X2"	3	

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
DOJOLVI	5	PA
ELLA	3	
GIVLAARI	5	PA
<i>intralipid inj 20gm/100ml</i>	2	B/D
<i>levocarnitine soln, tabs</i>	2	
NULIBRY	5	PA
<i>nutrilipid</i>	2	B/D
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>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water irrigation</i>	1	
<i>sterile water irrigation plastic bottle</i>	1	
<i>sterile water irrigation w/hanger</i>	1	
ULTICARE MICRO PEN NEEDLES/32G X 5/32"	3	QL (200 EA per 30 days)
UNIFINE PENTIPS 32GX6MM	3	QL (200 EA per 30 days)
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>	2	
<i>bacitracin/polymyxin b</i>	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
COMBIGAN	3	

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
CORTISPORIN CREA 0.5%; 3.5MG/GM; 10000UNIT/GM	4	
<i>cyclopentolate hcl soln 1%</i>	2	
<i>cyclopentolate hydrochloride soln 1%</i>	2	
CYSTADROPS	5	QL (20 ML per 28 days) PA
CYSTARAN	5	QL (60 ML per 28 days) PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
<i>isopto atropine soln 1%</i>	2	
LACRISERT	4	
LUCENTIS	5	PA
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
OXERVATE	5	QL (56 ML per 28 days) PA
<i>phenylephrine hcl soln 2.5%</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PRED-G	4	
PRED-G S.O.P.	4	
RESTASIS	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
BEPOTASTINE BESILATE	4	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	1	
EMADINE	4	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	

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>olopatadine hydrochloride soln 0.2%</i>	2	
PAZEO	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	2	
BESIVANCE	4	
CILOXAN OINT	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	
TOBREX OINT	4	
<i>trifluridine</i>	2	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
ALREX	4	
<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate soln</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	
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)
LOTEPREDNOL ETABONATE GEL	4	QL (20 GM per 365 days)
<i>loteprednol etabonate susp</i>	4	
MAXIDEX SUSP	3	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		

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>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	4	
BETOPTIC-S	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	2	
<i>timolol maleate soln 0.5%</i>	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
IOPIDINE SOLN 1%	4	
<i>methazolamide tabs</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	QL (2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide 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	
CIPRO HC	4	
CIPRODEX	3	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>flac</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 2 10000unit/ml</i>	2	

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>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>flunisolide soln 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<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 hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl syrup</i>	4	
<i>hydroxyzine hcl tabs 50mg</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	
<i>levocetirizine dihydrochloride tabs</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium chew, tabs</i>	1	
<i>montelukast sodium pack</i>	2	
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	ST
ZYFLO	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	2	

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
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	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 30 days)
TUDORZA PRESSAIR	4	QL (60 EA per 30 days) ST
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<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/0.3ML	3	
EPINEPHRINE INJ 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>epinephrine inj 0.15mg/0.15ml</i>	3	
<i>epinephrine inj 0.3mg/0.3ml</i>	3	Applies to products manufactured by Impax or Lineage Therapeutics
EIPEN 2-PAK	4	
EIPEN-JR 2-PAK	4	
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	2	QL (30 GM per 30 days)
<i>levalbuterol nebu</i>	4	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syrp</i>	4	
PERFOROMIST	5	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)
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate tabs</i>	4	
Cystic Fibrosis Agents		
BETHKIS	5	B/D
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 150MG; 100MG	5	QL (56 EA per 28 days) 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

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
TRIKAFTA	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>alyq</i>	5	QL (60 EA per 30 days) PA
AMBRISENTAN	5	QL (30 EA per 30 days) PA
<i>bosentan</i>	5	QL (60 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>	2	QL (90 EA per 30 days) PA
<i>sildenafil citrate susr</i>	5	PA
<i>tadalafil tabs 20mg</i>	5	QL (60 EA per 30 days) PA
UPTRAVI TBPK	5	QL (400 EA per 365 days) PA
UPTRAVI TABS	5	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	2	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
<i>promethazine/phenylephrine</i>	4	
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)

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
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tabs</i>	4	PA
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
<i>orphenadrine citrate er</i>	4	PA
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL (30 EA per 30 days)
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days)
<i>estazolam</i>	2	QL (30 EA per 30 days)
<i>eszopiclone</i>	4	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>temazepam caps 22.5mg, 7.5mg</i>	4	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 er</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA
<i>modafinil</i>	2	QL (30 EA per 30 days) PA
WAKIX	5	QL (60 EA per 30 days) PA
XYREM	5	QL (540 ML per 30 days) PA
XYWAV	5	QL (540 ML per 30 days) PA

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.

Index

Drug Name	Page #
<i>7t lido gel</i>	3
<i>abacavir</i>	25
<i>abacavir sulfate/lamivudine</i>	25
<i>abacavir sulfate/lamivudine/zidovudine</i>	25
ABELCET	13
ABILIFY MAINTENA	23
ABILIFY MYCITE	23
ABILIFY MYCITE MAINTENANCE KIT	23
ABILIFY MYCITE STARTER KIT	23
<i>abiraterone acetate</i>	16
ABSTRAL	2
<i>acamprosate calcium dr</i>	4
<i>acarbose</i>	28
ACCUTANE	40
<i>acebutolol hcl</i>	34
<i>acebutolol hydrochloride</i>	34
<i>acetaminophen/codeine</i>	2
<i>acetazolamide</i>	35
<i>acetazolamide er</i>	67
<i>acetic acid</i>	67
<i>acetic acid 0.25%</i>	50
<i>acetylcysteine</i>	70
<i>acitretin</i>	40
ACTEMRA	59
ACTEMRA ACTPEN	59
ACTHAR	50
ACTHIB	61
ACTIMMUNE	60
<i>acyclovir</i>	27
<i>acyclovir</i>	43
<i>acyclovir sodium</i>	27
ADACEL	61
ADAKVEO	31
<i>adapalene</i>	40
<i>adapalene pump</i>	40
<i>adapalene/benzoyl peroxide</i>	40
<i>adefovir dipivoxil</i>	24
ADEMPAS	70
<i>adenosine</i>	33
ADRENALIN	35
<i>adriamycin</i>	17
<i>adrucil</i>	17
AFINITOR	18

Drug Name	Page #
AFINITOR DISPERZ	18
AIMOVIG	15
AKYNZEO	13
<i>ala-cort</i>	41
<i>albendazole</i>	21
<i>albuterol sulfate</i>	69
<i>albuterol sulfate er</i>	69
<i>albuterol sulfate hfa</i>	69
<i>alclometasone dipropionate</i>	41
ALCOHOL PREP PADS	63
ALDACTAZIDE	35
ALDURAZYME	47
ALECENSA	18
<i>alendronate sodium</i>	63
<i>alfuzosin hcl er</i>	49
ALINIA	21
<i>aliskiren</i>	35
<i>allopurinol</i>	14
<i>almotriptan</i>	15
<i>almotriptan malate</i>	15
ALOCRIAL	65
ALOMIDE	65
<i>alose tron hydrochloride</i>	46
ALPHAGAN P	67
<i>alprazolam</i>	27
<i>alprazolam er</i>	27
<i>alprazolam intensol</i>	27
<i>alprazolam odt</i>	27
<i>alprazolam xr</i>	27
ALREX	66
ALTABAX	5
<i>altavera</i>	51
ALUNBRIG	18
<i>alyacen 1/35</i>	51
<i>alyacen 7/7/7</i>	51
<i>alyq</i>	70
<i>amabelz</i>	51
<i>amantadine hcl</i>	27
AMBISOME	13
AMBRISENTAN	70
<i>amcinonide</i>	41
<i>amethia</i>	51
<i>amethia lo</i>	51
<i>amethyst</i>	51
<i>amikacin sulfate</i>	4
<i>amiloride hcl</i>	36

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	Page #	Drug Name	Page #
<i>amiloride/hydrochlorothiazide</i>	35	ARCALYST	59
AMINOCAPROIC ACID	32	ARESTIN	40
<i>aminosyn ii</i>	44	<i>aripiprazole</i>	23
<i>amiodarone hcl</i>	33	<i>aripiprazole odt</i>	23
<i>amiodarone hydrochloride</i>	33	ARISTADA	23
AMITIZA	46	ARISTADA INITIO	23
<i>amitriptyline hcl</i>	12	<i>armodafinil</i>	71
<i>amitriptyline hydrochloride</i>	12	ARNUITY ELLIPTA	68
<i>amlodipine besylate</i>	34	<i>arsenic trioxide</i>	17
<i>amlodipine besylate/atorvastatin calcium</i>	35	ARYMO ER	1
<i>amlodipine besylate/benazepril hydrochloride</i>	35	ASCENIV	58
<i>amlodipine besylate/valsartan</i>	35	<i>ascomp/codeine</i>	2
<i>amlodipine/olmesartan medoxomil</i>	35	<i>asenapine maleate sl</i>	23
<i>amlodipine/valsartan/hctz</i>	35	<i>ashlyna</i>	52
<i>amlodipine/valsartan/hydrochlorothiazide</i>	35	ASMANEX HFA	68
<i>ammonium lactate</i>	41	ASMANEX TWISTHALER 120	68
<i>amnesteem</i>	40	METERED DOSES	
AMONDYS 45	47	ASMANEX TWISTHALER 14 METERED	68
<i>amoxapine</i>	12	DOSES	
<i>amoxicillin</i>	6	ASMANEX TWISTHALER 30 METERED	68
<i>amoxicillin/clavulanate potassium</i>	6	DOSES	
<i>amoxicillin/clavulanate potassium er</i>	6	ASMANEX TWISTHALER 60 METERED	68
<i>amphetamine/dextroamphetamine</i>	38	DOSES	
<i>amphotericin b</i>	13	ASMANEX TWISTHALER 7 METERED	68
<i>ampicillin</i>	6	DOSES	
<i>ampicillin sodium</i>	6	ASPARLAS	17
<i>ampicillin-sulbactam</i>	6	<i>aspirin/dipyridamole</i>	32
ANADROL-50	51	ASTAGRAF XL	60
<i>anagrelide hydrochloride</i>	31	<i>atazanavir</i>	26
<i>anastrozole</i>	18	<i>atazanavir sulfate</i>	26
ANDRODERM	51	<i>atenolol</i>	34
ANORO ELLIPTA	70	<i>atenolol/chlorthalidone</i>	35
ANZEMET	13	<i>atomoxetine</i>	38
<i>apexicon e</i>	41	<i>atorvastatin calcium</i>	36
ALENZIN	11	<i>atovaquone</i>	21
APOKYN	22	<i>atovaquone/proguanil hcl</i>	21
<i>apraclonidine</i>	67	ATRIPLA	25
<i>aprepitant</i>	13	<i>atropine sulfate</i>	64
<i>apri</i>	51	ATROVENT HFA	68
APRISO	62	AUBAGIO	39
APTIOM	10	<i>abra eq</i>	52
APTIVUS	26	<i>augmented betamethasone dipropionate</i>	41
ARALAST NP	47	AUGMENTIN	6
<i>aranelle</i>	52	<i>aurovela 24 fe</i>	52
ARANESP ALBUMIN FREE	31	AURYXIA	45
		AUSTEDO	38

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	Page #	Drug Name	Page #
AVASTIN	20	BELSOMRA	71
<i>aviane</i>	52	<i>benazepril hcl</i>	33
<i>avita</i>	40	<i>benazepril hcl/hydrochlorothiazide</i>	35
AVONEX	39	<i>benazepril hydrochloride</i>	33
AVONEX PEN	39	<i>benazepril</i>	35
AYVAKIT	18	<i>hydrochloride/hydrochlorothiazide</i>	
AZASAN	60	BENLYSTA	59
<i>azathioprine</i>	60	BENLYSTA	60
<i>azelaic acid</i>	40	BENZNIDAZOLE	21
<i>azelastine hcl</i>	65	<i>benztropine mesylate</i>	22
<i>azelastine hcl</i>	68	BEPOTASTINE BESILATE	65
<i>azelastine hydrochloride</i>	68	BEPREVE	65
<i>azelastine hydrochloride/fluticasone</i>	68	BERINERT	58
<i>propionate</i>		BESIVANCE	66
<i>azithromycin</i>	7	<i>betamethasone dipropionate</i>	41
AZOPT	67	<i>betamethasone valerate</i>	41
<i>aztreonam</i>	5	BETASERON	39
<i>azurette</i>	52	<i>betaxolol hcl</i>	34
<i>bacitracin</i>	66	<i>betaxolol hcl</i>	67
<i>bacitracin/polymyxin b</i>	64	<i>bethanechol chloride</i>	50
<i>baclofen</i>	24	BETHKIS	69
BACTROBAN NASAL	43	BETIMOL	67
BAFIERTAM	39	BETOPTIC-S	67
<i>balsalazide disodium</i>	62	<i>bexarotene</i>	21
BALVERSA	18	BEXSERO	61
<i>balziva</i>	52	<i>bicalutamide</i>	16
BANZEL	10	BICILLIN C-R	6
BAQSIMI ONE PACK	29	BICILLIN L-A	6
BAQSIMI TWO PACK	29	BIDIL	35
BARACLUDGE	24	BIKTARVY	25
BAVENCIO	20	<i>bimatoprost</i>	67
BAXDELA	7	BINOSTO	63
BCG VACCINE	61	<i>bisoprolol fumarate</i>	34
BD INSULIN SYRINGE	63	<i>bisoprolol fumarate/hydrochlorothiazide</i>	35
SAFETYGLIDE/1ML/29G X 1/2"		BIVIGAM	58
B-D INSULIN SYRINGE ULTRAFINE	63	<i>bleomycin</i>	17
II/0.3ML/31G X 5/16"		<i>bleomycin sulfate</i>	17
BD INSULIN SYRINGE ULTRA-	63	BLEPHAMIDE	64
FINE/0.5ML/30G X 12.7MM		BLEPHAMIDE S.O.P.	64
BD INSULIN SYRINGE ULTRA-	63	<i>blisovi 24 fe</i>	52
FINE/1ML/31G X 8MM		<i>blisovi fe 1.5/30</i>	52
BD PEN NEEDLE/ORIGINAL/ULTRA-	63	<i>blisovi fe 1/20</i>	52
FINE/29G X 12.7MM		BOOSTRIX	61
BD VEO INSULIN SYRINGE ULTRA-	63	<i>bosentan</i>	70
AFINE/0.3ML/31G X 6MM		BOSULIF	18
<i>bekyree</i>	52	BRAFTOVI	18

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	Page #	Drug Name	Page #
BREO ELLIPTA	70	CALCIPOTRIENE/BETAMETHASONE	42
BREZTRI AEROSPHERE	68	DIPROPIONATE	
<i>briellyn</i>	52	<i>calcitonin-salmon</i>	63
BRILINTA	32	CALCITRIOL	42
<i>brimonidine tartrate</i>	67	<i>calcitriol</i>	63
<i>brinzolamide</i>	67	<i>calcium acetate</i>	45
BRIVIACT	8	CALQUENCE	18
<i>bromfenac</i>	66	<i>camila</i>	56
<i>bromocriptine mesylate</i>	22	<i>camrese</i>	52
BRONCHITOL	70	<i>camrese lo</i>	52
BRONCHITOL TOLERANCE TEST	70	<i>candesartan cilexetil</i>	32
BRUKINSA	18	<i>candesartan cilexetil/hydrochlorothiazide</i>	35
<i>budesonide</i>	62	CAPEX	41
<i>budesonide</i>	68	CAPLYTA	23
<i>budesonide er</i>	62	CAPRELSA	18
<i>bumetanide</i>	36	<i>captopril</i>	33
<i>bupivacaine fisiopharma</i>	3	<i>captopril/hydrochlorothiazide</i>	35
<i>bupivacaine hcl</i>	3	CARBAGLU	44
<i>bupivacaine hydrochloride</i>	3	<i>carbamazepine</i>	10
BUPRENORPHINE	1	<i>carbamazepine er</i>	10
<i>buprenorphine hcl</i>	4	CARBATROL	10
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>carbidopa</i>	22
<i>buprenorphine hydrochloride/naloxone</i>	4	<i>carbidopa/levodopa</i>	22
<i>hydrochloride</i>		<i>carbidopa/levodopa er</i>	22
<i>bupropion hcl</i>	11	<i>carbidopa/levodopa odt</i>	22
<i>bupropion hydrochloride</i>	11	<i>carbidopa/levodopa/entacapone</i>	22
<i>bupropion hydrochloride er (sr)</i>	4	<i>carboplatin</i>	16
<i>bupropion hydrochloride er (sr)</i>	11	CARDIZEM LA	34
<i>bupropion hydrochloride er (xl)</i>	11	CARDURA XL	49
<i>bupirone hcl</i>	27	<i>carimune nanofiltered</i>	58
<i>bupirone hydrochloride</i>	27	<i>carisoprodol</i>	71
<i>butalbital/acetaminophen</i>	38	<i>carteolol hcl</i>	67
<i>butalbital/acetaminophen/caffeine</i>	38	<i>cartia xt</i>	34
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	<i>carvedilol</i>	34
<i>butalbital/aspirin/caffeine</i>	38	<i>carvedilol phosphate</i>	34
<i>butalbital/aspirin/caffeine/codeine</i>	2	CAYSTON	69
<i>butorphanol tartrate</i>	2	<i>caziant</i>	52
BUTRANS	1	<i>cefaclor</i>	6
BYNFEZIA PEN	57	<i>cefadroxil</i>	6
BYSTOLIC	34	<i>cefazolin sodium</i>	6
CABENUVA	25	<i>cefdinir</i>	6
<i>cabergoline</i>	57	<i>cefepime</i>	6
CABLIVI	32	<i>cefepime hydrochloride</i>	6
CABOMETYX	18	<i>cefepime/dextrose</i>	6
<i>calcipotriene</i>	42	<i>cefixime</i>	6
		<i>cefotaxime sodium</i>	6

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	Page #	Drug Name	Page #
<i>cefotetan</i>	6	<i>ciprofloxacin</i>	67
<i>cefoxitin sodium</i>	6	<i>ciprofloxacin hcl</i>	7
<i>cefpodoxime proxetil</i>	6	<i>ciprofloxacin hydrochloride</i>	7
<i>cefprozil</i>	6	<i>ciprofloxacin hydrochloride</i>	66
<i>ceftazidime</i>	6	<i>ciprofloxacin i.v.-in d5w</i>	7
<i>ceftriaxone sodium</i>	6	<i>ciprofloxacin/dexamethasone</i>	67
<i>cefuroxime axetil</i>	6	<i>cisplatin</i>	16
<i>cefuroxime sodium</i>	6	<i>citalopram hydrobromide</i>	11
<i>celecoxib</i>	1	<i>claravis</i>	40
CELONTIN	9	<i>clarithromycin</i>	7
<i>cephalexin</i>	6	<i>clarithromycin er</i>	7
CERDELGA	47	CLENPIQ	46
CEREZYME	47	CLEOCIN	5
<i>cevimeline hydrochloride</i>	40	CLIMARA PRO	52
CHANTIX	4	<i>clindacin etz pledgets</i>	5
CHANTIX CONTINUING MONTH PAK	4	<i>clindacin-p</i>	5
CHANTIX STARTING MONTH PAK	4	<i>clindamycin hcl</i>	5
<i>chateal</i>	52	<i>clindamycin hydrochloride</i>	5
CHENODAL	46	<i>clindamycin palmitate hcl</i>	5
<i>chlordiazepoxide hcl</i>	27	<i>clindamycin phosphate</i>	5
<i>chlordiazepoxide hydrochloride</i>	27	<i>clindamycin phosphate</i>	43
<i>chlordiazepoxide/amitriptyline</i>	11	<i>clindamycin phosphate/benzoyl peroxide</i>	40
<i>chlorhexidine gluconate</i>	40	<i>clindamycin/benzoyl peroxide</i>	40
<i>chloroquine phosphate</i>	21	CLINDESSE	43
<i>chlorothiazide</i>	36	CLINIMIX 6/5	44
<i>chlorpromazine hcl</i>	22	CLINIMIX 8/10	44
<i>chlorthalidone</i>	36	CLINIMIX 8/14	44
<i>chlorzoxazone</i>	71	CLINIMIX E 8/10	44
CHOLBAM	47	CLINIMIX E 8/14	44
<i>cholestyramine</i>	37	<i>clinisol sf 15%</i>	44
<i>cholestyramine light</i>	37	<i>clobazam</i>	9
<i>ciclodan</i>	43	<i>clobetasol propionate</i>	41
<i>ciclopirox</i>	43	<i>clobetasol propionate e</i>	41
<i>ciclopirox nail lacquer</i>	43	<i>clobetasol propionate emollient</i>	41
<i>ciclopirox olamine</i>	43	<i>clodan</i>	41
<i>cidofovir</i>	24	<i>clomipramine hcl</i>	12
<i>cilostazol</i>	32	<i>clonazepam</i>	9
CILOXAN	66	<i>clonazepam odt</i>	9
CIMDUO	25	<i>clonidine hcl</i>	32
CIMZIA	60	<i>clonidine hydrochloride</i>	32
CIMZIA STARTER KIT	60	<i>clonidine hydrochloride er</i>	38
<i>cinacalcet hydrochloride</i>	63	<i>clopidogrel</i>	32
CINRYZE	58	<i>clorazepate dipotassium</i>	27
CIPRO HC	67	<i>clotrimazole</i>	13
CIPRODEX	67	<i>clotrimazole/betamethasone dipropionate</i>	42
<i>ciprofloxacin</i>	7	CLOVIQUE	45

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	Page #	Drug Name	Page #
<i>clozapine</i>	24	<i>cyclopentolate hydrochloride</i>	65
<i>clozapine odt</i>	24	<i>cyclophosphamide</i>	16
COARTEM	21	CYCLOSET	28
<i>codeine sulfate</i>	2	<i>cyclosporine</i>	60
COLCHICINE	14	<i>cyclosporine modified</i>	60
<i>colesevelam hydrochloride</i>	37	<i>cyproheptadine hcl</i>	68
<i>colestipol hcl</i>	37	<i>cyproheptadine hydrochloride</i>	68
<i>colistimethate sodium</i>	5	<i>cyred eq</i>	52
<i>colocort</i>	62	CYSTADANE	48
COLY-MYCIN S	67	CYSTADROPS	65
COMBIGAN	64	CYSTAGON	48
COMBIPATCH	52	CYSTARAN	65
COMBIVENT RESPIMAT	70	<i>cytarabine</i>	17
COMETRIQ	19	<i>cytarabine aqueous</i>	17
COMPLERA	25	<i>dacarbazine</i>	16
<i>compro</i>	13	<i>dalfampridine er</i>	39
<i>constulose</i>	46	DALIRESP	70
COPIKTRA	19	DALVANCE	5
CORDRAN	41	<i>danazol</i>	51
CORLANOR	35	<i>dantrolene sodium</i>	24
CORTIFOAM	62	DANYELZA	20
<i>cortisone acetate</i>	50	<i>dapsone</i>	15
CORTISPORIN	42	<i>dapsone</i>	43
CORTISPORIN	65	DAPTACEL	61
CORTISPORIN-TC	67	DAPTOMYCIN	5
COSELA	63	<i>darifenacin hydrobromide er</i>	49
COSENTYX	59	DARZALEX FASPRO	20
COSENTYX SENSOREADY PEN	59	<i>dasetta 1/35</i>	52
COTELLIC	19	<i>dasetta 7/7/7</i>	52
COUMADIN	30	<i>daunorubicin hydrochloride</i>	17
CREON	48	DAURISMO	19
CRESEMBA	14	<i>daysee</i>	52
CRIXIVAN	26	<i>deblitane</i>	56
<i>cromolyn sodium</i>	48	<i>deferasirox</i>	45
<i>cromolyn sodium</i>	65	<i>deferiprone</i>	45
<i>cromolyn sodium</i>	70	DELSTRIGO	25
<i>crotan</i>	43	<i>delyla</i>	52
<i>cryselle-28</i>	52	<i>demeclocycline hcl</i>	8
CURITY GAUZE PADS 2"X2"	63	<i>demeclocycline hydrochloride</i>	8
CUTAQUIG	58	DEMSEER	35
CUVITRU	58	DENAVIR	43
CUVPOSA	46	DEPO-ESTRADIOL	52
<i>cyclafem 1/35</i>	52	DEPO-PROVERA	56
<i>cyclafem 7/7/7</i>	52	DEPO-SUBQ PROVERA 104	56
<i>cyclobenzaprine hydrochloride</i>	71	DESCOVY	25
<i>cyclopentolate hcl</i>	65	<i>desipramine hcl</i>	12

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	Page #	Drug Name	Page #
<i>desloratadine</i>	68	<i>diltiazem hcl cd</i>	34
<i>desmopressin acetate</i>	50	<i>diltiazem hcl er</i>	34
<i>desogestrel/ethinyl estradiol</i>	52	<i>diltiazem hydrochloride er</i>	34
<i>desonide</i>	41	<i>dilt-xr</i>	34
<i>desoximetasone</i>	41	<i>dimethyl fumarate</i>	39
DESVENLAFAXINE ER	11	<i>dimethyl fumarate starterpack</i>	39
<i>dexamethasone</i>	50	DIPENTUM	62
<i>dexamethasone intensol</i>	50	<i>diphenhydramine hcl</i>	68
<i>dexamethasone sodium phosphate</i>	66	<i>diphenhydramine hydrochloride</i>	68
DEXILANT	47	<i>diphenoxylate/atropine</i>	46
<i>dexmethylphenidate hcl</i>	38	<i>diphtheria/tetanus toxoids adsorbed</i>	61
<i>dexmethylphenidate hcl er</i>	38	<i>pediatric</i>	
<i>dexmethylphenidate hydrochloride</i>	38	<i>dipyridamole</i>	32
<i>dextroamphetamine sulfate</i>	38	<i>disopyramide phosphate</i>	33
<i>dextroamphetamine sulfate er</i>	38	<i>disulfiram</i>	4
DEXTROSE 5% /ELECTROLYTE #48	44	DIURIL	36
VIAFLEX		<i>divalproex sodium</i>	9
<i>dextrose 5%</i>	44	<i>divalproex sodium dr</i>	9
<i>dextrose 5%/nacl 0.45%</i>	44	<i>divalproex sodium er</i>	9
<i>dextrose 5%/nacl 0.9%</i>	44	DIVIGEL	52
DIACOMIT	9	<i>dofetilide</i>	33
<i>diazepam</i>	27	DOJOLVI	64
<i>diazepam rectal gel</i>	9	<i>donepezil hcl</i>	10
<i>diazoxide</i>	29	<i>donepezil hydrochloride</i>	11
<i>diclofenac potassium</i>	1	<i>dorzolamide hcl</i>	67
<i>diclofenac sodium</i>	1	<i>dorzolamide hcl/timolol maleate</i>	65
<i>diclofenac sodium</i>	42	<i>dorzolamide hydrochloride/timolol maleate</i>	65
<i>diclofenac sodium</i>	66	<i>pf</i>	
<i>diclofenac sodium dr</i>	1	DOTTI	52
<i>diclofenac sodium er</i>	1	DOVATO	25
<i>diclofenac sodium/misoprostol</i>	1	<i>doxazosin mesylate</i>	49
<i>dicloxacillin sodium</i>	6	<i>doxepin hcl</i>	12
<i>dicyclomine hcl</i>	46	<i>doxepin hydrochloride</i>	12
<i>dicyclomine hydrochloride</i>	46	<i>doxepin hydrochloride</i>	71
<i>didanosine</i>	26	<i>doxercalciferol</i>	63
DIFICID	7	<i>doxorubicin hcl</i>	17
<i>diflunisal</i>	1	<i>doxy 100</i>	8
<i>digitek</i>	33	<i>doxycycline</i>	8
<i>digox</i>	33	<i>doxycycline hyclate</i>	8
<i>digoxin</i>	33	<i>doxycycline hyclate</i>	40
<i>dihydroergotamine mesylate</i>	15	<i>doxycycline monohydrate</i>	8
DILANTIN	10	<i>doxylamine succinate/pyridoxine</i>	13
DILANTIN INFATABS	10	<i>hydrochloride</i>	
DILANTIN-125	10	<i>d-penamamine</i>	50
DILATRATE SR	37	DRIZALMA SPRINKLE	11
<i>diltiazem hcl</i>	34	DRONABINOL	13

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	Page #	Drug Name	Page #
<i>drospirenone/ethinyl estradiol</i>	52	<i>emtricitabine</i>	26
<i>drospirenone/ethinyl estradiol/levomefolate</i>	52	<i>emtricitabine/tenofovir disoproxil</i>	26
<i>calcium</i>		<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
DROXIA	17	EMTRIVA	26
<i>droxidopa</i>	32	<i>enalapril maleate</i>	33
DULERA	70	<i>enalapril maleate/hydrochlorothiazide</i>	35
<i>duloxetine hcl</i>	12	<i>enalaprilat</i>	33
<i>duloxetine hydrochloride</i>	12	ENBREL	60
DUOBRII	42	ENBREL MINI	60
DUPIXENT	59	ENBREL SURECLICK	60
DUREZOL	66	ENDARI	48
DURYSTA	67	<i>endocet</i>	2
<i>dutasteride</i>	49	ENGERIX-B	61
<i>dutasteride/tamsulosin hydrochloride</i>	49	<i>enoxaparin sodium</i>	30
DUTOPROL	35	<i>enpresse-28</i>	52
DYSPORT	24	<i>enskyce</i>	52
<i>econazole nitrate</i>	14	ENSPRYNG	59
EDARBI	32	<i>entacapone</i>	22
EDARBYCLOR	35	<i>entecavir</i>	24
EDURANT	25	ENTRESTO	35
<i>efavirenz</i>	25	ENTYVIO	59
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	25	<i>enulose</i>	46
<i>fumarate</i>		ENVARUSUS XR	60
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	25	EPIDIOLEX	8
<i>fumarate</i>		EPIDUO FORTE	40
EGRIFTA	50	<i>epinastine hcl</i>	65
EGRIFTA SV	50	<i>epinephrine</i>	35
ELAPRASE	48	EPINEPHRINE	69
ELEPSIA XR	8	EPIPEN 2-PAK	69
ELESTRIN	52	EPIPEN-JR 2-PAK	69
<i>eletriptan hydrobromide</i>	15	<i>epirubicin hcl</i>	17
ELIGARD	57	<i>epitol</i>	10
<i>elinest</i>	52	EPIVIR HBV	24
ELIQUIS	30	<i>eplerenone</i>	36
ELIQUIS STARTER PACK	30	<i>eprosartan mesylate</i>	32
ELITEK	21	EQUETRO	28
ELLA	64	ERAXIS	14
ELMIRON	50	<i>ergoloid mesylates</i>	10
EMADINE	65	ERGOMAR	15
EMCYT	17	<i>ergotamine tartrate/caffeine</i>	15
EMEND	13	ERIVEDGE	19
EMFLAZA	50	ERLEADA	16
EMGALITY	15	<i>erlotinib hydrochloride</i>	19
<i>emoquette</i>	52	<i>errin</i>	56
EMPAVELI	59	<i>ertapenem</i>	7
EMSAM	11	<i>ertapenem sodium</i>	7

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	Page #	Drug Name	Page #
<i>ery</i>	43	<i>famciclovir</i>	27
ERYPED 400	7	<i>famotidine</i>	47
ERY-TAB	7	FANAPT	23
ERYTHROCIN STEARATE	7	FANAPT TITRATION PACK	23
<i>erythromycin</i>	7	FARXIGA	28
<i>erythromycin</i>	43	FARYDAK	19
<i>erythromycin</i>	66	FASENRA	70
<i>erythromycin base</i>	7	FASENRA PEN	70
<i>erythromycin dr</i>	7	<i>fayosim</i>	53
<i>erythromycin ethylsuccinate</i>	7	<i>febuxostat</i>	14
<i>erythromycin/benzoyl peroxide</i>	40	<i>felbamate</i>	8
ESBRIET	70	<i>felodipine er</i>	34
<i>escitalopram oxalate</i>	12	FEMRING	53
<i>esomeprazole magnesium</i>	47	<i>femynor</i>	53
<i>estarylla</i>	52	<i>fenofibrate</i>	36
<i>estazolam</i>	71	<i>fenofibrate micronized</i>	36
<i>estradiol</i>	52	<i>fenofibric acid</i>	36
<i>estradiol valerate</i>	52	<i>fenofibric acid dr</i>	36
<i>estradiol/norethindrone acetate</i>	52	FENOPROFEN CALCIUM	1
ESTRING	53	FENSOLVI	50
ESTROGEL	53	<i>fentanyl</i>	2
<i>eszopiclone</i>	71	<i>fentanyl citrate</i>	2
<i>ethacrynic acid</i>	36	<i>fentanyl citrate oral transmucosal</i>	2
<i>ethambutol hydrochloride</i>	16	FERRIPROX	45
<i>ethosuximide</i>	9	FERRIPROX TWICE-A-DAY	45
<i>ethynodiol diacetate/ethinyl estradiol</i>	53	FETROJA	6
<i>etodolac</i>	1	FETZIMA	12
<i>etodolac er</i>	1	FETZIMA TITRATION PACK	12
ETOPOPHOS	18	FINACEA	40
<i>etoposide</i>	18	<i>finasteride</i>	49
EUCRISA	41	FINTEPLA	8
<i>euthyrox</i>	56	FIRDAPSE	38
EVENITY	63	FIRMAGON	57
<i>everolimus</i>	19	<i>flac</i>	67
<i>everolimus</i>	60	FLAREX	66
EVKEEZA	35	<i>flavoxate hcl</i>	49
EVOTAZ	26	FLEBOGAMMA DIF	58
EVRYSDI	48	<i>flecainide acetate</i>	33
EXELDERM	14	FLOVENT DISKUS	68
<i>exemestane</i>	18	FLOVENT HFA	68
EXSERVAN	38	<i>fluconazole</i>	14
EXTAVIA	39	<i>fluconazole in dextrose</i>	14
<i>ezetimibe</i>	37	<i>fluconazole in sodium chloride</i>	14
<i>ezetimibe/simvastatin</i>	37	<i>flucytosine</i>	14
FABRAZYME	48	<i>fludrocortisone acetate</i>	50
<i>falmina</i>	53	<i>flunisolide</i>	68

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	Page #	Drug Name	Page #
<i>fluocinolone acetonide</i>	41	<i>galantamine hydrobromide er</i>	11
<i>fluocinolone acetonide</i>	67	GAMASTAN	58
<i>fluocinolone acetonide body</i>	41	GAMIFANT	59
<i>fluocinolone acetonide ear drops</i>	67	GAMMAGARD LIQUID	58
<i>fluocinolone acetonide scalp</i>	41	GAMMAGARD S/D IGA LESS THAN	58
<i>fluocinonide</i>	41	1MCG/ML	
<i>fluocinonide emulsified base</i>	41	GAMMAKED	58
<i>fluorometholone</i>	66	GAMMAPLEX	58
FLUOROPLEX	42	GAMUNEX-C	58
<i>fluorouracil</i>	17	<i>ganciclovir</i>	24
<i>fluorouracil</i>	42	GARDASIL 9	61
<i>fluoxetine hcl</i>	12	<i>gatifloxacin</i>	66
<i>fluoxetine hydrochloride</i>	12	GATTEX	46
<i>fluphenazine decanoate</i>	22	<i>gavilyte-c</i>	46
<i>fluphenazine hcl</i>	22	<i>gavilyte-g</i>	46
<i>fluphenazine hydrochloride</i>	22	<i>gavilyte-h</i>	46
<i>flurbiprofen</i>	1	<i>gavilyte-n/flavor pack</i>	46
<i>flurbiprofen sodium</i>	66	GAVRETO	17
<i>flutamide</i>	16	GELNIQUE	49
<i>fluticasone propionate</i>	42	GELNIQUE PUMP	49
<i>fluticasone propionate</i>	68	<i>gemcitabine hcl</i>	17
<i>fluticasone propionate/salmeterol diskus</i>	70	<i>gemcitabine hydrochloride</i>	17
<i>fluvastatin</i>	37	<i>gemfibrozil</i>	36
<i>fluvastatin sodium er</i>	37	<i>gemmily</i>	53
<i>fluvoxamine maleate</i>	12	<i>generlac</i>	46
<i>fluvoxamine maleate er</i>	12	<i>gengraf</i>	60
FML	66	GENOTROPIN	50
FML FORTE	66	GENOTROPIN MINIQUICK	50
<i>fondaparinux sodium</i>	31	<i>gentak</i>	66
FORTEO	63	<i>gentamicin sulfate</i>	4
FOSAMAX PLUS D	63	<i>gentamicin sulfate</i>	66
<i>fosamprenavir calcium</i>	26	<i>gentamicin sulfate pediatric</i>	4
<i>fosfomycin tromethamine</i>	5	GENVOYA	25
<i>fosinopril sodium</i>	33	<i>gianvi</i>	53
<i>fosinopril sodium/hydrochlorothiazide</i>	35	GILENYA	39
FOTIVDA	16	GILOTRIF	19
FRAGMIN	31	GIMOTI	46
<i>frovatriptan succinate</i>	15	GIVLAARI	64
FULPHILA	31	GLASSIA	48
<i>furosemide</i>	36	<i>glatiramer acetate</i>	39
FUZEON	26	<i>glatopa</i>	39
FYAVOLV	53	GLEOSTINE	16
FYCOMPA	8	<i>glimepiride</i>	28
<i>gabapentin</i>	9	<i>glipizide</i>	28
GALAFOLD	48	<i>glipizide er</i>	28
<i>galantamine hydrobromide</i>	11	<i>glipizide xl</i>	28

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	Page #	Drug Name	Page #
<i>glipizide/metformin hydrochloride</i>	28	HUMALOG	29
GLOPERBA	14	HUMALOG JUNIOR KWIKPEN	29
GLUCAGEN HYPOKIT	29	HUMALOG KWIKPEN	29
GLUCAGON EMERGENCY KIT	29	HUMALOG MIX 50/50	29
<i>glucagon emergency kit for low blood sugar</i>	29	HUMALOG MIX 50/50 KWIKPEN	29
<i>glyburide</i>	28	HUMALOG MIX 75/25	29
<i>glyburide micronized</i>	28	HUMALOG MIX 75/25 KWIKPEN	29
<i>glyburide/metformin hydrochloride</i>	28	HUMATROPE	51
<i>glycate</i>	46	HUMATROPE COMBO PACK	50
<i>glycopyrrolate</i>	46	HUMIRA	60
<i>glydo</i>	3	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	60
GLYXAMBI	28	HUMIRA PEN	60
GOCOVRI	22	HUMIRA PEN-CD/UC/HS STARTER	60
<i>granisetron hcl</i>	13	HUMIRA PEN-PEDIATRIC UC STARTER PACK	60
GRANIX	31	HUMIRA PEN-PS/UV STARTER	60
<i>griseofulvin microsize</i>	14	HUMULIN 70/30	29
<i>griseofulvin ultramicrosize</i>	14	HUMULIN 70/30 KWIKPEN	29
<i>guanfacine er</i>	38	HUMULIN N	29
<i>guanfacine hcl</i>	32	HUMULIN N KWIKPEN	29
GUANIDINE HCL	15	HUMULIN R	29
GVOKE HYPOPEN 1-PACK	29	HUMULIN R U-500 (CONCENTRATED)	29
GVOKE HYPOPEN 2-PACK	29	HUMULIN R U-500 KWIKPEN	29
GYNAZOLE-1	14	<i>hydralazine hcl</i>	37
HAEGARDA	58	<i>hydralazine hydrochloride</i>	37
<i>hailey 24 fe</i>	53	<i>hydrochlorothiazide</i>	36
<i>halcinonide</i>	42	<i>hydrocodone bitartrate/acetaminophen</i>	2
HALOBETASOL PROPIONATE	42	<i>hydrocodone/acetaminophen</i>	2
HALOG	42	<i>hydrocodone/ibuprofen</i>	3
<i>haloperidol</i>	22	<i>hydrocortisone</i>	42
<i>haloperidol decanoate</i>	22	<i>hydrocortisone</i>	50
<i>haloperidol lactate</i>	22	<i>hydrocortisone</i>	62
HAVRIX	61	<i>hydrocortisone acetate/pramoxine</i>	43
<i>heather</i>	56	<i>hydrocortisone butyrate</i>	42
HEPAGAM B	58	<i>hydrocortisone valerate</i>	42
<i>heparin sodium</i>	31	<i>hydrocortisone/acetic acid</i>	67
<i>heparin sodium/sodium chloride</i>	31	<i>hydromorphone hcl</i>	3
<i>heparin sodium/sodium chloride 0.9%</i>	31	<i>hydromorphone hcl dosette</i>	3
<i>heparin sodium/sodium chloride 0.9% premix</i>	31	<i>hydromorphone hcl er</i>	2
HEPLISAV-B	61	<i>hydromorphone hydrochloride</i>	3
HERCEPTIN	20	<i>hydromorphone hydrochloride er</i>	2
HERCEPTIN HYLECTA	20	<i>hydroxychloroquine sulfate</i>	21
HETLIOZ	71	HYDROXYPROGESTERONE CAPROATE	56
HETLIOZ LQ	71	<i>hydroxyurea</i>	17
HIBERIX	61		
HIZENTRA	58		

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	Page #	Drug Name	Page #
<i>hydroxyzine hcl</i>	68	INGREZZA	38
<i>hydroxyzine hydrochloride</i>	68	INLYTA	19
<i>hydroxyzine pamoate</i>	27	INNOPRAN XL	34
HYPERHEP B	58	INQOVI	19
HYPERRAB	58	INREBIC	17
HYPERRAB S/D	58	INSULIN ASPART	30
HYPERRHO S/D	58	INSULIN ASPART FLEXPEN	30
HYPERRHO S/D MINI-DOSE	58	INSULIN ASPART PENFILL	30
HYQVIA	58	INSULIN ASPART	30
<i>ibandronate sodium</i>	63	PROTAMINE/INSULIN ASPART	
IBRANCE	17	INSULIN ASPART	30
IBRANCE	19	PROTAMINE/INSULIN ASPART	
<i>ibu</i>	1	FLEXPEN	
<i>ibuprofen</i>	1	INSULIN LISPRO	30
<i>icatibant acetate</i>	58	INSULIN LISPRO JUNIOR KWIKPEN	30
<i>iclevia</i>	53	INSULIN LISPRO KWIKPEN	30
ICLUSIG	19	INSULIN LISPRO	30
<i>icosapent ethyl</i>	37	PROTAMINE/INSULIN LISPRO	
IDHIFA	17	KWIKPEN	
IFOSFAMIDE	16	INTELENCE	25
ILARIS	59	<i>intralipid</i>	64
ILEVRO	66	INTRON A	60
ILUMYA	59	<i>introvale</i>	53
<i>imatinib mesylate</i>	19	INVEGA SUSTENNA	23
IMBRUVICA	19	INVEGA TRINZA	23
IMFINZI	20	INVIRASE	26
<i>imipenem/cilastatin</i>	7	INVOKAMET	28
<i>imipramine hcl</i>	12	INVOKAMET XR	28
<i>imipramine hydrochloride</i>	12	INVOKANA	28
<i>imiquimod</i>	43	IOPIDINE	67
<i>imiquimod pump</i>	43	IPOL INACTIVATED IPV	61
IMOGAM RABIES-HT	58	<i>ipratropium bromide</i>	68
IMOVAX RABIES (H.D.C.V.)	61	<i>ipratropium bromide/albuterol sulfate</i>	70
IMPAVIDO	5	<i>irbesartan</i>	32
INBRIJA	22	<i>irbesartan/hydrochlorothiazide</i>	35
<i>incassia</i>	56	IRESSA	19
INCRELEX	51	<i>irinotecan</i>	18
INCRUSE ELLIPTA	68	<i>irinotecan hcl</i>	18
<i>indapamide</i>	36	<i>irinotecan hydrochloride</i>	18
INDOMETHACIN	1	ISENTRESS	25
<i>indomethacin er</i>	1	ISENTRESS HD	25
INFANRIX	61	<i>isibloom</i>	53
INFLECTRA	60	<i>isoniazid</i>	16
INFUGEM	17	<i>isopto atropine</i>	65
INFUMORPH 200	2	<i>isosorbide dinitrate</i>	37
INFUMORPH 500	2	<i>isosorbide mononitrate</i>	37

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	Page #	Drug Name	Page #
<i>isosorbide mononitrate er</i>	37	<i>ketoconazole</i>	14
<i>isotretinoin</i>	40	<i>ketoprofen</i>	1
<i>isradipine</i>	34	<i>ketoprofen er</i>	1
ISTURISA	57	<i>ketorolac tromethamine</i>	1
<i>itraconazole</i>	14	<i>ketorolac tromethamine</i>	66
<i>ivermectin</i>	21	KEVEYIS	48
<i>ivermectin</i>	43	KEVZARA	59
IXEMPRA KIT	17	KEYTRUDA	20
IXIARO	61	<i>kimidess</i>	53
JADENU SPRINKLE	45	KIMYRSA	5
JAKAFI	19	KINERET	59
<i>jantoven</i>	31	KINRIX	61
JANUMET	28	<i>kionex</i>	45
JANUMET XR	28	KISQALI	19
JANUVIA	28	KISQALI FEMARA 200 DOSE	17
JARDIANCE	28	KISQALI FEMARA 400 DOSE	17
<i>jasmiel</i>	53	KISQALI FEMARA 600 DOSE	17
JEMPERLI	20	KLISYRI	43
<i>jencycla</i>	56	<i>klor-con</i>	44
JENTADUETO	28	<i>klor-con 10</i>	44
JENTADUETO XR	28	<i>klor-con 8</i>	44
<i>jinteli</i>	53	<i>klor-con m10</i>	44
<i>jolessa</i>	53	<i>klor-con m15</i>	44
<i>jolivette</i>	56	<i>klor-con m20</i>	44
JUBLIA	14	<i>klor-con sprinkle</i>	44
<i>juleber</i>	53	KOMBIGLYZE XR	28
JULUCA	25	KORLYM	51
<i>junel 1.5/30</i>	53	KOSELUGO	19
<i>junel 1/20</i>	53	<i>kurvelo</i>	53
<i>junel fe 1.5/30</i>	53	KUVAN	48
<i>junel fe 1/20</i>	53	KYNMOBI	22
<i>junel fe 24</i>	53	KYNMOBI TITRATION KIT	22
JUXTAPID	37	<i>labetalol hydrochloride</i>	34
JYNARQUE	45	LACRISERT	65
<i>kaitlib fe</i>	53	<i>lactated ringers</i>	44
KALBITOR	58	<i>lactated ringers viaflex</i>	44
KALETRA	26	<i>lactulose</i>	46
KALYDECO	69	<i>lamivudine</i>	24
KANJINTI	20	<i>lamivudine</i>	26
KANUMA	48	<i>lamivudine/zidovudine</i>	26
<i>kariva</i>	53	<i>lamotrigine</i>	9
KEDRAB	58	<i>lamotrigine er</i>	8
<i>kelnor 1/35</i>	53	<i>lamotrigine odt</i>	8
<i>kelnor 1/50</i>	53	<i>lamotrigine starter kit/blue</i>	8
KEPIVANCE	40	<i>lamotrigine starter kit/green</i>	8
KESIMPTA	39	<i>lamotrigine starter kit/orange</i>	8

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	Page #	Drug Name	Page #
<i>lamotrigine titration</i>	8	<i>levonest</i>	53
LANOXIN	33	<i>levonorgestrel and ethinyl estradiol</i>	53
<i>lansoprazole</i>	47	<i>levonorgestrel/ethinyl estradiol</i>	53
<i>lanthanum carbonate</i>	45	<i>levora 0.15/30-28</i>	53
LANTUS	30	<i>levo-t</i>	56
LANTUS SOLOSTAR	30	<i>levothyroxine sodium</i>	56
<i>lapatinib ditosylate</i>	19	<i>levoxyl</i>	56
<i>larin 1.5/30</i>	53	LEXETTE	42
<i>larin 1/20</i>	53	LEXIVA	26
<i>larin 24 fe</i>	53	LIBTAYO	20
<i>larin fe 1.5/30</i>	53	<i>lidocaine</i>	4
<i>larin fe 1/20</i>	53	LIDOCAINE AND TETRACAINE	3
<i>larissia</i>	53	CREAM	
<i>latanoprost</i>	67	<i>lidocaine hcl</i>	3
LATUDA	23	<i>lidocaine hcl</i>	33
<i>layolis fe</i>	53	<i>lidocaine hcl</i>	40
LAZANDA	3	<i>lidocaine hcl jelly</i>	3
<i>leena</i>	53	<i>lidocaine hcl/dextrose</i>	3
<i>leflunomide</i>	60	<i>lidocaine viscous</i>	40
LEMTRADA	59	<i>lidocaine/prilocaine</i>	3
LENVIMA 10 MG DAILY DOSE	19	LIDOCAINE/TETRACAINE	4
LENVIMA 12MG DAILY DOSE	19	<i>lidocaine-prilocaine-cream base</i>	3
LENVIMA 14 MG DAILY DOSE	19	<i>lincomycin hcl</i>	5
LENVIMA 18 MG DAILY DOSE	19	<i>lindane</i>	43
LENVIMA 20 MG DAILY DOSE	19	<i>linezolid</i>	5
LENVIMA 24 MG DAILY DOSE	19	LINZESS	46
LENVIMA 4 MG DAILY DOSE	19	<i>liothyronine sodium</i>	56
LENVIMA 8 MG DAILY DOSE	19	<i>lisinopril</i>	33
<i>lessina</i>	53	<i>lisinopril/hydrochlorothiazide</i>	35
<i>letrozole</i>	18	<i>lithium</i>	28
<i>leucovorin calcium</i>	21	<i>lithium carbonate</i>	28
LEUKERAN	16	<i>lithium carbonate er</i>	28
LEUKINE	31	LIVALO	37
<i>leuprolide acetate</i>	57	LO LOESTRIN FE	54
<i>levabuterol</i>	69	LONHALA MAGNAIR REFILL KIT	69
<i>levabuterol hcl</i>	69	LONSURF	17
<i>levabuterol tartrate hfa</i>	69	<i>loperamide hcl</i>	46
LEVEMIR	30	<i>lopinavir/ritonavir</i>	26
LEVEMIR FLEXTOUCH	30	<i>lopreeza</i>	54
<i>levetiracetam</i>	9	<i>lorazepam</i>	28
<i>levetiracetam er</i>	9	<i>lorazepam intensol</i>	28
<i>levobunolol hcl</i>	67	LORBRENA	19
<i>levocarnitine</i>	64	<i>lorcet</i>	3
<i>levocetirizine dihydrochloride</i>	68	<i>lorcet hd</i>	3
<i>levofloxacin</i>	7	<i>lorcet plus</i>	3
<i>levofloxacin</i>	66	<i>loryna</i>	54

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	Page #	Drug Name	Page #
<i>losartan potassium</i>	32	<i>medroxyprogesterone acetate</i>	56
<i>losartan potassium/hydrochlorothiazide</i>	35	<i>mefenamic acid</i>	1
LOTEMAX	66	<i>mefloquine hcl</i>	21
LOTEMAX SM	66	<i>megestrol acetate</i>	56
LOTEPREDNOL ETABONATE	66	MEKINIST	19
<i>lovastatin</i>	37	MEKTOVI	19
<i>low-ogestrel</i>	54	<i>melodetta 24 fe</i>	54
<i>loxapine</i>	23	<i>meloxicam</i>	1
<i>loxapine succinate</i>	23	<i>memantine hcl titration pak</i>	11
LUBIPROSTONE	46	<i>memantine hydrochloride</i>	11
LUCEMYRA	4	<i>memantine hydrochloride er</i>	11
LUCENTIS	65	MENACTRA	61
LUMIGAN	67	MENEST	54
LUMIZYME	48	MENQUADFI	61
LUPANETA PACK	57	MENVEO	61
LUPKYNIS	60	<i>mercaptopurine</i>	17
LUPRON DEPOT (1-MONTH)	57	<i>meropenem</i>	7
LUPRON DEPOT (3-MONTH)	57	<i>merzee</i>	54
LUPRON DEPOT (4-MONTH)	57	<i>mesalamine</i>	62
LUPRON DEPOT (6-MONTH)	57	MESALAMINE DR	62
LUPRON DEPOT-PED (1-MONTH)	57	<i>mesalamine er</i>	62
LUPRON DEPOT-PED (3-MONTH)	57	<i>mesna</i>	21
<i>luteal</i>	54	MESNEX	21
<i>lyleq</i>	56	MESTINON	15
<i>lyllana</i>	54	<i>metadate er</i>	38
LYNPARZA	19	<i>metaproterenol sulfate</i>	69
LYSODREN	57	<i>metformin hydrochloride</i>	28
LYUMJEV	30	<i>metformin hydrochloride er</i>	28
LYUMJEV KWIKPEN	30	<i>methadone hcl</i>	2
<i>lyza</i>	56	<i>methadone hcl intensol</i>	2
MAKENA	56	<i>methadose</i>	2
<i>malathion</i>	43	<i>methadose sugar-free</i>	2
<i>maprotiline hcl</i>	11	<i>methazolamide</i>	67
MARGENZA	20	<i>methenamine hippurate</i>	5
<i>marlissa</i>	54	<i>methimazole</i>	57
MARPLAN	11	<i>methitest</i>	51
MATULANE	16	<i>methocarbamol</i>	71
<i>matzim la</i>	35	<i>methotrexate</i>	60
MAVENCLAD	39	<i>methotrexate sodium</i>	60
MAVYRET	24	<i>methoxsalen</i>	43
MAXIDEX	66	<i>methscopolamine bromide</i>	46
MAYZENT	39	<i>methyl dopa</i>	32
MAYZENT STARTER PACK	39	<i>methyl dopa/hydrochlorothiazide</i>	35
<i>meclizine hcl</i>	13	<i>methylphenidate hydrochloride</i>	38
<i>meclofenamate sodium</i>	1	<i>methylphenidate hydrochloride cd</i>	38
MEDROL	50	<i>methylphenidate hydrochloride er</i>	38

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	Page #	Drug Name	Page #
<i>methylphenidate hydrochloride er (la)</i>	38	<i>molindone hydrochloride</i>	23
<i>methylprednisolone</i>	50	<i>mometasone furoate</i>	42
<i>methylprednisolone dose pack</i>	50	<i>mometasone furoate</i>	68
<i>methyltestosterone</i>	51	<i>mondoxyne nl</i>	8
<i>metoclopramide hcl</i>	46	MONJUVI	20
<i>metoclopramide hydrochloride</i>	46	<i>mono-lynyah</i>	54
<i>metoclopramide odt</i>	46	<i>mononessa</i>	54
<i>metolazone</i>	36	<i>montelukast sodium</i>	68
<i>metoprolol succinate er</i>	34	MONUROL	5
<i>metoprolol tartrate</i>	34	<i>morgidox 1x100mg</i>	8
<i>metoprolol/hydrochlorothiazide</i>	36	<i>morgidox 2x100mg</i>	8
<i>metronidazole</i>	5	<i>morphine sulfate</i>	3
<i>metronidazole</i>	40	<i>morphine sulfate er</i>	2
<i>metronidazole vaginal</i>	5	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	7
<i>metyrosine</i>	36	<i>moxifloxacin hydrochloride</i>	7
<i>mexiletine hcl</i>	33	<i>moxifloxacin hydrochloride</i>	66
<i>mibelas 24 fe</i>	54	MOZOBIL	31
<i>micafungin</i>	14	MULPLETA	31
<i>miconazole 3</i>	14	MULTAQ	33
MICRHOGAM ULTRA-FILTERED PLUS	58	<i>mupirocin</i>	44
<i>microgestin 1.5/30</i>	54	MVASI	20
<i>microgestin 1/20</i>	54	MYALEPT	46
<i>microgestin fe 1.5/30</i>	54	MYCAPSSA	57
<i>microgestin fe 1/20</i>	54	<i>mycophenolate mofetil</i>	60
<i>midodrine hcl</i>	32	<i>mycophenolic acid dr</i>	60
<i>mifepristone</i>	51	<i>myorisan</i>	41
MIGERGOT	15	MYRBETRIQ	49
<i>miglitol</i>	28	<i>nabi-hb</i>	58
<i>miglustat</i>	48	<i>nabumetone</i>	1
<i>mili</i>	54	<i>nadolol</i>	34
<i>mimvey</i>	54	<i>nadolol/bendroflumethiazide</i>	36
<i>mimvey lo</i>	54	<i>nafcillin</i>	6
<i>minitran</i>	37	<i>nafcillin sodium</i>	7
MINOCIN	8	NAFTIFINE HCL	14
<i>minocycline hcl</i>	8	<i>naftifine hydrochloride</i>	14
<i>minocycline hydrochloride</i>	8	NAFTIN	14
<i>minoxidil</i>	37	NAGLAZYME	48
<i>mirtazapine</i>	11	<i>naloxone hcl</i>	4
<i>mirtazapine odt</i>	11	<i>naloxone hydrochloride</i>	4
MIRVASO	41	<i>naltrexone hcl</i>	4
<i>misoprostol</i>	47	NAMZARIC	10
<i>mitigo</i>	2	<i>naproxen</i>	1
<i>mitoxantrone hcl</i>	39	<i>naproxen sodium</i>	1
M-M-R II	61	<i>naproxen/esomeprazole magnesium</i>	1
<i>modafinil</i>	71	<i>naratriptan hcl</i>	15
<i>moexipril hcl</i>	33		

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	Page #	Drug Name	Page #
NARCAN	4	NITRO-DUR	37
NATACYN	66	<i>nitrofurantoin macrocrystals</i>	5
<i>nateglinide</i>	28	<i>nitrofurantoin monohydrate</i>	5
NATPARA	63	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
NAYZILAM	9	<i>nitroglycerin</i>	37
<i>necon 0.5/35-28</i>	54	<i>nitroglycerin lingual</i>	37
<i>necon 7/7/7</i>	54	<i>nitroglycerin transdermal</i>	37
<i>nefazodone hcl</i>	12	NITYR	48
<i>nefazodone hydrochloride</i>	12	NIVESTYM	32
<i>neomycin sulfate</i>	4	<i>nizatidine</i>	47
<i>neomycin/bacitracin/polymyxin</i>	65	<i>nora-be</i>	56
<i>neomycin/polymyxin/bacitracin</i>	65	NORDITROPIN FLEXPEN	51
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	65	<i>norethindrone</i>	56
<i>one</i>		<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	54
<i>neomycin/polymyxin/dexamethasone</i>	65	<i>norethindrone acetate</i>	56
<i>neomycin/polymyxin/gramicidin</i>	65	<i>norethindrone acetate/ethinyl estradiol</i>	54
<i>neomycin/polymyxin/hc</i>	67	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	54
<i>neomycin/polymyxin/hydrocortisone</i>	65	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	54
<i>neomycin/polymyxin/hydrocortisone</i>	67	<i>norgestimate/ethinyl estradiol</i>	54
<i>neo-polycin</i>	65	NORITATE	41
<i>neo-polycin hc</i>	65	<i>norlyroc</i>	56
NERLYNX	19	NORMOSOL -R	44
NEULASTA	31	NORPACE CR	33
NEULASTA ONPRO KIT	31	NORTHERA	32
NEUPOGEN	31	<i>nortrel 0.5/35 (28)</i>	54
NEUPRO	22	<i>nortrel 1/35</i>	54
<i>nevirapine</i>	25	<i>nortrel 7/7/7</i>	54
<i>nevirapine er</i>	25	<i>nortriptyline hcl</i>	12
NEXAVAR	19	<i>nortriptyline hydrochloride</i>	12
NEXLETOL	37	NORVIR	26
<i>niacin</i>	37	NOVOLIN 70/30	30
<i>niacin er</i>	37	NOVOLIN 70/30 FLEXPEN	30
<i>niacor</i>	37	NOVOLIN 70/30 FLEXPEN RELION	30
<i>nicardipine hcl</i>	34	NOVOLIN 70/30 RELION	30
NICOTROL INHALER	4	NOVOLIN N	30
NICOTROL NS	4	NOVOLIN N FLEXPEN	30
<i>nifedipine</i>	34	NOVOLIN N FLEXPEN RELION	30
<i>nifedipine er</i>	34	NOVOLIN N RELION	30
<i>nikki</i>	54	NOVOLIN R	30
<i>nilutamide</i>	16	NOVOLIN R FLEXPEN	30
<i>nimodipine</i>	34	NOVOLIN R FLEXPEN RELION	30
NINLARO	17	NOVOLIN R RELION	30
<i>nisoldipine er</i>	34	NOVOLOG	30
<i>nitazoxanide</i>	21		
<i>nitisinone</i>	48		
NITRO-BID	37		

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	Page #	Drug Name	Page #
NOVOLOG FLEXPEN	30	<i>olopatadine hcl</i>	68
NOVOLOG MIX 70/30	30	<i>olopatadine hydrochloride</i>	66
NOVOLOG MIX 70/30 PREFILLED	30	OLUMIANT	59
FLEXPEN		<i>omega-3-acid ethyl esters</i>	37
NOVOLOG PENFILL	30	<i>omeprazole</i>	47
NOXAFIL	14	<i>omeprazole dr</i>	47
NPLATE	32	<i>omeprazole/sodium bicarbonate</i>	47
NUBEQA	16	OMNIPOD 5 PACK	64
NUCALA	70	OMNIPOD DASH 5 PACK	64
NUEDEXTA	39	OMNIPOD DASH SYSTEM	64
NULIBRY	64	OMNIPOD STARTER KIT	64
NULOJIX	60	OMNITROPE	51
NUPLAZID	23	<i>ondansetron hcl</i>	13
NURTEC	15	<i>ondansetron hydrochloride</i>	13
<i>nutrilipid</i>	64	<i>ondansetron odt</i>	13
NUTROPIN AQ NUSPIN 10	51	ONGLYZA	28
NUTROPIN AQ NUSPIN 20	51	ONMEL	14
NUTROPIN AQ NUSPIN 5	51	ONPATTRO	48
NUZYRA	8	ONTRUZANT	20
<i>nyamyc</i>	14	ONUREG	17
<i>nylia 7/7/7</i>	54	OPDIVO	20
NYMALIZE	34	<i>opium</i>	47
<i>nymyo</i>	54	<i>opium tincture</i>	47
<i>nystatin</i>	14	OPSUMIT	70
<i>nystatin/triamcinolone</i>	43	<i>oralone dental paste</i>	40
<i>nystatin/triamcinolone acetamide</i>	43	ORBACTIV	5
<i>nystop</i>	14	ORENCIA	59
NYVEPRIA	32	ORENCIA	61
OCALIVA	46	ORENCIA CLICKJECT	59
<i>ocella</i>	54	ORENITRAM	70
OCREVUS	39	ORFADIN	48
OCTAGAM	58	ORGOVYX	57
<i>octreotide acetate</i>	57	ORIAHNN	57
ODEFSEY	26	ORILISSA	57
ODOMZO	19	ORKAMBI	69
OFEV	70	ORLADEYO	64
<i>ofloxacin</i>	7	<i>orphenadrine citrate er</i>	71
<i>ofloxacin</i>	66	<i>orsythia</i>	54
<i>ofloxacin</i>	68	ORTIKOS	62
<i>ogestrel</i>	54	<i>oseltamivir phosphate</i>	27
<i>olanzapine</i>	23	OSMOLEX ER	22
<i>olanzapine odt</i>	23	OSPHENA	56
<i>olanzapine/fluoxetine</i>	11	OTEZLA	43
<i>olmesartan medoxomil</i>	32	OTEZLA	59
<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	OXACILLIN SODIUM	7
<i>olopatadine hcl</i>	65	<i>oxandrolone</i>	51

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	Page #	Drug Name	Page #
<i>oxaprozin</i>	1	<i>paroxetine</i>	12
OXAYDO	3	<i>paroxetine hcl</i>	12
<i>oxazepam</i>	28	<i>paroxetine hcl er</i>	12
OXBRYTA	32	<i>paroxetine hydrochloride</i>	12
<i>oxcarbazepine</i>	10	PASER	16
OXERVATE	65	PAXIL	12
OXISTAT	14	PAZEO	66
OXLUMO	64	PEDIARIX	62
<i>oxybutynin chloride</i>	49	PEDVAX HIB	62
<i>oxybutynin chloride er</i>	49	<i>peg 3350/electrolytes</i>	47
<i>oxycodone hcl</i>	3	<i>peg-3350,sodium sulf,naclpotassium cl,na</i>	47
<i>oxycodone hydrochloride</i>	3	<i>ascorbate,ascorbic</i>	
<i>oxycodone/acetaminophen</i>	3	<i>peg-3350/electrolytes</i>	47
<i>oxycodone/aspirin</i>	3	<i>peg-3350/electrolytes/ascorbate</i>	47
<i>oxycodone/ibuprofen</i>	3	<i>peg-3350/nacl/na bicarbonate/kcl</i>	47
<i>oxymorphone hydrochloride</i>	3	PEGANONE	10
<i>oxymorphone hydrochloride er</i>	2	PEGASYS	60
<i>oxymorphone hydrochlorideer</i>	2	PEGASYS PROCLICK	60
OZEMPIC	29	<i>pegylax</i>	46
<i>pacerone</i>	33	PEMAZYRE	17
<i>paclitaxel</i>	17	<i>penicillamine</i>	50
PALFORZIA INITIAL DOSE	64	<i>penicillin g sodium</i>	7
ESCALATION		<i>penicillin v potassium</i>	7
PALFORZIA LEVEL 1	64	PENNSAID	1
PALFORZIA LEVEL 10	64	PENTACEL	62
PALFORZIA LEVEL 11	64	<i>pentamidine isethionate</i>	21
(MAINTENANCE)		<i>pentazocine/naloxone hcl</i>	3
PALFORZIA LEVEL 11 (TITRATION)	64	<i>pentoxifylline er</i>	36
PALFORZIA LEVEL 2	64	PEPAXTO	16
PALFORZIA LEVEL 3	64	PERFOROMIST	69
PALFORZIA LEVEL 4	64	<i>perindopril erbumine</i>	33
PALFORZIA LEVEL 5	64	<i>periogard</i>	40
PALFORZIA LEVEL 6	64	<i>permethrin</i>	43
PALFORZIA LEVEL 7	64	<i>perphenazine</i>	23
PALFORZIA LEVEL 8	64	<i>perphenazine/amitriptyline</i>	11
PALFORZIA LEVEL 9	64	PERSERIS	23
<i>paliperidone er</i>	23	<i>pfizerpen</i>	7
<i>palonosetron hydrochloride</i>	13	<i>phenadoz</i>	13
PANRETIN	21	<i>phenelzine sulfate</i>	11
<i>pantoprazole sodium</i>	47	<i>phenobarbital</i>	9
<i>pantoprazole sodium dr</i>	47	<i>phenobarbital sodium</i>	9
PANZYGA	58	<i>phenoxybenzamine hydrochloride</i>	32
<i>paraplatin</i>	16	<i>phenylephrine hcl</i>	65
<i>paricalcitol</i>	63	PHENYTEK	10
<i>paroex</i>	40	<i>phenytoin</i>	10
<i>paromomycin sulfate</i>	4	<i>phenytoin infatabs</i>	10

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	Page #	Drug Name	Page #
<i>phenytoin sodium</i>	10	<i>pramipexole dihydrochloride</i>	22
<i>phenytoin sodium extended</i>	10	<i>pramipexole dihydrochloride er</i>	22
PHESGO	17	<i>prasugrel</i>	32
<i>philith</i>	54	<i>pravastatin sodium</i>	37
PHOSPHOLINE IODIDE	67	<i>praziquantel</i>	21
PICATO	43	<i>prazosin hcl</i>	32
PIFELTRO	25	<i>prazosin hydrochloride</i>	32
<i>pilocarpine hcl</i>	67	PRED MILD	66
<i>pilocarpine hydrochloride</i>	40	PRED-G	65
<i>pimecrolimus</i>	42	PRED-G S.O.P.	65
<i>pimozide</i>	23	<i>prednicarbate</i>	42
<i>pimtrea</i>	54	<i>prednisolone</i>	50
<i>pindolol</i>	34	<i>prednisolone acetate</i>	66
<i>pioglitazone hcl</i>	29	<i>prednisolone sodium phosphate</i>	50
<i>pioglitazone hcl/metformin hcl</i>	29	<i>prednisolone sodium phosphate</i>	66
<i>pioglitazone hcl-glimepiride</i>	29	<i>prednisone</i>	50
<i>pioglitazone hydrochloride</i>	29	<i>pregabalin</i>	39
<i>piperacillin sodium/tazobactam</i>	7	PREMARIN	55
<i>piperacillin sodium/tazobactam sodium</i>	7	<i>premasol</i>	45
<i>piperacillin/tazobactam</i>	7	<i>premium lidocaine</i>	4
PIQRAY 200MG DAILY DOSE	19	PREMPHASE	55
PIQRAY 250MG DAILY DOSE	19	PREMPRO	55
PIQRAY 300MG DAILY DOSE	19	<i>prenatal</i>	45
<i>pirmella 1/35</i>	54	<i>prevalite</i>	37
<i>pirmella 7/7/7</i>	54	<i>previfem</i>	55
<i>piroxicam</i>	1	PREVYMIS	24
PLEGRIDY	39	PREZCOBIX	26
PLEGRIDY STARTER PACK	39	PREZISTA	26
<i>plenamine</i>	44	PRIFTIN	16
PLIAGLIS	4	<i>primaquine phosphate</i>	21
<i>podofilox</i>	43	<i>primidone</i>	10
POLIVY	20	PRIVIGEN	59
<i>polycin</i>	65	PROAIR HFA	69
<i>polyethylene glycol 3350</i>	46	PROAIR RESPICLICK	69
<i>polymyxin b sulfate</i>	5	<i>probenecid</i>	15
<i>polymyxin b sulfate/trimethoprim sulfate</i>	65	<i>probenecid/colchicine</i>	14
POMALYST	16	<i>prochlorperazine</i>	13
<i>portia-28</i>	55	<i>prochlorperazine edisylate</i>	13
<i>posaconazole dr</i>	14	<i>prochlorperazine maleate</i>	13
<i>potassium acetate</i>	44	<i>procto-med hc</i>	62
<i>potassium chloride</i>	44	<i>procto-pak</i>	62
<i>potassium chloride cr</i>	44	<i>proctosol hc</i>	62
<i>potassium chloride er</i>	44	<i>proctozone-hc</i>	62
<i>potassium chloride sr</i>	44	PROCYSBI	48
<i>potassium citrate er</i>	44	<i>progesterone</i>	56
PRADAXA	31	PROGLYCEM	29

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	Page #
PROGRAF	61
PROLASTIN-C	48
PROLENSA	66
PROLIA	63
PROMACTA	32
<i>promethazine hcl</i>	13
<i>promethazine hcl plain</i>	13
<i>promethazine hydrochloride</i>	13
<i>promethazine/phenylephrine</i>	70
<i>promethegan</i>	13
<i>propafenone hcl</i>	33
<i>propafenone hydrochloride er</i>	33
<i>propranthe line bromide</i>	46
<i>propranolol hcl</i>	34
<i>propranolol hcl er</i>	34
<i>propranolol hydrochloride</i>	34
<i>propranolol hydrochloride er</i>	34
<i>propranolol/hydrochlorothiazide</i>	36
<i>propylthiouracil</i>	58
PROQUAD	62
<i>protriptyline hcl</i>	13
PULMOZYME	69
PURIXAN	17
<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	15
<i>pyridostigmine bromide er</i>	15
<i>pyrimethamine</i>	21
QINLOCK	16
QUADRACEL	62
<i>quetiapine fumarate</i>	23
<i>quetiapine fumarate er</i>	23
<i>quinapril hcl</i>	33
<i>quinapril hydrochloride</i>	33
<i>quinapril/hydrochlorothiazide</i>	36
<i>quinidine gluconate cr</i>	33
<i>quinidine gluconate er</i>	33
<i>quinidine sulfate</i>	33
<i>quinine sulfate</i>	22
QVAR REDIHALER	68
RABAVERT	62
<i>rabeprazole sodium</i>	47
RADICAVA	39
<i>rajani</i>	55
<i>raloxifene hydrochloride</i>	56
<i>ramelteon</i>	71
<i>ramipril</i>	33

Drug Name	Page #
<i>ranolazine er</i>	36
<i>rasagiline mesylate</i>	22
RASUVO	61
RAVICTI	48
RAYALDEE	63
RAYOS	50
REBETOL	24
REBIF	39
REBIF REBIDOSE	39
REBIF REBIDOSE TITRATION PACK	39
REBIF TITRATION PACK	40
REBLOZYL	32
<i>reclipsen</i>	55
RECOMBIVAX HB	62
RECTIV	47
REGRANEX	43
RELENZA DISKHALER	27
<i>relexxii</i>	38
RELISTOR	46
REMICADE	61
RENFLEXIS	61
<i>repaglinide</i>	29
REPATHA	37
REPATHA PUSHTRONEX SYSTEM	37
REPATHA SURECLICK	37
RESCRIPTOR	25
RESTASIS	65
RETACRIT	32
RETEVMO	17
RETROVIR IV INFUSION	26
REVLIMID	16
REXULTI	23
REYATAZ	26
RHOGAM ULTRA-FILTERED PLUS	59
RHOPHYLAC	59
RHOPRESSA	67
RIABNI	20
<i>ribavirin</i>	25
RIDAURA	59
<i>rifabutin</i>	15
<i>rifampin</i>	16
<i>riluzole</i>	39
<i>rimantadine hydrochloride</i>	27
RINVOQ	59
<i>risedronate sodium</i>	63
<i>risedronate sodium dr</i>	63

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	Page #	Drug Name	Page #
RISPERDAL CONSTA	23	SECUADO	24
<i>risperidone</i>	24	<i>selegiline hcl</i>	22
<i>risperidone odt</i>	23	<i>selenium sulfide</i>	42
<i>ritonavir</i>	27	SELZENTRY	26
RITUXAN	21	SEREVENT DISKUS	69
RITUXAN HYCELA	21	SEROSTIM	51
<i>rivastigmine tartrate</i>	11	<i>sertraline hcl</i>	12
<i>rivastigmine transdermal system</i>	11	<i>sertraline hydrochloride</i>	12
<i>rivelsa</i>	55	<i>setlakin</i>	55
<i>rizatriptan benzoate</i>	15	<i>sevelamer carbonate</i>	45
<i>rizatriptan benzoate odt</i>	15	<i>sevelamer hydrochloride</i>	45
ROCKLATAN	65	SEYSARA	8
ROMIDEPSIN	18	<i>sharobel</i>	56
<i>ropinirole er</i>	22	SHINGRIX	62
<i>ropinirole hcl</i>	22	SIGNIFOR	57
<i>ropinirole hydrochloride</i>	22	SIGNIFOR LAR	57
<i>rosadan</i>	41	SIKLOS	17
<i>rosuvastatin calcium</i>	37	<i>sildenafil citrate</i>	70
ROTARIX	62	SILIQ	59
ROTATEQ	62	<i>silodosin</i>	49
<i>roweepa</i>	9	<i>silver sulfadiazine</i>	43
<i>roweepa xr</i>	9	SIMBRINZA	65
ROZLYTREK	19	SIMPONI	61
RUBRACA	19	SIMPONI ARIA	61
RUCONEST	58	SIMULECT	59
<i>rufinamide</i>	10	<i>simvastatin</i>	37
RUKOBIA	26	<i>sirolimus</i>	61
RUXIENCE	21	SIRTURO	16
RUZURGI	39	SIVEXTRO	5
RYBELSUS	29	SKLICE	43
RYBREVANT	21	SKYRIZI	59
RYDAPT	19	SKYRIZI PEN	59
RYTARY	22	<i>sodium chloride</i>	45
SABRIL	10	<i>sodium chloride 0.9%</i>	64
SAIZEN	51	<i>sodium chloride 0.45%</i>	45
SAIZENPREP RECONSTITUTIONKIT	51	<i>sodium chloride 0.9%</i>	64
SANCUSO	13	<i>sodium fluoride</i>	45
SANDIMMUNE	61	<i>sodium phenylbutyrate</i>	48
SANDOSTATIN LAR DEPOT	57	<i>sodium phosphate</i>	45
SANTYL	43	<i>sodium polystyrene sulfonate</i>	45
SAPHRIS	24	<i>sodium polystyrene sulfonate</i>	45
<i>sapropterin dihydrochloride</i>	48	SOFOSBUVIR/VELPATASVIR	25
SARCLISA	21	<i>solifenacin succinate</i>	49
SAVELLA	39	SOLIRIS	59
SAVELLA TITRATION PACK	39	SOLTAMOX	17
<i>scopolamine</i>	13	SOMATULINE DEPOT	57

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	Page #	Drug Name	Page #
SOMAVERT	57	SULFAMYLON	44
<i>sorine</i>	33	<i>sulfasalazine</i>	62
<i>sotalol hcl</i>	33	<i>sulindac</i>	1
<i>sotalol hydrochloride</i>	34	SUMATRIPTAN	15
<i>sotalol hydrochloride (af)</i>	33	<i>sumatriptan succinate</i>	15
<i>sotalol hydrochloride af</i>	33	SUMATRIPTAN SUCCINATE REFILL	15
SPIRIVA HANDIHALER	69	SUPPRELIN LA	57
SPIRIVA RESPIMAT	69	SUPRAX	6
<i>spironolactone</i>	36	SUPREP BOWEL PREP KIT	47
<i>spironolactone/hydrochlorothiazide</i>	36	SUTENT	20
SPRAVATO 56MG DOSE	11	<i>syeda</i>	55
SPRAVATO 84MG DOSE	11	SYLATRON	60
<i>sprintec 28</i>	55	SYLVANT	59
SPRITAM	9	SYMBICORT	70
SPRIX	1	SYMDEKO	69
SPRYCEL	20	SYMFI	25
<i>sps</i>	45	SYMFI LO	25
<i>sronyx</i>	55	SYMLINPEN 120	29
<i>ssd</i>	43	SYMLINPEN 60	29
STAMARIL	62	SYMPAZAN	10
<i>stavudine</i>	26	SYMTUZA	27
STELARA	59	SYNAGIS	59
<i>sterile water irrigation</i>	64	SYNALAR CREAM KIT	43
<i>sterile water irrigation plastic bottle</i>	64	SYNAREL	57
<i>sterile water irrigation w/hanger</i>	64	SYNDROS	13
STIMATE	51	SYNJARDY	29
STIOLTO RESPIMAT	70	SYNJARDY XR	29
STIVARGA	20	SYNRIBO	18
STRENSIQ	48	SYNTHROID	56
<i>streptomycin sulfate</i>	4	TABLOID	17
STRIANT	51	TABRECTA	16
STRIBILD	25	TACLONEX	43
STRIVERDI RESPIMAT	69	<i>tacrolimus</i>	42
<i>subvenite</i>	9	<i>tacrolimus</i>	61
<i>subvenite starter kit/blue</i>	9	<i>tadalafil</i>	49
<i>subvenite starter kit/green</i>	9	<i>tadalafil</i>	70
<i>subvenite starter kit/orange</i>	9	TAFINLAR	20
SUCRAID	48	TAGRISO	20
SUCRALFATE	47	TAKHZYRO	58
<i>sulfacetamide sodium</i>	8	TALTZ	59
<i>sulfacetamide sodium</i>	66	TALZENNA	20
<i>sulfacetamide sodium/prednisolone sodium</i>	65	<i>tamoxifen citrate</i>	17
<i>phosphate</i>		<i>tamsulosin hydrochloride</i>	50
<i>sulfadiazine</i>	8	TARGRETIN	21
<i>sulfamethoxazole/trimethoprim</i>	8	<i>tarina 24 fe</i>	55
<i>sulfamethoxazole/trimethoprim ds</i>	8	<i>tarina fe 1/20 eq</i>	55

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	Page #	Drug Name	Page #
TASIGNA	20	THYMOGLOBULIN	59
TAVALISSE	32	THYROLAR-1	56
<i>tazarotene</i>	41	THYROLAR-1/2	56
<i>tazicef</i>	6	THYROLAR-1/4	56
TAZORAC	41	THYROLAR-2	56
<i>taztia xt</i>	35	THYROLAR-3	56
TAZVERIK	18	<i>tiadylt er</i>	35
TDVAX	62	<i>tiagabine hydrochloride</i>	10
TECENTRIQ	21	TIBSOVO	20
TECFIDERA	40	TICE BCG	18
TECFIDERA STARTER PACK	40	TIGLUTIK	39
TEFLARO	6	<i>tilia fe</i>	55
TEGRETOL	10	<i>timolol maleate</i>	15
TEGRETOL-XR	10	<i>timolol maleate</i>	67
TEGSEDI	48	<i>timolol maleate ophthalmic gel forming</i>	67
<i>telmisartan</i>	33	<i>tinidazole</i>	5
<i>telmisartan/amlodipine</i>	36	TIVICAY	25
<i>telmisartan/hydrochlorothiazide</i>	36	TIVICAY PD	25
<i>temazepam</i>	71	<i>tizanidine hcl</i>	24
TEMIXYS	26	<i>tizanidine hydrochloride</i>	24
<i>tencon</i>	39	TOBI PODHALER	69
TENIVAC	62	TOBRADEX	65
<i>tenofovir disoproxil fumarate</i>	26	TOBRADEX ST	65
TEPMETKO	20	<i>tobramycin</i>	4
<i>terazosin hcl</i>	50	<i>tobramycin</i>	69
<i>terazosin hydrochloride</i>	50	<i>tobramycin sulfate</i>	4
<i>terbinafine hcl</i>	14	<i>tobramycin sulfate</i>	66
<i>terbutaline sulfate</i>	69	<i>tobramycin/dexamethasone</i>	65
<i>terconazole</i>	14	TOBEX	66
TERIPARATIDE	63	<i>tolazamide</i>	29
TESTOSTERONE	51	<i>tolbutamide</i>	29
<i>testosterone cypionate</i>	51	<i>tolcapone</i>	22
<i>testosterone enanthate</i>	51	<i>tolmetin sodium</i>	1
TESTOSTERONE PUMP	51	TOLSURA	14
<i>testosterone topical solution</i>	51	<i>tolterodine tartrate</i>	49
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	62	<i>tolterodine tartrate er</i>	49
<i>tetrabenazine</i>	39	<i>topiramate</i>	9
<i>tetracycline hydrochloride</i>	8	<i>topiramate er</i>	9
THALOMID	16	<i>toposar</i>	18
<i>theophylline</i>	70	<i>toremifene citrate</i>	17
<i>theophylline er</i>	70	<i>torse mide</i>	36
THIOLA EC	50	TOSYMRA	15
<i>thioridazine hcl</i>	23	TOTECT	21
<i>thiotepa</i>	16	TOUJEO MAX SOLOSTAR	30
<i>thiothixene</i>	23	TOUJEO SOLOSTAR	30
		<i>tovet</i>	42

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	Page #	Drug Name	Page #
TRADJENTA	29	<i>trinessa</i>	55
<i>tramadol hcl</i>	3	TRINTELLIX	12
<i>tramadol hcl er</i>	2	<i>tri-nymyo</i>	55
<i>tramadol hydrochloride</i>	3	<i>tri-previfem</i>	55
<i>tramadol hydrochloride/acetaminophen</i>	3	TRIPTODUR	57
<i>trandolapril</i>	33	<i>tri-sprintec</i>	55
<i>trandolapril/verapamil hcl er</i>	36	<i>tritocin</i>	42
<i>tranexamic acid</i>	32	TRIUMEQ	26
<i>tranylcypromine sulfate</i>	11	<i>trivora-28</i>	55
TRAZIMERA	21	<i>tri-vylibra</i>	55
<i>trazodone hydrochloride</i>	12	<i>tri-vylibra lo</i>	55
TRECTOR	16	TRODELVY	21
TRELEGY ELLIPTA	71	<i>tropium chloride</i>	49
TRELSTAR MIXJECT	57	<i>tropium chloride er</i>	49
TREMFYA	59	TRULICITY	29
TRESIBA	30	TRUMENBA	62
TRESIBA FLEXTOUCH	30	TRUVADA	26
<i>tretinoin</i>	21	TUDORZA PRESSAIR	69
<i>tretinoin</i>	41	TUKYSA	18
<i>tretinoin microsphere</i>	41	TURALIO	20
<i>tretinoin microsphere pump</i>	41	TWINRIX	62
<i>triamcinolone acetonide</i>	42	TYBOST	26
<i>triamcinolone acetonide dental paste</i>	40	<i>tydemy</i>	55
<i>triamterene</i>	36	TYKERB	20
<i>triamterene/hydrochlorothiazide</i>	36	TYMLOS	63
<i>trianex</i>	42	TYPHIM VI	62
<i>triderm</i>	42	TYSABRI	40
<i>trientine hydrochloride</i>	45	UBRELVY	15
<i>tri-estarylla</i>	55	UCERIS	62
<i>trifluoperazine hcl</i>	23	UDENYCA	32
<i>trifluoperazine hydrochloride</i>	23	UKONIQ	20
<i>trifluridine</i>	66	ULTICARE MICRO PEN NEEDLES/32G	64
<i>trihexyphenidyl hcl</i>	22	X 5/32"	
<i>trihexyphenidyl hydrochloride</i>	22	ULTOMIRIS	59
TRIJARDY XR	29	UNIFINE PENTIPS 32GX6MM	64
TRIKAFTA	70	<i>unithroid</i>	56
<i>tri-legest fe</i>	55	UPLIZNA	59
<i>tri-lynyah</i>	55	UPTRAVI	70
<i>tri-lo-estarylla</i>	55	URSODIOL	47
<i>tri-lo-marzia</i>	55	<i>valacyclovir hcl</i>	27
<i>tri-lo-sprintec</i>	55	<i>valacyclovir hydrochloride</i>	27
<i>trilyte</i>	47	VALCHLOR	16
<i>trimethobenzamide hydrochloride</i>	13	<i>valganciclovir</i>	24
<i>trimethoprim</i>	5	<i>valganciclovir hydrochloride</i>	24
<i>tri-mili</i>	55	<i>valproic acid</i>	9
<i>trimipramine maleate</i>	13	<i>valsartan</i>	33

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	Page #	Drug Name	Page #
<i>valsartan/hydrochlorothiazide</i>	36	<i>vincasar pfs</i>	18
VALTOCO	10	<i>vincristine sulfate</i>	18
VANCOMYCIN HYDROCHLORIDE	5	<i>vinorelbine tartrate</i>	18
<i>vancomycin hydrochloride/dextrose</i>	5	<i>viorele</i>	55
<i>vandazole</i>	5	VIRACEPT	27
VAQTA	62	VIREAD	26
VARIVAX	62	VISTOGARD	64
VARIZIG	59	VITRAKVI	20
VASCEPA	37	VIVITROL	4
VAXELIS	62	VIZIMPRO	20
<i>velivet</i>	55	VOCABRIA	25
VELPHORO	45	<i>voriconazole</i>	14
<i>veltassa</i>	45	VOSEVI	25
VEMLIDY	24	VOTRIENT	20
VENCLEXTA	20	VPRIV	48
VENCLEXTA STARTING PACK	20	VRAYLAR	24
<i>venlafaxine hcl</i>	12	VUMERITY	40
<i>venlafaxine hcl er</i>	12	<i>vyfemla</i>	55
<i>venlafaxine hydrochloride er</i>	12	<i>vylibra</i>	55
VENTAVIS	70	VYNDAMAX	36
<i>verapamil hcl</i>	35	VYNDAQEL	48
<i>verapamil hcl er</i>	35	VYZULTA	67
<i>verapamil hcl sr</i>	35	WAKIX	71
<i>verapamil hydrochloride</i>	35	<i>warfarin sodium</i>	31
<i>verapamil hydrochloride er</i>	35	<i>wera</i>	55
VEREGEN	43	<i>wixela inhub</i>	71
VERSACLOZ	24	<i>wymzya fe</i>	55
VERZENIO	20	WYNZORA	43
<i>vestura</i>	55	XALKORI	20
V-GO 20	64	XARELTO	31
V-GO 30	64	XARELTO STARTER PACK	31
V-GO 40	64	XATMEP	61
VIBRAMYCIN	8	XCOPRI	9
<i>vicodin hp</i>	3	XELJANZ	59
VICTOZA	29	XELJANZ XR	60
VIDEX EC	26	XEMBIFY	59
VIDEX PEDIATRIC	26	XENLETA	6
<i>vienva</i>	55	XEOMIN	24
<i>vigabatrin</i>	10	XERMELO	46
<i>vigadrone</i>	10	XGEVA	63
VIIBRYD	12	XIFAXAN	47
VIIBRYD STARTER PACK	12	XIGDUO XR	29
VILTEPSO	64	XIIDRA	65
VIMIZIM	48	XOFLUZA	27
VIMPAT	10	XOLAIR	60
<i>vinblastine sulfate</i>	18	XOSPATA	20

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	Page #	Drug Name	Page #
XPOVIO	18	ZOLGENSMA 11.1-11.5 KG	49
XPOVIO 100 MG ONCE WEEKLY	18	ZOLGENSMA 11.6-12.0 KG	49
XPOVIO 40 MG ONCE WEEKLY	18	ZOLGENSMA 12.1-12.5 KG	49
XPOVIO 40 MG TWICE WEEKLY	18	ZOLGENSMA 12.6-13.0 KG	49
XPOVIO 60 MG ONCE WEEKLY	18	ZOLGENSMA 13.1-13.5 KG	49
XPOVIO 60 MG TWICE WEEKLY	18	ZOLGENSMA 2.6-3.0 KG	49
XPOVIO 80 MG ONCE WEEKLY	18	ZOLGENSMA 3.1-3.5 KG	49
XPOVIO 80 MG TWICE WEEKLY	18	ZOLGENSMA 3.6-4.0 KG	49
XTAMPZA ER	2	ZOLGENSMA 4.1-4.5 KG	49
XTANDI	16	ZOLGENSMA 4.6-5.0 KG	49
<i>xulane</i>	55	ZOLGENSMA 5.1-5.5 KG	49
XURIDEN	48	ZOLGENSMA 5.6-6.0 KG	49
XYREM	71	ZOLGENSMA 6.1-6.5 KG	49
XYWAV	71	ZOLGENSMA 6.6-7.0 KG	49
YERVOY	21	ZOLGENSMA 7.1-7.5 KG	49
YF-VAX	62	ZOLGENSMA 7.6-8.0 KG	49
YONSA	16	ZOLGENSMA 8.1-8.5 KG	49
YUPELRI	69	ZOLGENSMA 8.6-9.0 KG	49
<i>yuvafem</i>	55	ZOLGENSMA 9.1-9.5 KG	49
<i>zafemy</i>	55	ZOLGENSMA 9.6-10.0 KG	49
<i>zafirlukast</i>	68	ZOLINZA	18
<i>zaleplon</i>	71	<i>zolmitriptan</i>	15
<i>zarah</i>	55	<i>zolmitriptan odt</i>	15
ZARXIO	32	<i>zolpidem tartrate</i>	71
ZEJULA	20	<i>zolpidem tartrate er</i>	71
ZELAPAR	22	<i>zonisamide</i>	10
ZELBORAF	20	ZORBTIVE	47
ZEMAIRA	48	ZORTRESS	61
<i>zenatane</i>	41	ZOSTAVAX	62
ZENPEP	48	<i>zovia 1/35e</i>	55
ZENZEDI	38	<i>zumandimine</i>	56
ZEPOSIA	40	ZYCLARA	43
ZEPOSIA 7-DAY STARTER PACK	40	ZYCLARA PUMP	43
ZEPOSIA STARTER KIT	40	ZYDELIG	20
ZEPZELCA	16	ZYFLO	68
<i>zidovudine</i>	26	ZYKADIA	20
ZIEXTENZO	32	ZYLET	65
<i>zileuton er</i>	68	ZYNLONTA	21
<i>ziprasidone hcl</i>	24	ZYPREXA RELPREVV	24
<i>ziprasidone mesylate</i>	24	ZYTIGA	16
ZIRABEV	21		
ZIRGAN	66		
ZOKINVY	48		
ZOLADEX	57		
ZOLGENSMA 10.1-10.5 KG	48		
ZOLGENSMA 10.6-11.0 KG	49		

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.

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

이 건보험에 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 Secure & BlueCross Total at 1-855-204-2744, 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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