



2021 Comprehensive Formulary

BlueCross Total Value (PPO)

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

12371TV-2021

BlueCross Total Value (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 00021379, Version Number 18

This formulary was updated on 06/28/2021. For more recent information or other questions, please contact BlueCross Total Value 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.

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 Total Value.

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 Total Value 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 Total Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Total Value 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 Total Value 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 Total Value 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 Total Value 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 Total Value, 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 65. 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 Total Value 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 Total Value requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Total Value before you fill your prescriptions. If you don't get approval, BlueCross Total Value may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Total Value limits the amount of the drug that BlueCross Total Value will cover. For example, BlueCross Total Value 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 Total Value 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 Total Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Total Value 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 online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueCross Total Value 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 Total Value'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 Total Value 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 Total Value. 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 Total Value.
- You can ask BlueCross Total Value 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 Total Value Formulary?

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

If you have questions about BlueCross Total Value, 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 Total Value's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueCross Total Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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 Total Value 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 Total Value \$200 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	\$47 copay	\$141 copay	\$117.50 copay
Tier 4: Non-Preferred Drug	45% coinsurance	45% coinsurance	45% coinsurance
Tier 5: Specialty Tier	29% coinsurance	29% coinsurance	29% 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		
CELECOXIB CAPS	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 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>ec-naproxen tbec 375mg</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen 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 caps 25mg, 50mg</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	
<i>piroxicam caps</i>	2	
SPRIX	5	QL (5 EA per 30 days)
<i>sulindac tabs</i>	2	
<i>tolmetin sodium caps</i>	4	
<i>tolmetin sodium tabs 600mg</i>	4	
Opioid Analgesics, Long-acting		
EMBEDA	3	NDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>fentanyl pt72 62.5mcg/hr, 87.5mcg/hr</i>	5	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

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>mitigo</i>	4	NDS
<i>morphine sulfate er cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	NDS
<i>morphine sulfate er cp24 100mg</i>	5	NDS
<i>morphine sulfate er tbcr</i>	2	NDS
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 40mg</i>	5	NDS
<i>oxymorphone hydrochlorideer</i>	5	NDS
<i>XTAMPZA ER</i>	3	NDS
Opioid Analgesics, Short-acting		
<i>ABSTRAL SUBL 400MCG, 600MCG, 800MCG</i>	5	PA NDS
<i>acetaminophen/codeine</i>	2	NDS
<i>butorphanol tartrate soln</i>	2	NDS
<i>codeine sulfate tabs 15mg, 30mg</i>	2	NDS
<i>codeine sulfate tabs 60mg</i>	4	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 50mcg/ml</i>	4	B/D
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg, 300mg; 7.5mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 2325mg; 7.5mg</i>	2	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</i>	2	NDS
<i>LAZANDA</i>	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, 4mg/ml</i>	2	
<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, 8mg/ml</i>	2	NDS
<i>OXAYDO</i>	5	NDS

Last Updated: June 2021

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Drug Name	Drug Tier	Requirements/Limits
<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, 2.5mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	NDS
<i>oxycodone/ibuprofen</i>	2	NDS
<i>tramadol hcl tabs</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tabs 100mg</i>	2	NDS
Anesthetics		
Local Anesthetics		
<i>7t lido gel</i>	2	QL (30 GM per 30 days) PA
<i>glydo</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly</i>	2	QL (30 ML per 30 days) PA
<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
<i>lidocaine oint 5%</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
<i>naltrexone hcl tabs</i>	2	
<i>VIVITROL</i>	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE SUBL 2MG; 0.5MG</i>	2	QL (360 EA per 30 days)
<i>LUCEMYRA</i>	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	
<i>NARCAN LIQD</i>	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
<i>CHANTIX CONTINUING MONTH PAK</i>	4	QL (504 EA per 365 days)
<i>CHANTIX STARTING MONTH PAK</i>	4	QL (504 EA per 365 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
CHANTIX TABS 0.5MG, 1MG	4	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)
NICOTROL NS	4	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
<i>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, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
<i>tobramycin sulfate inj 1.2gm</i>	5	
<i>tobramycin nebu 300mg/4ml</i>	5	B/D
Antibacterials, Other		
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
CLEOCIN SUPP	4	
<i>clindacin etz pledges</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>	5	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
IMPAVIDO	5	
KIMYRSA	5	
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid susr</i>	5	QL (1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	5	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole inj 5mg/ml; 0.79%</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	4	
<i>nitrofurantoin monohydrate/macrocrys</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
<i>polymyxin b sulfate inj</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS	5	QL (6 EA per 30 days)
<i>tinidazole</i>	2	
<i>trimethoprim tabs</i>	2	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	5	QL (240 EA per 30 days)
<i>vancomycin hydrochloride oral solr</i>	4	
<i>vancomycin hydrochloride inj 1gm, 250mg, 500mg, 750mg</i>	2	
<i>vandazole</i>	2	
XENLETA TABS	5	
Beta-lactam, Cephalosporins		
<i>cefaclor caps</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium inj 1gm, 500mg</i>	2	
<i>cefdinir</i>	2	
<i>cefeprazone hydrochloride inj 100gm</i>	2	
<i>cefeprazone inj 1gm</i>	2	
<i>cefeprazone inj 2gm</i>	4	
<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 tabs</i>	2	
<i>cefpodoxime proxetil susr</i>	4	
<i>ceprozil</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>	2	
<i>cephalexin susr</i>	2	
<i>cephalexin tabs 250mg</i>	2	
FETROJA	5	
SUPRAX CHEW	3	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin-sulbactam</i>	2	
<i>ampicillin caps 500mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>nafcillin sodium inj 1gm, 2gm</i>	4	
<i>nafcillin sodium inj 10gm, 2gm</i>	5	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</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 pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	4	
<i>clarithromycin tabs</i>	2	
<i>clarithromycin susr</i>	4	
<i>DIFICID</i>	5	
<i>ERYPED 400</i>	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 cprep 250mg</i>	4	
<i>erythromycin tabs 250mg, 500mg</i>	4	
Quinolones		
<i>BAXDELA TABS</i>	5	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	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>	2	

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Drug Name	Drug Tier	Requirements/Limits
Sulfonamides		
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
Tetracyclines		
<i>demeclacycline hcl tabs</i>	4	
<i>demeclacycline 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 cpdr, susp</i>	4	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>monodoxine nl caps 100mg, 50mg</i>	2	
<i>morgodox 1x100mg caps</i>	2	
<i>morgodox 2x100mg caps</i>	2	
NUZYRA TABS	5	
<i>okebo caps 100mg</i>	2	
SEYSARA	5	
<i>tetracycline hydrochloride caps</i>	4	
VIBRAMYCIN SYRP	4	
Anticonvulsants		
Anticonvulsants, Other		
<i>BRIVIACT SOLN, TABS</i>	5	PA
<i>ELEPSIA XR</i>	5	
<i>EPIDIOLEX</i>	5	PA
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA
<i>FYCOMPA SUSP</i>	4	
<i>FYCOMPA TABS 2MG</i>	4	
<i>FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG</i>	5	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam soln, tabs</i>	2	
NAYZILAM	5	QL (10 EA per 30 days)
<i>roweepra</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>roweepra xr</i>	2	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate cpsp, tabs</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	PA
XCOPRI TABS 200MG	5	PA
XCOPRI TBPK 0	4	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam susp</i>	5	
<i>clobazam tabs 10mg</i>	4	
<i>clobazam tabs 20mg</i>	4	
<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>	2	QL (270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin soln</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	PA
<i>phenobarbital elix 20mg/5ml</i>	4	PA
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	PA
<i>primidone tabs</i>	2	
SYMPAZAN FILM 20MG, 5MG	5	
SYMPAZAN FILM 10MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadronе</i>	5	PA
Sodium Channel Agents		

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Drug Name	Drug Tier	Requirements/Limits
APTIOM	5	
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
DILANTIN CAPS 30MG	4	
<i>epitol</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>rufinamide</i>	5	
VIMPAT SOLN	4	
VIMPAT TABS 50MG	4	
VIMPAT TABS 100MG, 150MG, 200MG	5	
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs</i>	4	
NAMZARIC CP24	4	QL (30 EA per 30 days) ST
NAMZARIC C4PK	4	QL (56 EA per 365 days) ST
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	2	
DONEPEZIL HCL TABS 23MG	4	
<i>donepezil hcl tabs 10mg</i>	2	
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	2	
<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	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	4	
Antidepressants		
<i>Antidepressants, Other</i>		
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tabs 75mg</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>maprotiline hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
<i>desvenlafaxine er tb24 100mg</i>	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)
<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>	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln</i>	2	
<i>fluoxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	
<i>paroxetine</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	

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

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	B/D
<i>ondansetron odt</i>	2	B/D
SANCUSO	5	QL (2 EA per 30 days)
SYNDROS	5	QL (120 ML per 30 days) PA
Antifungals		
Antifungals		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b inj</i>	4	B/D
<i>caspofungin acetate</i>	5	
<i>clotrimazole crea, troc</i>	2	
CRESEMBA CAPS	5	
<i>econazole nitrate crea</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	4	PA
<i>itraconazole soln</i>	5	PA
JUBLIA	4	
<i>ketoconazole crea, sham, tabs</i>	2	
<i>miconazole 3 supp</i>	2	
<i>naftifine hcl</i>	4	
<i>naftifine hydrochloride</i>	4	
NOXAFIL SUSP	5	
<i>nyamyc</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ONMEL	5	
<i>posaconazole dr</i>	5	
<i>terbinafine hcl tabs</i>	2	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>	2	
COLCHICINE CAPS	4	
COLCHICINE TABS 0.6MG	4	
<i>febuxostat</i>	4	
GLOPERBA	4	ST

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine</i>	2	
<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
<i>ERGOMAR</i>	5	
<i>ergotamine tartrate/caffeine</i>	3	
<i>MIGERGOT</i>	5	
Prophylactic		
<i>AIMOVIG INJ 140MG/ML</i>	4	QL (1 ML per 30 days) PA
<i>AIMOVIG INJ 70MG/ML</i>	4	QL (2 ML per 30 days) PA
<i>EMGALITY INJ 120MG/ML</i>	4	QL (1 ML per 30 days) PA
<i>EMGALITY INJ 100MG/ML</i>	5	QL (3 ML per 30 days) PA
<i>NURTEC</i>	5	QL (15 EA per 30 days) PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
<i>UBRELVY</i>	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
<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)
<i>sumatriptan succinate refill</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate inj 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)
<i>sumatriptan soln</i>	4	QL (12 EA per 30 days)
<i>TOSYMRA</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs 100mg, 25mg</i>	2	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrup</i>	2	
<i>paser</i>	4	
<i>PRIFTIN</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide caps</i>	3	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	5	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 100MG, 40MG	5	
<i>ifosfamide inj 3gm</i>	4	
LEUKERAN	5	
MATULANE	5	
<i>paraplatin inj 1000mg/100ml</i>	2	
PEPAXTO	5	PA
<i>thiotepa inj 100mg</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
<i>Antiandrogens</i>		
<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
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
<i>hydroxyurea caps</i>	2	
<i>mercaptopurine tabs</i>	4	
PURIXAN	5	
SIKLOS TABS 100MG	4	PA
SIKLOS TABS 1000MG	5	PA
TABLOID	5	
Antineoplastics, Other		
<i>bleomycin</i>	2	B/D
<i>bleomycin sulfate</i>	2	B/D
<i>daunorubicin hydrochloride inj 50mg/10ml</i>	2	
GAVRETO	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LONSURF	5	PA
NINLARO	5	PA
ONUREG	5	PA
<i>paclitaxel inj 100mg/16.67ml</i>	2	
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHESGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN INJ 27.5MG/5.5ML	5	PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TUKYSA	5	PA
<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>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hydrochloride inj 40mg/2ml</i>	2	
<i>irinotecan inj 40mg/2ml, 500mg/25ml</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
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

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Drug Name	Drug Tier	Requirements/Limits
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
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TAGRISSO TABS 80MG	5	PA
TAGRISSO 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

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Drug Name	Drug Tier	Requirements/Limits
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
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
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
YERVOY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
TARGETRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium inj 100mg, 350mg, 500mg, 50mg</i>	2	
<i>leucovorin calcium inj 100mg/10ml</i>	2	B/D
<i>leucovorin calcium inj 200mg</i>	4	
<i>leucovorin calcium inj 500mg/50ml</i>	5	
<i>leucovorin calcium tabs 10mg, 5mg</i>	2	
<i>leucovorin calcium tabs 15mg, 25mg</i>	4	
MESNEX TABS	5	
TOTECT	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs 3mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel tabs</i>	4	
Antiprotozoals		
ALINIA	5	
atovaquone	5	
atovaquone/proguanil hcl	2	
BENZNIDAZOLE	4	
chloroquine phosphate tabs	2	
COARTEM	4	
hydroxychloroquine sulfate tabs	2	
mefloquine hcl	2	
nitazoxanide	5	
pentamidine isethionate inj	2	
pentamidine isethionate inhalation soln	2	B/D
primaquine phosphate tabs	2	
pyrimethamine tabs	5	PA
quinine sulfate caps 324mg	2	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs	2	
trihexyphenidyl hcl soln	2	
trihexyphenidyl hydrochloride	4	
Antiparkinson Agents, Other		
entacapone	2	
GOCOVRI	5	PA
tolcapone	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
bromocriptine mesylate caps, tabs	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
pramipexole dihydrochloride	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er	2	
carbidopa/levodopa odt	2	
carbidopa tabs	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs	4	
selegiline hcl caps, tabs	2	
Antipsychotics		

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

Drug Name	Drug Tier	Requirements/Limits
1st Generation/Typical		
<i>chlorpromazine hcl inj</i>	4	
<i>chlorpromazine hcl tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl conc, tabs</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<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>	4	
<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 CAPS	5	PA
NUPLAZID TABS 10MG	5	PA
NUPLAZID TABS 17MG	5	PA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>olanzapine tabs</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs</i>	2	QL (60 EA per 30 days)
SAPHRIS	5	QL (60 EA per 30 days)
SECUADO	5	QL (30 EA per 30 days) PA
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	
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 tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D
<i>ganciclovir inj 500mg/10ml</i>	2	B/D
PREVYMIS INJ	5	
PREVYMIS TABS	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE 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
<i>ribavirin caps</i>	4	
<i>ribavirin tabs 200mg</i>	4	
<i>sofosbuvir/velpatasvir</i>	5	QL (84 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	5	QL (30 EA per 30 days)
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL (30 EA per 30 days)
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz tabs</i>	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine er</i>	4	
<i>nevirapine susp</i>	3	
<i>nevirapine tabs</i>	3	
PIFELTRO	5	
RESCRIPTOR TABS 200MG	4	

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Drug Name	Drug Tier	Requirements/Limits
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)
<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>	4	
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	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 150MG, 300MG, 75MG	5	
TYBOST	3	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
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	

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Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	5	
NORVIR PACK	4	
NORVIR SOLN	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl caps, syrup, 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)
<i>rimantadine hydrochloride</i>	2	
XOFLUZA TBPK 20MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>famciclovir tabs</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tabs 15mg, 30mg</i>	2	
<i>buspirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<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 xr tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam xr tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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>	2	
<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)
Bipolar Agents		
<i>Mood Stabilizers</i>		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	2	
<i>lithium carbonate tabs</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<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	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride tabs</i>	1	
<i>metformin hydrochloride soln</i>	4	
<i>nateglinide</i>	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABS 14MG, 7MG	3	QL (30 EA per 30 days)
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tabs 250mg, 500mg</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	
Glycemic Agents		
<i>diazoxide susp</i>	5	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD	3	
SUGAR INJ 1MG		
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
PROGLYCEM	5	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 100mg/ml, 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
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 inj 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<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 2.5MG	3	QL (60 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	5	PA
<i>anagrelide hydrochloride</i>	3	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
FULPHILA	5	PA
GRANIX INJ 300MCG/ML, 480MCG/1.6ML	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
NIVESTYM	5	ST
NPLATE	5	PA
NYVEPRIA	5	PA
OXBRYTA	5	QL (90 EA per 30 days) PA
PROMACTA TABS	5	PA
PROMACTA PACK 12.5MG	5	PA
PROMACTA PACK 25MG	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
<i>Hemostasis Agents</i>		
<i>aminocaproic acid tabs</i>	4	
<i>tranexamic acid tabs</i>	2	
<i>Platelet Modifying Agents</i>		
ASPIRIN/DIPYRIDAMOLE	4	
BRILINTA	4	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	2	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>prasugrel</i>	2	
TAVALISSE	5	PA
<i>Cardiovascular Agents</i>		
<i>Alpha-adrenergic Agonists</i>		
<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	

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Drug Name	Drug Tier	Requirements/Limits
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride	5	
prazosin hcl caps 1mg, 5mg	2	
prazosin hydrochloride caps 2mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
eprosartan mesylate	2	
irbesartan	1	
losartan potassium tabs	1	
olmesartan medoxomil tabs	2	
telmisartan	2	
valsartan	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tabs 10mg, 40mg, 5mg	1	
benazepril hydrochloride tabs 20mg	1	
captopril tabs	2	
enalapril maleate tabs	1	
fosinopril sodium	1	
lisinopril tabs	1	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl tabs 20mg, 40mg	1	
quinapril hydrochloride tabs 10mg, 5mg	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
amiodarone hcl tabs 400mg	2	
amiodarone hydrochloride tabs 100mg, 200mg	2	
digatek	2	
digox	2	
digoxin oral soln	4	
digoxin inj 0.25mg/ml	4	
digoxin tabs 125mcg, 250mcg	2	
disopyramide phosphate caps	4	
dofetilide	4	
flecainide acetate	2	
LANOXIN TABS 62.5MCG	4	
mexiletine hcl	2	
NORPACE CR	4	
pacerone tabs 100mg, 200mg, 400mg	2	
propafenone hcl	2	
propafenone hydrochloride er	4	
quinidine gluconate cr	4	
quinidine gluconate er	4	
quinidine sulfate tabs	2	

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Drug Name	Drug Tier	Requirements/Limits
sorine	2	
sotalol hcl tabs 120mg	2	
sotalol hcl tabs 160mg, 240mg, 80mg	2	
sotalol hydrochloride (af) tabs 160mg	2	
sotalol hydrochloride (af) tabs 120mg, 80mg	2	
sotalol hydrochloride af	2	
sotalol hydrochloride tabs 80mg	2	
sotalol hydrochloride tabs 120mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl caps 400mg	2	
acebutolol hydrochloride	2	
atenolol tabs	1	
betaxolol hcl tabs 10mg, 20mg	2	
bisoprolol fumarate	2	
BYSTOLIC	3	
carvedilol	1	
carvedilol phosphate	4	
labetalol hydrochloride tabs	2	
metoprolol succinate er	2	
metoprolol tartrate tabs 100mg, 25mg, 50mg	1	
nadolol tabs 20mg, 40mg, 80mg	2	
pindolol tabs	2	
propranolol hcl er cp24 120mg, 160mg	2	
propranolol hcl soln	2	
propranolol hcl tabs 40mg	2	
propranolol hydrochloride er cp24 60mg, 80mg	2	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs	1	
felodipine er	2	
nicardipine hcl caps	4	
nifedipine er	2	
nimodipine caps	4	
nisoldipine er	4	
NYMALIZE SOLN 6MG/ML	5	
NYMALIZE SOLN 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	4	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er cp12, tb24	2	
diltiazem hcl tabs	2	
diltiazem hydrochloride er cp24 300mg	2	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er cp24 360mg	4	
matzim la	2	
taztia xt	2	
tiadylt er	2	
verapamil hcl er cp24 100mg	2	
verapamil hcl er cp24 300mg	4	
verapamil hcl er tbcr	2	
verapamil hcl sr cp24	2	
verapamil hcl tabs 80mg	1	
verapamil hcl tabs 40mg	2	
verapamil hydrochloride er cp24	4	
verapamil hydrochloride tabs	2	
Cardiovascular Agents, Other		
acetazolamide	2	
ALDACTAZIDE TABS 50MG; 50MG	4	
aliskiren	2	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/atorvastatin calcium	2	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	1	
AMLODIPINE/VALSARTAN/HCTZ TABS 10MG; 12.5MG; 160MG, 10MG; 25MG; 160MG, 10MG; 25MG; 320MG, 5MG; 25MG; 160MG	2	
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE2 TABS 5MG; 12.5MG; 160MG		
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	2	
atenolol/chlorthalidone	2	
benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 1 25mg, 5mg; 6.25mg		
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg	1	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	2	
captopril/hydrochlorothiazide	2	
CORLANOR SOLN	4	QL (450 ML per 30 days) PA
CORLANOR TABS	4	QL (60 EA per 30 days) PA
DEMSEER	5	
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO	3	QL (60 EA per 30 days)
EVKEEZA	5	PA
fosinopril sodium/hydrochlorothiazide	1	
irbesartan/hydrochlorothiazide	1	
lisinopril/hydrochlorothiazide	1	
losartan potassium/hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa/hydrochlorothiazide</i>	4	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<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/hydrochlorothiazide</i>	2	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide inj</i>	2	
<i>bumetanide tabs</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide inj</i>	2	
<i>furosemide oral soln 8mg/ml</i>	1	
<i>furosemide oral soln 10mg/ml</i>	2	
<i>torsemide tabs</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	2	
<i>eplerenone</i>	2	
<i>spironolactone tabs</i>	2	
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>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 134mg, 200mg, 43mg, 67mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibrate tabs 120mg, 40mg</i>	4	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
LIVALO	4	ST
<i>lovastatin tabs</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine powd</i>	2	
<i>cholestyramine pack</i>	4	
<i>colesevelam hydrochloride tabs</i>	4	
<i>colestipol hcl gran, tabs</i>	2	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	PA
JUXTAPIID	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>	4	
<i>niacor</i>	4	
<i>omega-3-acid ethyl esters</i>	2	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>	2	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24</i>	4	QL (30 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate er cp24 10mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er cp24 5mg	4	QL (60 EA per 30 days)
dextroamphetamine sulfate soln	4	QL (1800 ML per 30 days)
dextroamphetamine sulfate tabs 10mg	2	QL (180 EA per 30 days)
dextroamphetamine sulfate tabs 5mg	2	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	2	QL (30 EA per 30 days)
atomoxetine caps 10mg	2	QL (60 EA per 30 days)
clonidine hydrochloride er	4	
dexamphetamine hcl er	4	QL (30 EA per 30 days)
dexamphetamine hcl tabs 10mg, 5mg	2	QL (60 EA per 30 days)
dexamphetamine hydrochloride cp24	4	QL (30 EA per 30 days)
dexamphetamine hydrochloride tabs 2.5mg	2	QL (60 EA per 30 days)
guanfacine er	4	
metadate er tbcr 20mg	2	QL (90 EA per 30 days)
methylphenidate hydrochloride cd cpcr 20mg, 30mg, 50mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er (la)	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er cpcr 10mg, 40mg, 60mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er tb24 36mg	4	QL (60 EA per 30 days)
methylphenidate hydrochloride er tbcr 10mg	2	QL (180 EA per 30 days)
methylphenidate hydrochloride er tbcr 20mg	2	QL (90 EA per 30 days)
methylphenidate hydrochloride er tbcr 18mg, 27mg, 54mg, 72mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride er tbcr 36mg	4	QL (60 EA per 30 days)
methylphenidate hydrochloride chew 10mg	4	QL (180 EA per 30 days)
methylphenidate hydrochloride chew 2.5mg, 5mg	4	QL (90 EA per 30 days)
methylphenidate hydrochloride tabs	2	QL (90 EA per 30 days)
methylphenidate hydrochloride soln 5mg/5ml relexxii	2	
	4	QL (30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
BUTALBITAL/ACETAMINOPHEN/CAFFEINE TABS 325MG; 50MG; 40MG	4	PA
BUTALBITAL/ACETAMINOPHEN TABS 325MG; 50MG	4	PA
BUTALBITAL/ASPIRIN/CAFFEINE CAPS	4	PA
EXSERVAN	5	PA
FIRDAPSE	5	QL (240 EA per 30 days) PA
INGREZZA CPPK	5	QL (56 EA per 365 days) PA
INGREZZA CAPS 60MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 80MG	5	QL (30 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	4	PA
RADICAVA	5	PA
<i>riluzole</i>	4	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		
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 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
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA

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Drug Name	Drug Tier	Requirements/Limits
TYSBRI	5	PA
VUMERTY CPDR 231MG	5	QL (120 EA per 30 days) PA
VUMERTY 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>		
<i>chlorhexidine gluconate soln</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	2	
<i>lidocaine hcl mouth/throat soln 4%</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	2	
<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 caps 10mg</i>	3	
<i>acitretin caps 17.5mg, 25mg</i>	4	
<i>adapalene pump</i>	2	
<i>adapalene/benzoyl peroxide gel</i>	4	
<i>adapalene gel 0.3%</i>	2	
<i>adapalene gel 0.1%</i>	4	
<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	
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA FOAM	4	
<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	
MIRVASO	4	PA
<i>myorisan</i>	4	PA
<i>rosadan</i>	2	
<i>tazarotene crea</i>	4	
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<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
Dermatitis and Pruritus Agents		
<i>ala-cort crea 2.5%</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>ammonium lactate crea, lotn</i>	2	
<i>augmented betamethasone dipropionate crea</i>	2	
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	
<i>betamethasone dipropionate crea, lotn</i>	2	
<i>betamethasone dipropionate oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea, gel, oint, soln</i>	2	
<i>clobetasol propionate foam, liqd, lotn</i>	4	
CORDRAN CREA 0.025%	4	
<i>desonide crea, oint</i>	2	
<i>desonide gel, lotn</i>	4	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone oint 0.25%</i>	2	
EUCRISA	4	PA
<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	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate crea, oint</i>	2	
HALOG SOLN	4	
<i>hydrocortisone butyrate crea, oint, soln</i>	4	
<i>hydrocortisone valerate oint</i>	4	
<i>hydrocortisone valerate crea</i>	4	QL (60 GM per 30 days)
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>pimecrolimus</i>	4	
<i>prednicarbate</i>	4	
<i>selenium sulfide</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tovet</i>	4	
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.05%</i>	4	
<i>trianex</i>	4	
<i>triderm</i>	2	
<i>tritocin</i>	4	
Dermatological Agents, Other		
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>diclofenac sodium gel 3%</i>	4	
DUOBRII	5	PA
FLUOROPLEX CREA	5	
<i>fluorouracil crea 5%</i>	2	
<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 crea 5%</i>	2	
KLISYRI	5	ST
<i>methoxsalen caps</i>	5	
<i>nystatin/triamcinolone acetonide crea</i>	2	
<i>nystatin/triamcinolone oint</i>	2	
OTEZLA	5	PA
PICATO	5	
<i>podofilox</i>	2	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
WYNZORA	5	QL (420 GM per 28 days)
Pediculicides/Scabicides		
<i>crotan</i>	2	
<i>ivermectin crea 1%</i>	4	
<i>lindane sham</i>	4	
<i>malathion</i>	4	
<i>permethrin crea</i>	2	
ULESFIA	4	
Topical Anti-infectives		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate external soln 1%</i>	2	
<i>dapsone gel 5%</i>	4	
DENAVIR	5	
<i>ery</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin oint</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
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, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
CARBAGLU	5	
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
CLINIMIX E 8/10	4	B/D
CLINIMIX E 8/14	4	B/D
CLINISOL SF 15%	4	B/D
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con sprinkle</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
PLENAMINE	4	B/D
<i>potassium chloride cr tbcr 10meq</i>	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride sr tbcr 8meq</i>	2	
<i>potassium chloride pack, soln</i>	4	
<i>potassium citrate er tbcr 1080mg, 540mg</i>	2	
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%</i>	2	
<i>sodium fluoride tabs 1mg</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
<i>clovique</i>	5	PA
<i>deferasirox tbso</i>	5	PA
<i>deferasirox pack</i>	5	PA
<i>deferasirox tabs 360mg, 90mg</i>	5	PA
<i>deferasirox tabs 180mg</i>	5	PA
<i>deferiprone</i>	5	PA
FERRIPROX TWICE-A-DAY	5	PA
FERRIPROX SOLN	5	PA
FERRIPROX TABS 1000MG	5	PA
FERRIPROX TABS 500MG	5	PA
JADENU SPRINKLE	5	PA
<i>JYNARQUE TABS 30MG</i>	5	QL (30 EA per 30 days)
<i>JYNARQUE TABS 15MG</i>	5	QL (60 EA per 30 days)
<i>JYNARQUE TBPK 0</i>	5	QL (56 EA per 28 days)
<i>jynarque tbpk 0, 15mg</i>	5	QL (56 EA per 28 days)
<i>sodium polystyrene sulfonate powd 0</i>	4	
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate caps</i>	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 tabs 400mg</i>	4	
<i>sevelamer hydrochloride tabs 800mg</i>	5	
VELPHORO	5	
Potassium Binders		
<i>kionex</i>	3	
<i>sodium polystyrene sulfonate oral susp 15gm/60ml</i>	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/flavor pack</i>	2	
GIMOTI	5	ST
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs</i>	1	
MYALEPT	5	PA
OCALIVA	5	QL (30 EA per 30 days) PA
<i>opium</i>	4	
<i>opium tincture tinc 1%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350,sodium sulf,naclpotassium cl,na ascorbate,ascorbic</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
<i>ursodiol tabs</i>	2	
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	4	
Proton Pump Inhibitors		
<i>esomeprazole magnesium cpdr 20mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium cpdr 40mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium pack</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>	2	QL (60 EA per 30 days)
<i>omeprazole cpdr</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tbec 40mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium pack, tbec</i>	2	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	2	QL (60 EA per 30 days)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME	5	PA
AMONDYS 45	5	PA
ARALAST NP INJ 1000MG, 500MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME INJ 35MG	5	PA
GALAFOLD	5	QL (14 EA per 28 days) PA
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	
PROSYSBI CPDR	5	PA
PROLASTIN-C INJ 1000MG	5	PA
RAVICTI	5	PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powd</i>	5	
STRENSIQ	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
VYNDAQEL	5	QL (120 EA per 30 days) PA
XURIDEN	5	QL (120 EA per 30 days) PA
ZEMAIRA	5	PA
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT, 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL (120 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 10.1-10.5 KG	5	PA
ZOLGENSMA 10.6-11.0 KG	5	PA
ZOLGENSMA 11.1-11.5 KG	5	PA
ZOLGENSMA 11.6-12.0 KG	5	PA
ZOLGENSMA 12.1-12.5 KG	5	PA
ZOLGENSMA 12.6-13.0 KG	5	PA
ZOLGENSMA 13.1-13.5 KG	5	PA
ZOLGENSMA 2.6-3.0 KG	5	PA
ZOLGENSMA 3.1-3.5 KG	5	PA
ZOLGENSMA 3.6-4.0 KG	5	PA
ZOLGENSMA 4.1-4.5 KG	5	PA
ZOLGENSMA 4.6-5.0 KG	5	PA
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
MYRBETRIQ	3
<i>oxybutynin chloride er</i>	2
<i>oxybutynin chloride syrup, tabs</i>	2
<i>solifenacain succinate</i>	2
<i>tolterodine tartrate</i>	2
<i>tolterodine tartrate er</i>	2
<i>trospium chloride</i>	2
<i>trospium chloride er</i>	2

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	2
<i>doxazosin mesylate</i>	2
<i>dutasteride caps</i>	2
<i>finasteride tabs</i>	2
<i>silodosin</i>	2
<i>tamsulosin hydrochloride</i>	2
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2
<i>terazosin hydrochloride caps 2mg</i>	2

Genitourinary Agents, Other

<i>acetic acid 0.25%</i>	2
<i>bethanechol chloride tabs</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<i>d</i> -penamine	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 elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<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>	2	
<i>prednisone tbpk</i>	2	
<i>prednisone soln</i>	4	
<i>prednisone tabs 2.5mg, 5mg</i>	1	
<i>prednisone tabs 10mg, 1mg, 20mg, 50mg</i>	2	
RAYOS	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate nasal soln</i>	4	
<i>desmopressin acetate inj 4mcg/ml</i>	4	
<i>desmopressin acetate inj 4mcg/ml</i>	5	
EGRIFTA SV	5	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
STIMATE SOLN	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	5	QL (120 EA per 30 days) PA
<i>mifepristone</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	5	PA
<i>oxandrolone tabs 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA
Androgens		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
<i>danazol caps 100mg, 50mg</i>	2	
<i>danazol caps 200mg</i>	4	
<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
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
<i>testosterone gel 1.62%</i>	3	PA
Estrogens		
<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	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL (91 EA per 91 days)
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	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	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>delyla</i>	2	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>DOTTI PTTW 0.075MG/24HR, 0.1MG/24HR</i>	4	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr</i>	4	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	
<i>ELESTRIN</i>	4	
<i>elinese</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarrylla</i>	2	
<i>estradiol valerate inj 20mg/ml</i>	2	
<i>estradiol valerate inj 40mg/ml</i>	4	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol crea</i>	2	
<i>estradiol pttw, ptwk, oral tabs, vaginal tabs</i>	4	
<i>ESTRING</i>	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	QL (91 EA per 91 days)
<i>femynor</i>	2	
<i>fyavolv</i>	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>jintel</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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
LO LOESTRIN FE	4	
<i>lopreeza</i>	4	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>yllana</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 1/50-28</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 chew</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<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	
<i>portia-28</i>	2	
PREMARIN CREA	4	
PREMARIN TABS 0.3MG	3	
PREMARIN TABS 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivilsa</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</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarrylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarrylla</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	

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Drug Name	Drug Tier	Requirements/Limits
<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>vienna</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	
<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	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 inj</i>	2	
<i>progesterone caps</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>Selective Estrogen Receptor Modifying Agents</i>		
OSPHENA <i>raloxifene hydrochloride</i>	3 2	QL (30 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
levothyroxine sodium tabs	2	
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	4	
liothyronine sodium tabs	2	
unithroid	4	
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	
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, 500mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml</i>	5	PA
ORGOVYX	5	PA
ORIAHNN	5	QL (56 EA per 28 days) PA
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR INJ 10MG, 30MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 20MG, 40MG, 60MG	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

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
KALBITOR	5	PA
RUCONEST	5	PA
TAKHZYRO	5	PA
<i>Immunoglobulins</i>		
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
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML, 20GM/200ML; 51600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML		PA
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	B/D
OCTAGAM	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
VARIZIG INJ 125UNIT/1.2ML	3	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	PA
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
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 TABS 1MG	5	PA
OLUMIANT TABS 2MG	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
RIDAURA	5	
RINVOQ	5	PA
SILIQ	5	PA
SKYRIZI PEN	5	PA
SKYRIZI INJ 75MG/0.83ML	5	PA
SKYRIZI INJ 150MG/ML	5	PA
SOLIRIS	5	PA
STELARA	5	PA
SYLVANT	5	PA
TALTZ	5	PA
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
ULTOMIRIS	5	PA
UPLIZNA	5	PA
XELJANZ XR TB24 22MG	5	PA
XELJANZ XR TB24 11MG	5	PA
XELJANZ SOLN	5	PA
XELJANZ TABS	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
SYLATRON INJ 200MCG, 300MCG	5	PA
Immunosuppressants		
AZASAN	4	B/D
<i>azathioprine tabs</i>	2	B/D
BENLYSTA INJ 120MG, 400MG	5	PA
CIMZIA STARTER KIT	5	PA
CIMZIA INJ 200MG	5	PA
CIMZIA INJ 200MG/ML	5	PA
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 100mg, 50mg</i>	4	B/D
<i>cyclosporine modified soln</i>	4	B/D
<i>cyclosporine caps</i>	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	4	B/D
<i>gengraf 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 INJ 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	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	
ORENCIA INJ 250MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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
RENFLEXIS	5	PA
SANDIMMUNE SOLN	4	B/D
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	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOP INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
<i>menquadfi</i>	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	3	
PROQUAD	3	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
ZOSTAVAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

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

Glucocorticoids

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

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate sodium soln</i>	4
<i>alendronate sodium tabs 40mg</i>	1
<i>alendronate sodium tabs 10mg, 35mg, 5mg</i>	1
<i>alendronate sodium tabs 70mg</i>	1
<i>calcitonin-salmon soln</i>	2
<i>calcitriol caps, oral soln</i>	2
<i>calcitriol inj 1mcg/ml</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hydrochloride tabs 30mg</i>	4	
<i>cinacalcet hydrochloride tabs 60mg, 90mg</i>	5	
<i>doxercalciferol caps</i>	4	
EVENITY	5	QL (2.34 ML per 28 days) PA
FORTEO INJ 620MCG/2.48ML	5	PA
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
NATPARA	5	QL (2 EA per 28 days) PA
<i>paricalcitol caps 1mcg, 2mcg</i>	2	
<i>paricalcitol caps 4mcg</i>	4	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM	3	QL (200 EA per 30 days)
COSELA	5	PA
CURITY GAUZE PADS 2"X2"	3	
DOJOLVI	5	PA
ELLA	3	
GIVLAARI	5	PA
<i>intralipid inj 20gm/100ml</i>	2	B/D
<i>levocarnitine tabs</i>	2	
<i>levocarnitine soln</i>	4	
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
<i>sodium chloride 0.9%</i>	2	
<i>sodium chloride 0.9%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
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>	4	
LACRISERT	4	
<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/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>polycin</i>	2	
<i>polymyxin b sulfate(trimethoprim sulfate</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
RESTASIS	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	4	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>bepotastine besilate</i>	4	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hydrochloride soln 0.2%</i>	2	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin</i>	2	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<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</i>	2	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	2	
TOBREX OINT	4	
<i>trifluridine</i>	4	
ZIRGAN	4	
<i>Ophthalmic Anti-inflammatories</i>		
ALREX	4	
<i>bromfenac</i>	4	
<i>dexamethasone sodium phosphate soln</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
DUREZOL	3	
FLAREX	3	
<i>flurbiprofen sodium</i>	2	
FML FORTE	3	
<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)
<i>loteprednol etabonate susp</i>	4	
<i>loteprednol etabonate gel</i>	4	QL (20 GM per 365 days)
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	4	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	4	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	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 Prostamide Analogs		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
DURYSTA	5	
<i>latanoprost soln</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
<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; 10000unit/ml</i>	2	
<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 AERO 50MCG/ACT	4	QL (13 GM per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT	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/BLIST3	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM 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)
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>ciproheptadine hydrochloride tabs</i>	4	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl inj 50mg/ml</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	
Antileukotrienes		
<i>montelukast sodium chew, pack, tabs</i>	2	
<i>zaflurkast</i>	2	
<i>zileuton er</i>	5	ST
ZYFLO	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
<i>ipratropium bromide nasal soln</i>	2	
<i>ipratropium bromide inhalation soln</i>	2	QL (312.5 ML per 30 days) B/D
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)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate syrup, tabs</i>	4	
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPIPEN 2-PAK	4	
EPIPEN-JR 2-PAK	4	
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	4	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 syrup</i>	4	
PERFOROMIST	5	QL (120 ML per 30 days) B/D

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>terbutaline sulfate tabs</i>	4	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO TABS	5	PA
KALYDECO PACK 25MG	5	PA
KALYDECO PACK 50MG, 75MG	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
TRIKAFTA	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg</i>	4	
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>	3	QL (90 EA per 30 days) PA
<i>sildenafil citrate susr</i>	5	PA
<i>tadalafil</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 CAPS	5	PA
ESBRIET TABS 267MG	5	PA
ESBRIET TABS 801MG	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)

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Drug Name	Drug Tier	Requirements/Limits
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; 4 200MCG/ACT	4	QL (17.6 GM per 30 days)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 3 25MCG/INH	3	QL (60 EA per 30 days)
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 3 25MCG/INH	3	QL (60 EA per 30 days)
<i>wixela inh</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol tabs</i>	4	PA
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
<i>vanadom</i>	4	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL (30 EA per 30 days)
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	4	QL (30 EA per 30 days)
<i>estazolam</i>	2	QL (30 EA per 30 days)
ESZOPICLONE	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</i>	4	QL (30 EA per 30 days)
<i>temazepam caps 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)
Wakefulness Promoting Agents		
ARMODAFINIL TABS 150MG, 200MG, 250MG	4	QL (30 EA per 30 days) PA
ARMODAFINIL TABS 50MG	4	QL (60 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i>	3	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

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Drug Name	Page #	Drug Name	Page #
7t lido gel	3	albuterol sulfate	61
abacavir	23	albuterol sulfate hfa	61
abacavir sulfate/lamivudine	23	alclometasone dipropionate	37
abacavir sulfate/lamivudine/zidovudine	23	ALCOHOL PREP PADS	57
ABELCET	12	ALDACTAZIDE	31
ABILIFY MAINTENA	20	ALDURAZYME	42
ABILIFY MYCITE	20	ALECENSA	16
ABILIFY MYCITE MAINTENANCE KIT	20	alendronate sodium	56
ABILIFY MYCITE STARTER KIT	20	alfuzosin hcl er	44
abiraterone acetate	14	ALINIA	19
ABSTRAL	2	aliskiren	31
acamprosate calcium dr	3	allopurinol	12
acarbose	25	alosetron hydrochloride	41
ACCUTANE	36	ALPHAGAN P	60
acebutolol hcl	30	alprazolam	24
acebutolol hydrochloride	30	alprazolam er	24
acetaminophen/codeine	2	alprazolam xr	24
acetazolamide	31	ALREX	59
acetazolamide er	59	altavera	46
acetic acid	60	ALUNBRIG	16
acetic acid 0.25%	44	alyacen 1/35	46
acetylcysteine	62	alyacen 7/7/7	46
acitretin	36	alyq	62
ACTEMRA ACTPEN	53	amabelz	46
ACTHAR	45	amantadine hcl	24
ACTHIB	55	AMBISOME	12
ACTIMMUNE	54	AMBRISENTAN	62
acyclovir	24	amethia	46
acyclovir	38	amethia lo	46
acyclovir sodium	24	amethyst	46
ADACEL	55	amikacin sulfate	4
ADAKVEO	27	amiloride hcl	32
adapalene	36	amiloride/hydrochlorothiazide	31
adapalene pump	36	aminocaproic acid	28
adapalene/benzoyl peroxide	36	AMINOSYN II	39
adefovir dipivoxil	22	AMINOSYN-PF	39
ADEMPAS	62	amiodarone hcl	29
adrucil	14	amiodarone hydrochloride	29
AFINITOR	16	AMITIZA	41
AFINITOR DISPERZ	16	amitriptyline hcl	11
AIMOVIG	13	amitriptyline hydrochloride	11
AKYNZEO	11	amlodipine besylate	30
ala-cort	37	amlodipine besylate/atorvastatin calcium	31
albendazole	18	amlodipine besylate/benazepril	31
		hydrochloride	
		amlodipine besylate/valsartan	31
		AMLODIPINE/VALSARTAN/HCTZ	31

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Drug Name	Page #	Drug Name	Page #
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE	31	ASMANEX TWISTHALER 60 METERED DOSES	60
<i>ammonium lactate</i>	37	ASMANEX TWISTHALER 7 METERED DOSES	60
<i>amnesteem</i>	36	ASPIRIN/DIPYRIDAMOLE	28
AMONDYS 45	42	<i>atazanavir</i>	23
<i>amoxapine</i>	11	<i>atazanavir sulfate</i>	23
<i>amoxicillin</i>	5	<i>atenolol</i>	30
<i>amoxicillin/clavulanate potassium</i>	5	<i>atenolol/chlorthalidone</i>	31
<i>amoxicillin/clavulanate potassium er</i>	5	<i>atomoxetine</i>	34
<i>amphetamine/dextroamphetamine</i>	33	<i>atorvastatin calcium</i>	32
<i>amphotericin b</i>	12	<i>atovaquone</i>	19
<i>ampicillin</i>	5	<i>atovaquone/proguanil hcl</i>	19
<i>ampicillin sodium</i>	5	ATRIPLA	22
<i>ampicillin-sulbactam</i>	5	<i>atropine sulfate</i>	58
ANADROL-50	46	ATROVENT HFA	61
<i>anagrelide hydrochloride</i>	27	<i>aubra</i>	46
<i>anastrozole</i>	15	<i>aubra eq</i>	46
ANDRODERM	46	<i>augmented betamethasone dipropionate</i>	37
ANORO ELLIPTA	62	<i>aurovela 24 fe</i>	46
ANZEMET	11	AURYXIA	40
APOKYN	19	AUSTEDO	34
<i>apraclonidine</i>	60	AVASTIN	17
<i>aprepitant</i>	11	<i>aviane</i>	46
<i>apri</i>	46	<i>avita</i>	36
APTIOM	9	AVONEX	35
APTIVUS	23	AVONEX PEN	35
ARALAST NP	42	AYVAKIT	16
<i>aranelle</i>	46	AZASAN	54
ARANESP ALBUMIN FREE	27	<i>azathioprine</i>	54
ARCALYST	53	<i>azelaic acid</i>	36
<i>ariPIPRAZOLE</i>	20	<i>azelastine hcl</i>	58
<i>ariPIPRAZOLE odt</i>	20	<i>azelastine hcl</i>	61
ARISTADA	20	<i>azelastine hydrochloride</i>	61
ARISTADA INITIO	20	<i>azelastine hydrochloride/fluticasone propionate</i>	61
ARMODAFINIL	63	<i>azithromycin</i>	6
ARNURITY ELLIPTA	60	AZOPT	60
ASCENIV	52	<i>aztreonam</i>	4
<i>asenapine maleate sl</i>	20	<i>bacitracin</i>	59
<i>ashlyna</i>	46	<i>bacitracin/polymyxin b</i>	58
ASMANEX HFA	60	<i>baclofen</i>	21
ASMANEX TWISTHALER 120 METERED DOSES	60	BACTROBAN NASAL	38
ASMANEX TWISTHALER 14 METERED DOSES	60	BAFIERTAM	35
ASMANEX TWISTHALER 30 METERED DOSES	60	<i>balsalazide disodium</i>	56
		BALVERSA	16
		<i>balziva</i>	46

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BANZEL	9	<i>bimatoprost</i>	60
BARACLUDE	22	<i>bisoprolol fumarate</i>	30
BAVENCIO	18	<i>bisoprolol fumarate/hydrochlorothiazide</i>	31
BAXDELA	6	BIVIGAM	52
BCG VACCINE	55	<i>bleomycin</i>	15
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	57	<i>bleomycin sulfate</i>	15
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	57	BLEPHAMIDE	58
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	57	BLEPHAMIDE S.O.P.	58
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM	57	<i>blisovi 24 fe</i>	46
BD INSULIN SYRINGE/1ML/29G X 12.7MM	57	<i>blisovi fe 1.5/30</i>	46
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM	57	<i>blisovi fe 1/20</i>	46
BD VEO INSULIN SYRINGE ULTRA- AFINE/0.3ML/31G X 6MM	57	BOOSTRIX	55
<i>bekyree</i>	46	<i>bosentan</i>	62
BELSOMRA	63	BOSULIF	16
<i>benazepril hcl</i>	29	BRAFTOVI	16
<i>benazepril hcl/hydrochlorothiazide</i>	31	BREO ELLIPTA	62
<i>benazepril hydrochloride</i>	29	BREZTRI AEROSPHERE	60
<i>benazepril</i>	31	<i>briellyn</i>	46
<i>hydrochloride/hydrochlorothiazide</i>		BRILINTA	28
BENLYSTA	53	<i>brimonidine tartrate</i>	60
BENLYSTA	54	<i>brinzolamide</i>	60
BENZNIDAZOLE	19	BRIVIACT	7
<i>benztropine mesylate</i>	19	<i>bromfenac</i>	59
<i>bepotastine besilate</i>	58	<i>bromocriptine mesylate</i>	19
BEPREVE	58	BRONCHITOL	63
BERINERT	52	BRONCHITOL TOLERANCE TEST	63
BESIVANCE	59	BRUKINSA	16
<i>betamethasone dipropionate</i>	37	<i>budesonide</i>	56
<i>betamethasone valerate</i>	37	<i>budesonide</i>	60
BETASERON	35	BUDESONIDE ER	56
<i>betaxolol hcl</i>	30	<i>bumetanide</i>	32
<i>betaxolol hcl</i>	59	<i>buprenorphine hcl</i>	3
<i>bethanechol chloride</i>	44	<i>buprenorphine hcl/naloxone hcl</i>	3
BETIMOL	59	<i>buprenorphine hydrochloride/naloxone</i>	3
<i>bexarotene</i>	18	<i>hydrochloride</i>	
BEXSERO	55	<i>bupropion hcl</i>	9
<i>bicalutamide</i>	14	<i>bupropion hydrochloride</i>	9
BICILLIN C-R	6	<i>bupropion hydrochloride er (sr)</i>	3
BICILLIN L-A	6	<i>bupropion hydrochloride er (sr)</i>	9
BIKTARVY	22	<i>bupropion hydrochloride er (xl)</i>	9
		<i>buspirone hcl</i>	24
		<i>buspirone hydrochloride</i>	24
		BUTALBITAL/ACETAMINOPHEN	34
		BUTALBITAL/ACETAMINOPHEN/CAF	34
		FEINE	
		BUTALBITAL/ASPIRIN/CAFFEINE	34
		<i>butorphanol tartrate</i>	2

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BYNFEZIA PEN	51	ceprozil	5
BYSTOLIC	30	ceftazidime	5
CABENUVA	22	ceftriaxone sodium	5
<i>cabergoline</i>	51	cefuroxime axetil	5
CABLIVI	28	cefuroxime sodium	5
CABOMETYX	16	CELECOXIB	1
<i>calcipotriene</i>	38	CELONTIN	8
<i>calcitonin-salmon</i>	56	<i>cephalexin</i>	5
<i>calcitriol</i>	56	CERDELGA	43
<i>calcium acetate</i>	40	CEREZYME	43
CALQUENCE	16	CHANTIX	4
<i>camila</i>	50	CHANTIX CONTINUING MONTH PAK	3
<i>camrese</i>	46	CHANTIX STARTING MONTH PAK	3
<i>camrese lo</i>	46	<i>chateal</i>	46
<i>candesartan cilexetil</i>	29	CHEMET	40
<i>candesartan cilexetil/hydrochlorothiazide</i>	31	CHENODAL	41
CAPLYTA	20	<i>chlordiazepoxide hcl</i>	24
CAPRELSA	16	<i>chlordiazepoxide hydrochloride</i>	24
<i>captopril</i>	29	<i>chlordiazepoxide/amitriptyline</i>	9
<i>captopril/hydrochlorothiazide</i>	31	<i>chlorhexidine gluconate</i>	36
CARBAGLU	39	<i>chloroquine phosphate</i>	19
<i>carbamazepine</i>	9	<i>chlorothiazide</i>	32
<i>carbamazepine er</i>	9	<i>chlorpromazine hcl</i>	20
<i>carbidopa</i>	19	<i>chlorthalidone</i>	32
<i>carbidopa/levodopa</i>	19	<i>chlorzoxazone</i>	63
<i>carbidopa/levodopa er</i>	19	CHOLBAM	43
<i>carbidopa/levodopa odt</i>	19	<i>cholestyramine</i>	33
<i>carimune nanofiltered</i>	52	<i>cholestyramine light</i>	33
<i>carisoprodol</i>	63	<i>ciclodan</i>	38
<i>carteolol hcl</i>	59	<i>ciclopirox</i>	38
<i>cartia xt</i>	30	<i>ciclopirox nail lacquer</i>	38
<i>carvedilol</i>	30	<i>ciclopirox olamine</i>	38
<i>carvedilol phosphate</i>	30	<i>cidofovir</i>	21
<i>caspofungin acetate</i>	12	<i>cilostazol</i>	28
CAYSTON	62	CIMDUO	23
<i>caziant</i>	46	CIMZIA	54
<i>cefaclor</i>	5	CIMZIA STARTER KIT	54
<i>cefadroxil</i>	5	<i>cinacalcet hydrochloride</i>	57
<i>cefazolin sodium</i>	5	CINRYZE	52
<i>cefdinir</i>	5	<i>ciprofloxacin</i>	6
<i>cefpeme</i>	5	<i>ciprofloxacin</i>	60
<i>cefpeme hydrochloride</i>	5	<i>ciprofloxacin hcl</i>	6
<i>cefixime</i>	5	<i>ciprofloxacin hydrochloride</i>	6
<i>ceftaxime sodium</i>	5	<i>ciprofloxacin hydrochloride</i>	59
<i>cefotetan</i>	5	<i>ciprofloxacin i.v.-in d5w</i>	6
<i>cefoxitin sodium</i>	5	<i>ciprofloxacin/dexamethasone</i>	60
<i>cefpodoxime proxetil</i>	5	<i>citalopram hydrobromide</i>	10

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<i>clarithromycin</i>	6	<i>compro</i>	11
<i>clarithromycin er</i>	6	<i>constulose</i>	41
CLENPIQ	41	COPIKTRA	16
CLEOCIN	4	CORDRAN	37
CLIMARA PRO	46	CORLANOR	31
<i>clindacin etz pledges</i>	4	CORTIFOAM	56
<i>clindacin-p</i>	4	<i>cortisone acetate</i>	45
<i>clindamycin hcl</i>	4	COSELA	57
<i>clindamycin hydrochloride</i>	4	COSENTYX	53
<i>clindamycin palmitate hcl</i>	4	COSENTYX SENSOREADY PEN	53
<i>clindamycin phosphate</i>	4	COTELLIC	16
<i>clindamycin phosphate</i>	39	CREON	43
<i>clindamycin phosphate/benzoyl peroxide</i>	36	CRESEMDBA	12
<i>clindamycin/benzoyl peroxide</i>	36	CRIXIVAN	23
CLINIMIX 6/5	39	<i>cromolyn sodium</i>	43
CLINIMIX 8/10	39	<i>cromolyn sodium</i>	58
CLINIMIX 8/14	39	<i>cromolyn sodium</i>	62
CLINIMIX E 8/10	39	<i>crotan</i>	38
CLINIMIX E 8/14	39	<i>cryselle-28</i>	46
CLINISOL SF 15%	39	CURITY GAUZE PADS 2"X2"	57
<i>clobazam</i>	8	CUTAQUIG	52
<i>clobetasol propionate</i>	37	CUVITRU	52
<i>clobetasol propionate e</i>	37	CUVPOSA	41
<i>clobetasol propionate emollient</i>	37	<i>cyclafem 1/35</i>	46
<i>clomipramine hcl</i>	11	<i>cyclafem 7/7/7</i>	46
<i>clonazepam</i>	8	cyclobenzaprine hydrochloride	63
<i>clonazepam odt</i>	8	cyclophosphamide	14
<i>clonidine hcl</i>	28	CYCLOSET	25
<i>clonidine hydrochloride</i>	28	cyclosporine	54
<i>clonidine hydrochloride er</i>	34	cyclosporine modified	54
<i>clopidogrel</i>	28	cyproheptadine hydrochloride	61
<i>clorazepate dipotassium</i>	24	<i>cyred</i>	46
<i>clotrimazole</i>	12	<i>cyred eq</i>	47
<i>clotrimazole/betamethasone dipropionate</i>	38	CYSTADROPS	58
<i>clovique</i>	40	CYSTAGON	43
<i>clozapine</i>	21	CYSTARAN	58
<i>clozapine odt</i>	21	<i>cytarabine</i>	14
COARTEM	19	<i>cytarabine aqueous</i>	14
<i>codeine sulfate</i>	2	<i>dalfampridine er</i>	35
COLCHICINE	12	DALIRESP	62
<i>colesevelam hydrochloride</i>	33	<i>danazol</i>	46
<i>colestipol hcl</i>	33	<i>dantrolene sodium</i>	21
<i>colistimethate sodium</i>	4	DANYELZA	18
COMBIGAN	58	<i>dapsone</i>	13
COMBIVENT RESPIMAT	63	<i>dapsone</i>	39
COMETRIQ	16	DAPTACEL	55

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<i>darifenacin hydrobromide er</i>	44	dicloxacillin sodium	6
DARZALEX FASPRO	18	dicyclomine hydrochloride	41
<i>dasetta 1/35</i>	47	<i>didanosine</i>	23
<i>dasetta 7/7/7</i>	47	DIFICID	6
<i>daunorubicin hydrochloride</i>	15	diflunisal	1
DAURISMO	16	digitek	29
<i>daysee</i>	47	digox	29
<i>deblitane</i>	50	digoxin	29
<i>deferasirox</i>	40	<i>dihydroergotamine mesylate</i>	13
<i>deferiprone</i>	40	DILANTIN	9
DELSTRIGO	22	DILATRATE SR	33
<i>delyla</i>	47	<i>diltiazem hcl</i>	30
<i>demecclocycline hcl</i>	7	<i>diltiazem hcl cd</i>	30
<i>demecclocycline hydrochloride</i>	7	<i>diltiazem hcl er</i>	30
DEM SER	31	<i>diltiazem hydrochloride er</i>	30
DENAVIR	39	<i>dilt-xr</i>	30
DEPO-PROVERA	50	<i>dimethyl fumarate</i>	35
DEPO-SUBQ PROVERA 104	50	<i>dimethyl fumarate starterpack</i>	35
DESCOVY	23	<i>diphenhydramine hcl</i>	61
<i>desipramine hcl</i>	11	<i>diphenoxylate/atropine</i>	41
<i>desloratadine</i>	61	<i>diphtheria/tetanus toxoids adsorbed</i>	55
<i>desmopressin acetate</i>	45	<i>pediatric</i>	
<i>desogestrel/ethinyl estradiol</i>	47	<i>disopyramide phosphate</i>	29
<i>desonide</i>	37	<i>disulfiram</i>	3
<i>desoximetasone</i>	37	DIURIL	32
<i>desvenlafaxine er</i>	10	<i>divalproex sodium</i>	8
<i>dexamethasone</i>	45	<i>divalproex sodium dr</i>	8
<i>dexamethasone intensol</i>	45	<i>divalproex sodium er</i>	8
<i>dexamethasone sodium phosphate</i>	59	<i>dofetilide</i>	29
<i>dexmethylphenidate hcl</i>	34	DOJOLVI	57
<i>dexmethylphenidate hcl er</i>	34	<i>donepezil hcl</i>	9
<i>dexmethylphenidate hydrochloride</i>	34	<i>donepezil hydrochloride</i>	9
<i>dextroamphetamine sulfate</i>	34	<i>dorzolamide hcl</i>	60
<i>dextroamphetamine sulfate er</i>	33	<i>dorzolamide hcl/timolol maleate</i>	58
<i>dextrose 5%</i>	39	<i>dorzolamide hydrochloride/timolol maleate</i>	58
<i>dextrose 5%/nacl 0.45%</i>	39	<i>pf</i>	
<i>dextrose 5%/nacl 0.9%</i>	39	DOTTI	47
DIACOMIT	8	DOVATO	22
<i>diazepam</i>	25	<i>doxazosin mesylate</i>	44
<i>diazepam rectal gel</i>	8	<i>doxepin hcl</i>	11
<i>diazoxide</i>	26	<i>doxepin hydrochloride</i>	11
<i>diclofenac potassium</i>	1	<i>doxepin hydrochloride</i>	63
<i>diclofenac sodium</i>	1	<i>doxercalciferol</i>	57
<i>diclofenac sodium</i>	38	<i>doxy 100</i>	7
<i>diclofenac sodium</i>	59	<i>doxycycline</i>	7
<i>diclofenac sodium dr</i>	1	<i>doxycycline hyolate</i>	7

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Drug Name	Page #	Drug Name	Page #
<i>doxycycline hyclate</i>	36	EMSAM	10
<i>doxycycline monohydrate</i>	7	<i>emtricitabine</i>	23
<i>doxylamine succinate/pyridoxine hydrochloride</i>	11	<i>emtricitabine/tenofovir disoproxil fumarate</i>	23
<i>d-penamine</i>	45	<i>emtricitabine/tenofovir disoproxil fumarate</i>	23
DRIZALMA SPRINKLE	10	EMTRIVA	23
<i>dronabinol</i>	11	<i>enalapril maleate</i>	29
<i>drospirenone/ethinyl estradiol</i>	47	<i>enalapril maleate/hydrochlorothiazide</i>	31
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	47	ENBREL	54
DROXIA	14	ENBREL MINI	54
<i>droxidopa</i>	28	ENBREL SURECLICK	54
DULERA	63	ENDARI	43
<i>duloxetine hcl</i>	10	<i>endocet</i>	2
<i>duloxetine hydrochloride</i>	10	ENGERIX-B	55
DUOBRII	38	<i>enoxaparin sodium</i>	27
DUPIXENT	53	<i>enpresse-28</i>	47
DUREZOL	59	<i>enskyce</i>	47
DURYSTA	60	ENSPRYNG	53
<i>dutasteride</i>	44	<i>entacapone</i>	19
DYSPORT	21	<i>entecavir</i>	22
<i>ec-naproxen</i>	1	ENTRESTO	31
econazole nitrate	12	ENTYVIO	53
EDURANT	22	<i>enulose</i>	41
<i>efavirenz</i>	22	EPIDIOLEX	7
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	22	<i>epinastine hcl</i>	58
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	22	EPINEPHRINE	61
EGRIFTA	45	EPIPEN 2-PAK	61
EGRIFTA SV	45	EPIPEN-JR 2-PAK	61
ELAPRASE	43	<i>epitol</i>	9
ELEPSIA XR	7	EPIVIR HBV	22
ELESTRIN	47	<i>eplerenone</i>	32
<i>eletiptan hydrobromide</i>	13	<i>eprosartan mesylate</i>	29
<i>elinet</i>	47	EQUETRO	25
ELIQUIS	27	<i>ergoloid mesylates</i>	9
ELIQUIS STARTER PACK	27	ERGOMAR	13
ELLA	57	<i>ergotamine tartrate/caffeine</i>	13
ELMIRON	45	ERIVEDGE	16
EMBEDA	1	ERLEADA	14
EMCYT	14	<i>erlotinib hydrochloride</i>	16
EMEND	11	<i>errin</i>	50
EMFLAZA	45	<i>ertapenem</i>	6
EMGALITY	13	<i>ertapenem sodium</i>	6
<i>emoquette</i>	47	<i>ery</i>	39
EMPAVELI	53	ERYPED 400	6
		ERYTHROCIN STEARATE	6
		<i>erythromycin</i>	6
		<i>erythromycin</i>	39
		<i>erythromycin</i>	59

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Drug Name	Page #	Drug Name	Page #
<i>erythromycin base</i>	6	<i>fenofibrate</i>	32
<i>erythromycin dr</i>	6	<i>fenofibrate micronized</i>	32
<i>erythromycin ethylsuccinate</i>	6	<i>fenofibric acid dr</i>	32
<i>erythromycin/benzoyl peroxide</i>	36	<i>fenoprofen calcium</i>	1
ESBRIET	62	<i>fentanyl</i>	1
<i>escitalopram oxalate</i>	10	<i>fentanyl citrate</i>	2
<i>esomeprazole magnesium</i>	42	<i>fentanyl citrate oral transmucosal</i>	2
<i>estarrylla</i>	47	FERRIPROX	40
<i>estazolam</i>	63	FERRIPROX TWICE-A-DAY	40
<i>estradiol</i>	47	FETROJA	5
<i>estradiol valerate</i>	47	FETZIMA	10
<i>estradiol/norethindrone acetate</i>	47	FETZIMA TITRATION PACK	10
ESTRING	47	FINACEA	36
ESZOPICLONE	63	<i>finasteride</i>	44
<i>ethacrynic acid</i>	32	FINTEPLA	7
<i>ethambutol hydrochloride</i>	13	FIRDAPSE	34
<i>ethosuximide</i>	8	FIRMAGON	51
<i>ethynodiol diacetate/ethinyl estradiol</i>	47	<i>flac</i>	60
<i>etodolac</i>	1	FLAREX	59
<i>etoposide</i>	15	<i>flavoxate hcl</i>	44
EUCRISA	37	FLEBOGAMMA DIF	52
EVENITY	57	<i>flecainide acetate</i>	29
<i>everolimus</i>	16	FLOVENT DISKUS	60
<i>everolimus</i>	54	FLOVENT HFA	60
EVKEEZA	31	<i>fluconazole</i>	12
EVOTAZ	23	<i>fluconazole in sodium chloride</i>	12
EVRYSDI	43	<i>flucytosine</i>	12
<i>exemestane</i>	15	<i>fludrocortisone acetate</i>	45
EXSERVAN	34	<i>fluocinolone acetonide</i>	37
EXTAVIA	35	<i>fluocinolone acetonide</i>	60
<i>ezetimibe</i>	33	<i>fluocinolone acetonide ear drops</i>	60
<i>ezetimibe/simvastatin</i>	33	<i>fluocinonide</i>	37
FABRAZYME	43	<i>fluocinonide emulsified base</i>	37
<i>falmina</i>	47	FLUOROPLEX	38
<i>famciclovir</i>	24	<i>fluorouracil</i>	15
<i>famotidine</i>	42	<i>fluorouracil</i>	38
FANAPT	20	<i>fluoxetine hcl</i>	10
FANAPT TITRATION PACK	20	<i>fluoxetine hydrochloride</i>	10
FARXIGA	25	<i>fluphenazine decanoate</i>	20
FARYDAK	16	<i>fluphenazine hcl</i>	20
FASENRA	63	<i>fluphenazine hydrochloride</i>	20
FASENRA PEN	63	<i>flurbiprofen</i>	1
<i>fayosim</i>	47	<i>flurbiprofen sodium</i>	59
<i>febuxostat</i>	12	<i>flutamide</i>	14
<i>felbamate</i>	7	<i>fluticasone propionate</i>	37
<i>felodipine er</i>	30	<i>fluticasone propionate</i>	61
<i>femynor</i>	47	<i>fluticasone propionate/salmeterol diskus</i>	63

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<i>fluvastatin</i>	32	<i>gentamicin sulfate pediatric</i>	4
<i>fluvastatin sodium er</i>	32	GENVOYA	22
<i>fluvoxamine maleate</i>	10	<i>gianvi</i>	47
FML FORTE	59	GILENYA	35
<i>fondaparinux sodium</i>	27	GILOTrif	16
FORTEO	57	GIMOTI	42
<i>fosamprenavir calcium</i>	23	GIVLAARI	57
<i>fosinopril sodium</i>	29	GLASSIA	43
<i>fosinopril sodium/hydrochlorothiazide</i>	31	<i>glatiramer acetate</i>	35
FOTIVDA	14	<i>glatopa</i>	35
FRAGMIN	27	GLEOSTINE	14
<i>frovatriptan succinate</i>	13	<i>glimepiride</i>	25
FULPHILA	28	<i>glipizide</i>	25
<i>furosemide</i>	32	<i>glipizide er</i>	25
FUZEON	23	<i>glipizide xl</i>	25
<i>fyavolv</i>	47	<i>glipizide/metformin hydrochloride</i>	25
FYCOMPA	7	GLOPERBA	12
<i> gabapentin</i>	8	GLUCAGEN HYPOKIT	26
GALAFOLD	43	GLUCAGON EMERGENCY KIT	26
<i> galantamine hydrobromide</i>	9	GLUCAGON EMERGENCY KIT FOR	26
<i> galantamine hydrobromide er</i>	9	LOW BLOOD SUGAR	
GAMASTAN	52	<i>glyburide</i>	25
GAMIFANT	53	<i>glyburide micronized</i>	25
GAMMAGARD LIQUID	52	<i>glyburide/metformin hydrochloride</i>	25
GAMMAGARD S/D IGA LESS THAN	52	<i>glycate</i>	41
1MCG/ML		<i>glycopyrrrolate</i>	41
GAMMAKED	52	<i>glydo</i>	3
GAMMAPLEX	52	GLYXAMBI	25
GAMUNEX-C	52	GOCOVRI	19
<i> ganciclovir</i>	21	<i>granisetron hcl</i>	11
GARDASIL 9	55	GRANIX	28
<i> gatifloxacin</i>	59	<i>griseofulvin microsize</i>	12
GATTEX	41	<i>griseofulvin ultramicrosize</i>	12
<i> gavilyte-c</i>	41	<i>guanfacine er</i>	34
<i> gavilyte-g</i>	41	<i>guanfacine hcl</i>	28
<i> gavilyte-h</i>	41	<i>guanidine hcl</i>	13
<i> gavilyte-n/flavor pack</i>	42	GVOKE HYPOPEN 1-PACK	26
GAVRETO	15	GVOKE HYPOPEN 2-PACK	26
<i> gemfibrozil</i>	32	HAEGARDA	52
<i> gemmily</i>	47	<i>hailey 24 fe</i>	47
<i> generlac</i>	41	<i>halobetasol propionate</i>	37
<i> gengraf</i>	54	HALOG	37
GENOTROPIN	45	<i>haloperidol</i>	20
GENOTROPIN MINIQUICK	45	<i>haloperidol decanoate</i>	20
<i> gentak</i>	59	<i>haloperidol lactate</i>	20
<i> gentamicin sulfate</i>	4	HAVRIX	55
<i> gentamicin sulfate</i>	59	<i>heather</i>	50

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HEPAGAM B	52	HYDROXYPROGESTERONE	50
<i>heparin sodium</i>	27	CAPROATE	
HERCEPTIN	18	<i>hydroxyurea</i>	15
HERCEPTIN HYLECTA	18	<i>hydroxyzine hcl</i>	61
HETLIOZ	63	<i>hydroxyzine hydrochloride</i>	61
HETLIOZ LQ	63	<i>hydroxyzine pamoate</i>	24
HIBERIX	55	HYPERHEP B	52
HIZENTRA	52	HYPERRAB	52
HUMALOG	26	HYPERRHO S/D	52
HUMALOG JUNIOR KWIKPEN	26	HYPERRHO S/D MINI-DOSE	52
HUMALOG KWIKPEN	26	HYQVIA	52
HUMALOG MIX 50/50	26	<i>ibandronate sodium</i>	57
HUMALOG MIX 50/50 KWIKPEN	26	IBRANCE	15
HUMALOG MIX 75/25	26	IBRANCE	16
HUMALOG MIX 75/25 KWIKPEN	26	<i>ibu</i>	1
HUMIRA	54	<i>ibuprofen</i>	1
HUMIRA PEDIATRIC CROHNS	54	<i>icatibant acetate</i>	52
DISEASE STARTER PACK		<i>iclevia</i>	47
HUMIRA PEN	54	ICLUSIG	16
HUMIRA PEN-CD/UC/HS STARTER	54	<i>icosapent ethyl</i>	33
HUMIRA PEN-PEDIATRIC UC	54	IDHIFA	15
STARTER PACK		<i>ifosfamide</i>	14
HUMIRA PEN-PS/UV STARTER	54	ILARIS	53
HUMULIN 70/30	26	ILUMYA	53
HUMULIN 70/30 KWIKPEN	26	<i>imatinib mesylate</i>	16
HUMULIN N	26	IMBRUVICA	16
HUMULIN N KWIKPEN	26	<i>IMFINZI</i>	18
HUMULIN R	26	<i>imipenem/cilastatin</i>	6
HUMULIN R U-500 (CONCENTRATED)	26	<i>imipramine hcl</i>	11
HUMULIN R U-500 KWIKPEN	26	<i>imipramine hydrochloride</i>	11
<i>hydralazine hcl</i>	33	<i>imiquimod</i>	38
<i>hydralazine hydrochloride</i>	33	IMOVAX RABIES (H.D.C.V.)	55
<i>hydrochlorothiazide</i>	32	IMPAVIDO	4
<i>hydrocodone bitartrate/acetaminophen</i>	2	INBRIJA	19
<i>hydrocodone/acetaminophen</i>	2	<i>incassia</i>	50
<i>hydrocortisone</i>	37	INCRELEX	45
<i>hydrocortisone</i>	45	<i>indapamide</i>	32
<i>hydrocortisone</i>	56	<i>indomethacin</i>	1
<i>hydrocortisone acetate/pramoxine</i>	38	INFANRIX	55
<i>hydrocortisone butyrate</i>	37	INFLECTRA	54
<i>hydrocortisone valerate</i>	37	INFUMORPH 200	1
<i>hydrocortisone/acetic acid</i>	60	INFUMORPH 500	1
<i>hydromorphone hcl</i>	2	INGREZZA	34
<i>hydromorphone hcl dosette</i>	2	INLYTA	16
<i>hydromorphone hydrochloride</i>	2	INQOVI	16
<i>hydroxychloroquine sulfate</i>	19	INREBIC	15
		INSULIN LISPRO	26

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INSULIN LISPRO JUNIOR KWIKPEN	26	<i>jolessa</i>	47
INSULIN LISPRO KWIKPEN	26	<i>jolivette</i>	50
INSULIN LISPRO	26	JUBLIA	12
PROTAMINE/INSULIN LISPRO KWIKPEN		<i>juleber</i>	47
INTELENCE	22	JULUCA	22
<i>intralipid</i>	57	<i>junel 1.5/30</i>	47
INTRON A	54	<i>junel 1/20</i>	47
<i>introvale</i>	47	<i>junel fe 1.5/30</i>	47
INVEGA SUSTENNA	20	<i>junel fe 1/20</i>	47
INVEGA TRINZA	20	<i>junel fe 24</i>	47
INVIRASE	23	JUXTAPID	33
IOPIDINE	60	JYNARQUE	40
IPOL INACTIVATED IPV	55	<i>kaitlib fe</i>	47
<i>ipratropium bromide</i>	61	KALBITOR	52
<i>ipratropium bromide/albuterol sulfate</i>	63	KALETRA	23
<i>irbesartan</i>	29	KALYDECO	62
<i>irbesartan/hydrochlorothiazide</i>	31	KANJINTI	18
IRESSA	16	KANUMA	43
<i>irinotecan</i>	16	<i>kariva</i>	47
<i>irinotecan hydrochloride</i>	16	<i>kelnor 1/35</i>	47
ISENTRESS	22	<i>kelnor 1/50</i>	47
ISENTRESS HD	22	KESIMPTA	35
<i>isibloom</i>	47	<i>ketoconazole</i>	12
<i>isoniazid</i>	13	<i>ketoprofen</i>	1
<i>isosorbide dinitrate</i>	33	<i>ketorolac tromethamine</i>	1
<i>isosorbide mononitrate</i>	33	<i>ketorolac tromethamine</i>	59
<i>isosorbide mononitrate er</i>	33	KEVEYIS	43
<i>isotretinoin</i>	36	KEVZARA	53
ISTURISA	51	KEYTRUDA	18
<i>itraconazole</i>	12	<i>kimidess</i>	48
<i>ivermectin</i>	18	KIMYRSA	4
<i>ivermectin</i>	38	KINERET	53
IXIARO	55	KINRIX	55
JADENU SPRINKLE	40	<i>kionex</i>	40
JAKAFI	16	KISQALI	16
<i>jantoven</i>	27	KISQALI FEMARA 200 DOSE	15
JANUMET	25	KISQALI FEMARA 400 DOSE	15
JANUMET XR	25	KISQALI FEMARA 600 DOSE	15
JANUVIA	25	KLISYRI	38
JARDIANCE	25	<i>klor-con</i>	39
<i>jasmiel</i>	47	<i>klor-con 10</i>	39
JEMPERLI	18	<i>klor-con 8</i>	39
<i>jencycla</i>	50	<i>klor-con m10</i>	39
JENTADUETO	25	<i>klor-con m15</i>	39
JENTADUETO XR	25	<i>klor-con m20</i>	39
<i>jinteli</i>	47	<i>klor-con sprinkle</i>	40
		KORLYM	45

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KOSELUGO	16	<i>leucovorin calcium</i>	18
<i>kurvelo</i>	48	LEUKERAN	14
KUVAN	43	LEUKINE	28
KYNMOBI	19	<i>leuprolide acetate</i>	51
KYNMOBI TITRATION KIT	19	<i>levalbuterol</i>	61
<i>labetalol hydrochloride</i>	30	<i>levalbuterol hcl</i>	61
LACRISERT	58	<i>levalbuterol tartrate hfa</i>	61
<i>lactated ringers</i>	40	LEVEMIR	27
<i>lactated ringers viaflex</i>	40	LEVEMIR FLEXTOUCH	27
<i>lactulose</i>	41	<i>levetiracetam</i>	7
<i>lamivudine</i>	22	<i>levetiracetam er</i>	7
<i>lamivudine</i>	23	<i>levobunolol hcl</i>	59
<i>lamivudine/zidovudine</i>	23	<i>levocarnitine</i>	57
<i>lamotrigine</i>	7	<i>levocetirizine dihydrochloride</i>	61
<i>lamotrigine starter kit/blue</i>	7	<i>levofloxacin</i>	6
<i>lamotrigine starter kit/green</i>	7	<i>levofloxacin</i>	59
<i>lamotrigine starter kit/orange</i>	7	<i>levonest</i>	48
<i>lamotrigine titration</i>	7	<i>levonorgestrel and ethinyl estradiol</i>	48
LANOXIN	29	<i>levonorgestrel/ethinyl estradiol</i>	48
<i>lansoprazole</i>	42	<i>levora 0.15/30-28</i>	48
<i>lanthanum carbonate</i>	40	<i>levothyroxine sodium</i>	51
LANTUS	26	<i>levoxyl</i>	51
LANTUS SOLOSTAR	27	LEXIVA	24
<i>lapatinib ditosylate</i>	16	LIBTAYO	18
<i>larin 1.5/30</i>	48	<i>lidocaine</i>	3
<i>larin 1/20</i>	48	<i>lidocaine hcl</i>	3
<i>larin 24 fe</i>	48	<i>lidocaine hcl</i>	36
<i>larin fe 1.5/30</i>	48	<i>lidocaine hcl jelly</i>	3
<i>larin fe 1/20</i>	48	<i>lidocaine viscous</i>	36
<i>larissia</i>	48	<i>lidocaine/prilocaine</i>	3
<i>latanoprost</i>	60	<i>lidocaine-prilocaine-cream base</i>	3
LATUDA	20	<i>lindane</i>	38
<i>layolis fe</i>	48	<i>linezolid</i>	4
LAZANDA	2	LINZESS	41
<i>leena</i>	48	<i>liothyronine sodium</i>	51
<i>leflunomide</i>	54	<i>lisinopril</i>	29
LEMTRADA	53	<i>lisinopril/hydrochlorothiazide</i>	31
LENVIMA 10 MG DAILY DOSE	16	<i>lithium</i>	25
LENVIMA 12MG DAILY DOSE	16	<i>lithium carbonate</i>	25
LENVIMA 14 MG DAILY DOSE	16	<i>lithium carbonate er</i>	25
LENVIMA 18 MG DAILY DOSE	16	LIVALO	33
LENVIMA 20 MG DAILY DOSE	17	LO LOESTRIN FE	48
LENVIMA 24 MG DAILY DOSE	17	LONHALA MAGNAIR REFILL KIT	61
LENVIMA 4 MG DAILY DOSE	17	LONSURF	15
LENVIMA 8 MG DAILY DOSE	17	<i>loperamide hcl</i>	41
<i>lessina</i>	48	<i>lopinavir/ritonavir</i>	24
letrozole	15	<i>lopreeza</i>	48

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<i>lorazepam</i>	25	MAYZENT STARTER PACK	35
<i>lorazepam intensol</i>	25	<i>meclizine hcl</i>	11
LORBRENA	17	<i>meclofenamate sodium</i>	1
<i>lorcet</i>	2	<i>medroxyprogesterone acetate</i>	50
<i>lorcet hd</i>	2	<i>mefenamic acid</i>	1
<i>lorcet plus</i>	2	<i>mefloquine hcl</i>	19
<i>loryna</i>	48	<i>megestrol acetate</i>	50
<i>losartan potassium</i>	29	MEKINIST	17
<i>losartan potassium/hydrochlorothiazide</i>	31	MEKTOVI	17
LOTEMAX	59	<i>melodetta 24 fe</i>	48
LOTEMAX SM	59	<i>meloxicam</i>	1
<i>loteprednol etabonate</i>	59	<i>memantine hcl titration pak</i>	9
<i>lovastatin</i>	33	<i>memantine hydrochloride</i>	9
<i>low-ogestrel</i>	48	<i>memantine hydrochloride er</i>	9
<i>loxapine</i>	20	MENACTRA	55
<i>loxapine succinate</i>	20	MENEST	48
<i>lubiprostone</i>	41	<i>menquadfi</i>	55
LUCEMYRA	3	MENVEO	55
LUMIGAN	60	<i>mercaptopurine</i>	15
LUMIZYME	43	<i>meropenem</i>	6
LUPANETA PACK	51	<i>merzee</i>	48
LUPKYNIS	54	<i>mesalamine</i>	56
LUPRON DEPOT (1-MONTH)	51	MESALAMINE DR	56
LUPRON DEPOT (3-MONTH)	51	<i>mesalamine er</i>	56
LUPRON DEPOT (4-MONTH)	51	MESNEX	18
LUPRON DEPOT (6-MONTH)	51	<i>metadate er</i>	34
LUPRON DEPOT-PED (1-MONTH)	51	<i>metaproterenol sulfate</i>	61
LUPRON DEPOT-PED (3-MONTH)	51	<i>metformin hydrochloride</i>	25
<i>lutera</i>	48	<i>metformin hydrochloride er</i>	25
<i>lyleq</i>	50	<i>methadone hcl</i>	1
<i>lyllana</i>	48	<i>methadone hcl intensol</i>	1
LYNPARZA	17	<i>methadose</i>	1
LYSODREN	51	<i>methadose sugar-free</i>	1
LYUMJEV	27	<i>methazolamide</i>	60
LYUMJEV KWIKPEN	27	<i>methenamine hippurate</i>	4
<i>lyza</i>	50	<i>methimazole</i>	52
MAKENA	50	<i>methocarbamol</i>	63
<i>malathion</i>	38	<i>methotrexate</i>	54
<i>maprotiline hcl</i>	9	<i>methotrexate sodium</i>	54
MARGENZA	18	<i>methoxsalen</i>	38
<i>marlissa</i>	48	<i>methscopolamine bromide</i>	41
MARPLAN	10	<i>methyldopa</i>	28
MATULANE	14	<i>methyldopa/hydrochlorothiazide</i>	32
<i>matzim la</i>	31	<i>methylphenidate hydrochloride</i>	34
MAVENCLAD	35	<i>methylphenidate hydrochloride cd</i>	34
MAVYRET	22	<i>methylphenidate hydrochloride er</i>	34
MAYZENT	35	<i>methylphenidate hydrochloride er (la)</i>	34

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Drug Name	Page #	Drug Name	Page #
<i>methylprednisolone</i>	45	<i>montelukast sodium</i>	61
<i>methylprednisolone dose pack</i>	45	<i>morgidox 1x100mg</i>	7
<i>metoclopramide hcl</i>	42	<i>morgidox 2x100mg</i>	7
<i>metoclopramide hydrochloride</i>	42	<i>morphine sulfate</i>	2
<i>metolazone</i>	32	<i>morphine sulfate er</i>	2
<i>metoprolol succinate er</i>	30	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	6
<i>metoprolol tartrate</i>	30	<i>moxifloxacin hydrochloride</i>	6
<i>metoprolol/hydrochlorothiazide</i>	32	<i>moxifloxacin hydrochloride</i>	59
<i>metronidazole</i>	4	<i>MOZOBIL</i>	28
<i>metronidazole</i>	36	<i>MULPLETA</i>	28
<i>metronidazole vaginal</i>	4	<i>mupirocin</i>	39
<i>methyrosine</i>	32	<i>MVASI</i>	18
<i>mexiletine hcl</i>	29	<i>MYALEPT</i>	42
<i>mibelas 24 fe</i>	48	<i>MYCAPSSA</i>	51
<i>miconazole 3</i>	12	<i>mycophenolate mofetil</i>	54
MICRHOGAM ULTRA-FILTERED PLUS	52	<i>mycophenolic acid dr</i>	54
<i>microgestin 1.5/30</i>	48	<i>myorisan</i>	36
<i>microgestin 1/20</i>	48	<i>MYRBETRIQ</i>	44
<i>microgestin fe 1.5/30</i>	48	<i>NABI-HB</i>	52
<i>microgestin fe 1/20</i>	48	<i>nabumetone</i>	1
<i>midodrine hcl</i>	28	<i>nadolol</i>	30
<i>mifepristone</i>	45	<i>nafcillin</i>	6
MIGERGOT	13	<i>nafcillin sodium</i>	6
<i>miglustat</i>	43	<i>naftifine hcl</i>	12
<i>mili</i>	48	<i>naftifine hydrochloride</i>	12
<i>mimvey</i>	48	<i>NAGLAZYME</i>	43
<i>mimvey lo</i>	48	<i>naloxone hcl</i>	3
<i>minitran</i>	33	<i>naloxone hydrochloride</i>	3
<i>minocycline hcl</i>	7	<i>naltrexone hcl</i>	3
<i>minocycline hydrochloride</i>	7	<i>NAMZARIC</i>	9
<i>minoxidil</i>	33	<i>naproxen</i>	1
<i>mirtazapine</i>	10	<i>naproxen sodium</i>	1
<i>mirtazapine odt</i>	10	<i>naproxen/esomeprazole magnesium</i>	1
MIRVASO	36	<i>naratriptan hcl</i>	13
<i>misoprostol</i>	42	<i>NARCAN</i>	3
<i>mitigo</i>	2	<i>NATACYN</i>	59
<i>mitoxantrone hcl</i>	35	<i>nateglinide</i>	25
M-M-R II	55	<i>NATPARA</i>	57
<i>modafinil</i>	64	<i>NAYZILAM</i>	7
<i>moexipril hcl</i>	29	<i>necon 0.5/35-28</i>	48
<i>molindone hydrochloride</i>	20	<i>necon 1/50-28</i>	48
<i>mometasone furoate</i>	37	<i>necon 7/7/7</i>	48
<i>mometasone furoate</i>	61	<i>nefazodone hcl</i>	10
<i>monodoxyne nl</i>	7	<i>nefazodone hydrochloride</i>	10
MONJUVI	18	<i>neomycin sulfate</i>	4
<i>mono-linyah</i>	48	<i>neomycin/bacitracin/polymyxin</i>	58
<i>mononessa</i>	48		

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<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	58	<i>norethindrone acetate/ethinyl estradiol</i>	49
		<i>norethindrone acetate/ethinylestradiol/ferrous fumarate</i>	48
<i>neomycin/polymyxin/dexamethasone</i>	58	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	49
<i>neomycin/polymyxin/gramicidin</i>	58		
<i>neomycin/polymyxin/hc</i>	60	<i>norgestimate/ethinyl estradiol</i>	49
<i>neomycin/polymyxin/hydrocortisone</i>	58	<i>norlyroc</i>	50
<i>neomycin/polymyxin/hydrocortisone</i>	60	NORPACE CR	29
<i>neo-polycin</i>	58	NORTHERA	29
<i>neo-polycin hc</i>	58	<i>nortrel 0.5/35 (28)</i>	49
NERLYNX	17	<i>nortrel 1/35</i>	49
NEULASTA	28	<i>nortrel 7/7/7</i>	49
NEULASTA ONPRO KIT	28	<i>nortriptyline hcl</i>	11
NEUPOGEN	28	<i>nortriptyline hydrochloride</i>	11
NEUPRO	19	NORVIR	24
<i>nevirapine</i>	22	NOXAFL	12
<i>nevirapine er</i>	22	NPLATE	28
NEXAVAR	17	NUBEQA	14
NEXLETOL	33	NUCALA	63
<i>niacin</i>	33	NUEDEXTA	35
<i>niacin er</i>	33	NULIBRY	57
<i>niacor</i>	33	NULOJIX	54
<i>nicardipine hcl</i>	30	NUPLAZID	20
NICOTROL INHALER	4	NURTEC	13
NICOTROL NS	4	<i>nutrilipid</i>	57
<i>nifedipine er</i>	30	NUZYRA	7
<i>nikki</i>	48	<i>nyamyc</i>	12
<i>nilutamide</i>	14	<i>nylia 7/7/7</i>	49
<i>nimodipine</i>	30	NYMALIZE	30
NINLARO	15	<i>nymyo</i>	49
<i>nisoldipine er</i>	30	<i>nystatin</i>	12
<i>nitazoxanide</i>	19	<i>nystatin/triamcinolone</i>	38
<i>nitixinone</i>	43	<i>nystatin/triamcinolone acetonide</i>	38
NITRO-BID	33	<i>nystop</i>	12
NITRO-DUR	33	NYVEPRIA	28
<i>nitrofurantoin macrocrystals</i>	4	OCALIVA	42
<i>nitrofurantoin monohydrate</i>	4	<i>ocella</i>	49
<i>nitrofurantoin monohydrate/macrocrys</i>	4	OCREVUS	35
<i>nitroglycerin</i>	33	OCTAGAM	52
<i>nitroglycerin transdermal</i>	33	<i>octreotide acetate</i>	51
NITYR	43	ODEFSEY	23
NIVESTYM	28	ODOMZO	17
<i>nizatidine</i>	42	<i>OFEV</i>	62
<i>nora-be</i>	50	<i>ofloxacin</i>	6
<i>norethindrone</i>	50	<i>ofloxacin</i>	59
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	48	<i>ofloxacin</i>	60
<i>norethindrone acetate</i>	50	<i>ogestrel</i>	49

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<i>okebo</i>	7	OXERVATE	58
<i>olanzapine</i>	20	OXLUMO	57
<i>olanzapine odt</i>	20	<i>oxybutynin chloride</i>	44
<i>olmesartan medoxomil</i>	29	<i>oxybutynin chloride er</i>	44
<i>olmesartan medoxomil/hydrochlorothiazide</i>	32	<i>oxycodone hcl</i>	3
<i>olopatadine hcl</i>	58	<i>oxycodone hydrochloride</i>	3
<i>olopatadine hydrochloride</i>	59	<i>oxycodone/acetaminophen</i>	3
OLUMIANT	53	<i>oxycodone/aspirin</i>	3
<i>omega-3-acid ethyl esters</i>	33	<i>oxycodone/ibuprofen</i>	3
<i>omeprazole</i>	42	<i>oxymorphone hydrochloride er</i>	2
<i>omeprazole dr</i>	42	<i>oxymorphone hydrochlorideer</i>	2
OMNIPOD 5 PACK	57	OZEMPIC	25
OMNIPOD DASH 5 PACK	57	pacerone	29
OMNIPOD DASH SYSTEM	57	paclitaxel	15
OMNIPOD STARTER KIT	57	paliperidone er	21
<i>ondansetron hcl</i>	12	PANRETIN	18
<i>ondansetron hydrochloride</i>	12	pantoprazole sodium	42
<i>ondansetron odt</i>	12	pantoprazole sodium dr	42
ONMEL	12	PANZYGA	53
ONPATTRO	43	paraplatin	14
ONTRUZANT	18	paricalcitol	57
ONUREG	15	paroex	36
OPDIVO	18	<i>paramomycin sulfate</i>	4
<i>opium</i>	42	<i>paroxetine</i>	10
<i>opium tincture</i>	42	<i>paroxetine hcl</i>	10
OPSUMIT	62	<i>paroxetine hcl er</i>	10
<i>oralone dental paste</i>	36	<i>paroxetine hydrochloride</i>	10
ORENCIA	53	paser	13
ORENCIA	54	PAXIL	10
ORENCIA CLICKJECT	53	PEDIARIX	55
ORENITRAM	62	PEDVAX HIB	55
ORFADIN	43	<i>peg 3350/electrolytes</i>	42
ORGOVYX	51	<i>peg-3350,sodium sulf,naclpotassium cl,na</i>	42
ORIAHNN	51	<i>ascorbate,ascorbic</i>	
ORILISSA	51	<i>peg-3350/electrolytes</i>	42
ORKAMBI	62	<i>peg-3350/electrolytes/ascorbate</i>	42
ORLADEYO	57	<i>peg-3350/nacl/na bicarbonate/kcl</i>	42
<i>orsythia</i>	49	PEGANONE	9
ORTIKOS	56	PEGASYS	54
<i>oseltamivir phosphate</i>	24	PEGASYS PROCLICK	54
OSPHENA	51	PEMAZYRE	15
OTEZLA	38	<i>penicillamine</i>	45
<i>oxandrolone</i>	46	<i>penicillin g sodium</i>	6
<i>oxaprozin</i>	1	<i>penicillin v potassium</i>	6
OXAYDO	2	PENTACEL	55
OXBRYTA	28	<i>pentamidine isethionate</i>	19
<i>oxcarbazepine</i>	9	<i>pentoxifylline er</i>	32

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Drug Name	Page #	Drug Name	Page #
PEPAXTO	14	<i>polymyxin b sulfate/trimethoprim sulfate</i>	58
PERFOROMIST	61	POMALYST	14
<i>perindopril erbumine</i>	29	<i>portia-28</i>	49
<i>periogard</i>	36	<i>posaconazole dr</i>	12
<i>permethrin</i>	38	<i>potassium chloride</i>	40
<i>perphenazine</i>	20	<i>potassium chloride cr</i>	40
<i>perphenazine/amitriptyline</i>	10	<i>potassium chloride er</i>	40
PERSERIS	21	<i>potassium chloride sr</i>	40
<i>phenadoz</i>	11	<i>potassium citrate er</i>	40
<i>phenelzine sulfate</i>	10	<i>pramipexole dihydrochloride</i>	19
<i>phenobarbital</i>	8	<i>prasugrel</i>	28
<i>phenobarbital sodium</i>	8	<i>pravastatin sodium</i>	33
<i>phenoxybenzamine hydrochloride</i>	29	<i>praziquantel</i>	19
<i>phenytoin</i>	9	<i>prazosin hcl</i>	29
<i>phenytoin sodium extended</i>	9	<i>prazosin hydrochloride</i>	29
PHESGO	15	PRED-G	58
<i>philith</i>	49	PRED-G S.O.P.	58
PHOSPHOLINE IODIDE	60	<i>prednicarbate</i>	37
PICATO	38	<i>prednisolone</i>	45
PIFELTRO	22	<i>prednisolone acetate</i>	59
<i>pilocarpine hcl</i>	60	<i>prednisolone sodium phosphate</i>	45
<i>pilocarpine hydrochloride</i>	36	<i>prednisolone sodium phosphate</i>	59
<i>pimecrolimus</i>	37	<i>prednisone</i>	45
<i>pimozide</i>	20	<i>pregabalin</i>	35
<i>pintrea</i>	49	PREMARIN	49
<i>pindolol</i>	30	PREMPHASE	49
<i>pioglitazone hcl</i>	26	PREMPRO	49
<i>pioglitazone hcl/metformin hcl</i>	26	<i>prenatal</i>	41
<i>pioglitazone hcl-glimepiride</i>	25	<i>prenatal vitamins plus low iron</i>	41
<i>pioglitazone hydrochloride</i>	26	<i>prevalite</i>	33
<i>piperacillin sodium/tazobactam</i>	6	<i>previfem</i>	49
<i>piperacillin sodium/tazobactam sodium</i>	6	PREVYMIS	21
<i>piperacillin/tazobactam</i>	6	PREZCOBIX	24
PIQRAY 200MG DAILY DOSE	17	PREZISTA	24
PIQRAY 250MG DAILY DOSE	17	PRIFTIN	13
PIQRAY 300MG DAILY DOSE	17	<i>primaquine phosphate</i>	19
<i>pirmella 1/35</i>	49	<i>primidone</i>	8
<i>pirmella 7/7/7</i>	49	PRIVIGEN	53
<i>piroxicam</i>	1	PROAIR HFA	62
PLEGRIDY	35	PROAIR RESPICLICK	62
PLEGRIDY STARTER PACK	35	<i>probenecid</i>	13
PLENAMINE	40	<i>probenecid/colchicine</i>	13
<i>podofilox</i>	38	<i>prochlorperazine</i>	11
POLIVY	18	<i>prochlorperazine edisylate</i>	11
<i>polycin</i>	58	<i>prochlorperazine maleate</i>	11
<i>polyethylene glycol 3350</i>	41	<i>procto-med hc</i>	56
<i>polymyxin b sulfate</i>	4	<i>procto-pak</i>	56

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<i>proctosol hc</i>	56	<i>ranolazine er</i>	32
<i>protozone-hc</i>	56	<i>rasagiline mesylate</i>	19
PROCYSB	43	RASUVO	55
<i>progesterone</i>	50	RAVICTI	43
PROGLYCEM	26	RAYALDEE	57
PROGRAF	55	RAYOS	45
PROLASTIN-C	43	REBIF	35
PROLENSA	59	REBIF REBIDOSE	35
PROLIA	57	REBIF REBIDOSE TITRATION PACK	35
PROMACTA	28	REBIF TITRATION PACK	35
<i>promethazine hcl</i>	11	REBLOZYL	28
<i>promethazine hcl plain</i>	11	<i>reclipsen</i>	49
<i>promethazine hydrochloride</i>	11	RECOMBIVAX HB	56
<i>promethegan</i>	11	RECTIV	42
<i>propafenone hcl</i>	29	<i>relexxii</i>	34
<i>propafenone hydrochloride er</i>	29	RELISTOR	41
<i>propranolol hcl</i>	30	REMICADE	55
<i>propranolol hcl er</i>	30	RENFLEXIS	55
<i>propranolol hydrochloride</i>	30	<i>repaglinide</i>	26
<i>propranolol hydrochloride er</i>	30	REPATHA	33
<i>propranolol/hydrochlorothiazide</i>	32	REPATHA PUSHTRONEX SYSTEM	33
<i>propylthiouracil</i>	52	REPATHA SURECLICK	33
PROQUAD	55	SCRIPTOR	22
<i>protriptyline hcl</i>	11	RESTASIS	58
PULMOZYME	62	RETACRIT	28
PURIXAN	15	RETEVMO	15
<i>pyrazinamide</i>	14	RETROVIR IV INFUSION	23
<i>pyridostigmine bromide</i>	13	REVCovi	43
<i>pyridostigmine bromide er</i>	13	REVIMID	14
<i>pyrimethamine</i>	19	REXULTI	21
QINLOCK	14	REYATAZ	24
QUADRACEL	56	RHOGAM ULTRA-FILTERED PLUS	53
<i>quetiapine fumarate</i>	21	RHOPHYLAC	53
<i>quetiapine fumarate er</i>	21	RHOPRESA	60
<i>quinapril hcl</i>	29	RIABNI	18
<i>quinapril hydrochloride</i>	29	<i>ribavirin</i>	22
<i>quinapril/hydrochlorothiazide</i>	32	RIDAURA	53
<i>quinidine gluconate cr</i>	29	<i>rifabutin</i>	13
<i>quinidine gluconate er</i>	29	<i>rifampin</i>	14
<i>quinidine sulfate</i>	29	<i>riluzole</i>	35
<i>quinine sulfate</i>	19	<i>rimantadine hydrochloride</i>	24
RABAVERT	56	RINVOQ	53
<i>rabeprazole sodium</i>	42	RISPERDAL CONSTA	21
RADICAVA	35	<i>risperidone</i>	21
<i>raloxifene hydrochloride</i>	51	<i>risperidone odt</i>	21
<i>ramelteon</i>	63	<i>ritonavir</i>	24
<i>ramipril</i>	29	RITUXAN	18

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RITUXAN HYCELA	18	SEYSARA	7
<i>rivastigmine tartrate</i>	9	<i>sharobel</i>	50
<i>rivastigmine transdermal system</i>	9	SHINGRIX	56
<i>rivelsa</i>	49	SIGNIFOR	51
<i>rizatriptan benzoate</i>	13	SIGNIFOR LAR	51
<i>rizatriptan benzoate odt</i>	13	SIKLOS	15
ROCKLATAN	58	<i>sildenafil citrate</i>	62
ROMIDEPSIN	15	SILIQ	53
<i>ropinirole hcl</i>	19	<i>silodosin</i>	44
<i>ropinirole hydrochloride</i>	19	<i>silver sulfadiazine</i>	38
<i>rosadan</i>	36	SIMBRINZA	58
<i>rosuvastatin calcium</i>	33	SIMPONI ARIA	55
ROTARIX	56	<i>simvastatin</i>	33
ROTATEQ	56	<i>sirolimus</i>	55
<i>roweepra</i>	7	SIRTURO	14
<i>roweepra xr</i>	8	SIVEXTRO	5
ROZLYTREK	17	SKYRIZI	53
RUBRACA	17	SKYRIZI PEN	53
RUCONEST	52	<i>sodium chloride</i>	40
<i>rufinamide</i>	9	<i>sodium chloride 0.9%</i>	57
RUKOBIA	23	<i>sodium chloride 0.45%</i>	40
RUXIENCE	18	<i>sodium chloride 0.9%</i>	57
RUZURGI	35	<i>sodium fluoride</i>	40
RYBELSUS	26	<i>sodium phenylbutyrate</i>	43
RYBREVANT	18	<i>sodium polystyrene sulfonate</i>	40
RYDAPT	17	<i>sodium polystyrene sulfonate</i>	40
RYTARY	19	<i>sofosbuvir/velpatasvir</i>	22
SANCUSO	12	<i>solifenacin succinate</i>	44
SANDIMMUNE	55	SOLIRIS	53
SANDOSTATIN LAR DEPOT	51	SOLTAMOX	14
SANTYL	38	SOMATULINE DEPOT	51
SAPHRIS	21	SOMAVERT	51
<i>sapropterin dihydrochloride</i>	43	<i>sorine</i>	30
SARCLISA	18	<i>sotalol hcl</i>	30
SAVELLA	35	<i>sotalol hydrochloride</i>	30
SAVELLA TITRATION PACK	35	<i>sotalol hydrochloride (af)</i>	30
<i>scopolamine</i>	11	<i>sotalol hydrochloride af</i>	30
SECUADO	21	SPIRIVA HANDIHALER	61
<i>selegiline hcl</i>	19	SPIRIVA RESPIMAT	61
<i>selenium sulfide</i>	37	<i>spironolactone</i>	32
SELZENTRY	23	<i>spironolactone/hydrochlorothiazide</i>	32
SEREVENT DISKUS	62	SPRAVATO 56MG DOSE	10
<i>sertraline hcl</i>	10	SPRAVATO 84MG DOSE	10
<i>sertraline hydrochloride</i>	10	<i>sprintec 28</i>	49
<i>setlakin</i>	49	SPRITAM	8
<i>sevelamer carbonate</i>	40	SPRIX	1
<i>sevelamer hydrochloride</i>	40	SPRYCEL	17

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<i>sps</i>	41	SYNJARDY XR	26
<i>sronyx</i>	49	SYNRIBO	15
<i>ssd</i>	38	TABLOID	15
STAMARIL	56	TABRECTA	14
<i>stavudine</i>	23	<i>tacrolimus</i>	37
STELARA	53	<i>tacrolimus</i>	55
STIMATE	45	<i>tadalafil</i>	62
STIOLTO RESPIMAT	63	TAFINLAR	17
STIVARGA	17	TAGRISSO	17
STRENSIQ	43	TAKHZYRO	52
<i>streptomycin sulfate</i>	4	TALTZ	53
STRIBILD	22	TALZENNA	17
<i>subvenite</i>	8	<i>tamoxifen citrate</i>	14
<i>subvenite starter kit/blue</i>	8	<i>tamsulosin hydrochloride</i>	44
<i>subvenite starter kit/green</i>	8	TARGRETIN	18
<i>subvenite starter kit/orange</i>	8	<i>tarina 24 fe</i>	49
<i>sucralfate</i>	42	<i>tarina fe 1/20</i>	49
<i>sulfacetamide sodium</i>	59	<i>tarina fe 1/20 eq</i>	49
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	58	TASIGNA	17
<i>sulfadiazine</i>	7	TAVALISSE	28
<i>sulfamethoxazole/trimethoprim</i>	7	<i>tazarotene</i>	36
<i>sulfamethoxazole/trimethoprim ds</i>	7	<i>tazicef</i>	5
<i>sulfasalazine</i>	56	<i>taztia xt</i>	31
<i>sulindac</i>	1	TAZVERIK	15
<i>sumatriptan</i>	13	TDVAX	56
<i>sumatriptan succinate</i>	13	TECENTRIQ	18
<i>sumatriptan succinate refill</i>	13	TECFIDERA	35
SUPPRELIN LA	51	TECFIDERA STARTER PACK	35
SUPRAX	5	TEFLARO	5
SUPREP BOWEL PREP KIT	42	TEGSEDI	43
SUTENT	17	<i>telmisartan</i>	29
<i>syeda</i>	49	<i>telmisartan/hydrochlorothiazide</i>	32
SYLATRON	54	<i>temazepam</i>	63
SYLVANT	53	TEMIXYS	23
SYMBICORT	63	<i>tencon</i>	35
SYMDEKO	62	TENIVAC	56
SYMFI	23	<i>tenofovir disoproxil fumarate</i>	23
SYMFI LO	23	TEPMETKO	17
SYMLINPEN 120	26	<i>terazosin hcl</i>	44
SYMLINPEN 60	26	<i>terazosin hydrochloride</i>	44
SYMPAZAN	8	<i>terbinafine hcl</i>	12
SYMTUZA	24	<i>terbutaline sulfate</i>	62
SYNAGIS	53	<i>terconazole</i>	12
SYNAREL	51	TERIPARATIDE	57
SYNDROS	12	TESTOSTERONE	46
SYNJARDY	26	<i>testosterone cypionate</i>	46
		<i>testosterone enanthate</i>	46

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TESTOSTERONE PUMP	46	tovet	38
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	56	TRADJENTA	26
<i>tetrabenazine</i>	35	<i>tramadol hcl</i>	3
<i>tetracycline hydrochloride</i>	7	<i>tramadol hydrochloride</i>	3
<i>THALOMID</i>	14	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>theophylline er</i>	62	<i>trandolapril</i>	29
<i>THIOLA EC</i>	45	<i>trandolapril/verapamil hcl er</i>	32
<i>thioridazine hcl</i>	20	<i>tranexamic acid</i>	28
<i>thiotepa</i>	14	<i>tranylcyromine sulfate</i>	10
<i>thiothixene</i>	20	<i>TRAZIMERA</i>	18
<i>tiadylt er</i>	31	<i>trazodone hydrochloride</i>	10
<i>tiagabine hydrochloride</i>	8	<i>TRECATOR</i>	14
<i>TIBSOVO</i>	17	<i>TRELEGY ELLIPTA</i>	63
<i>TIGLUTIK</i>	35	<i>TRELSTAR MIXJECT</i>	51
<i>tilia fe</i>	49	<i>TREMFYA</i>	53
<i>timolol maleate</i>	13	<i>TRESIBA</i>	27
<i>timolol maleate</i>	59	<i>TRESIBA FLEXTOUCH</i>	27
<i>timolol maleate ophthalmic gel forming</i>	59	<i>tretinoi</i>	18
<i>tinidazole</i>	5	<i>tretinoi</i>	37
<i>TIVICAY</i>	22	<i>tretinoi microsphere</i>	36
<i>TIVICAY PD</i>	22	<i>tretinoi microsphere pump</i>	36
<i>tizanidine hcl</i>	21	<i>triamcinolone acetonide</i>	38
<i>tizanidine hydrochloride</i>	21	<i>triamcinolone acetonide dental paste</i>	36
<i>TOBI PODHALER</i>	62	<i>triamterene/hydrochlorothiazide</i>	32
<i>TOBRADEX</i>	58	<i>trianex</i>	38
<i>TOBRADEX ST</i>	58	<i>triderm</i>	38
<i>tobramycin</i>	4	<i>trientine hydrochloride</i>	40
<i>tobramycin</i>	62	<i>tri-estarrylla</i>	49
<i>tobramycin sulfate</i>	4	<i>trifluoperazine hcl</i>	20
<i>tobramycin sulfate</i>	59	<i>trifluoperazine hydrochloride</i>	20
<i>tobramycin/dexamethasone</i>	58	<i>trifluridine</i>	59
<i>TOBREX</i>	59	<i>trihexyphenidyl hcl</i>	19
<i>tolazamide</i>	26	<i>trihexyphenidyl hydrochloride</i>	19
<i>tolcapone</i>	19	<i>TRIJARDY XR</i>	26
<i>tolmetin sodium</i>	1	<i>TRIKAFTA</i>	62
<i>TOLSURA</i>	12	<i>tri-legest fe</i>	49
<i>tolterodine tartrate</i>	44	<i>tri-linyah</i>	49
<i>tolterodine tartrate er</i>	44	<i>tri-lo-estarrylla</i>	49
<i>topiramate</i>	8	<i>tri-lo-marzia</i>	49
<i>toposar</i>	16	<i>tri-lo-sprintec</i>	49
<i>toremifene citrate</i>	14	<i>trilyte</i>	42
<i>torsemide</i>	32	<i>trimethoprim</i>	5
<i>TOSYMRA</i>	13	<i>tri-mili</i>	49
<i>TOTECT</i>	18	<i>trimipramine maleate</i>	11
<i>TOUJEOL MAX SOLOSTAR</i>	27	<i>trinessa</i>	50
<i>TOUJEOL SOLOSTAR</i>	27	<i>TRINTELLIX</i>	10
		<i>tri-nymyo</i>	49

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<i>tri-previfem</i>	49	VARIZIG	53
TRIPTODUR	52	VASCEPA	33
<i>tri-sprintec</i>	49	VAXELIS	56
<i>tritocin</i>	38	<i>velivet</i>	50
TRIUMEQ	23	VELPHORO	40
<i>trivora-28</i>	50	<i>veltassa</i>	41
<i>tri-vylibra</i>	50	VEMLIDY	22
<i>tri-vylibra lo</i>	50	VENCLEXTA	17
TRODELVY	18	VENCLEXTA STARTING PACK	17
<i>trospium chloride</i>	44	<i>venlafaxine hcl</i>	10
<i>trospium chloride er</i>	44	<i>venlafaxine hcl er</i>	10
TRULICITY	26	<i>venlafaxine hydrochloride er</i>	10
TRUMENBA	56	VENTAVIS	62
TRUVADA	23	<i>verapamil hcl</i>	31
TUKYSA	15	<i>verapamil hcl er</i>	31
<i>tulana</i>	50	<i>verapamil hcl sr</i>	31
TURALIO	17	<i>verapamil hydrochloride</i>	31
TWINRIX	56	<i>verapamil hydrochloride er</i>	31
TYBOST	23	VERSACLOZ	21
<i>tydemy</i>	50	VERZENIO	17
TYKERB	17	<i>vestura</i>	50
TYMLOS	57	V-GO 20	58
TYPHIM VI	56	V-GO 30	58
TYSABRI	36	V-GO 40	58
UBRELVY	13	VIBRAMYCIN	7
UDENYCA	28	VICTOZA	26
UKONIQ	17	VIDEX EC	23
ULESFIA	38	VIDEX PEDIATRIC	23
ULTOMIRIS	53	<i>vienna</i>	50
<i>unithroid</i>	51	<i>vigabatrin</i>	8
UPLIZNA	53	<i>vigadrone</i>	8
UPTRAVI	62	VIIBRYD	11
<i>ursodiol</i>	42	VIIBRYD STARTER PACK	11
<i>valacyclovir hcl</i>	24	VILTEPSO	58
<i>valacyclovir hydrochloride</i>	24	VIMIZIM	43
VALCHLOR	14	VIMPAT	9
<i>valganciclovir</i>	21	<i>vinorelbine tartrate</i>	15
<i>valganciclovir hydrochlorde</i>	21	<i>viorele</i>	50
<i>valproic acid</i>	8	VIRACEPT	24
<i>valsartan</i>	29	VIREAD	23
<i>valsartan/hydrochlorothiazide</i>	32	VISTOGARD	58
VALTOCO	8	VITRAKVI	17
<i>vanadom</i>	63	VIVITROL	3
<i>vancomycin hydrochloride</i>	5	VIZIMPRO	17
<i>vandazole</i>	5	VOCABRIA	22
VAQTA	56	<i>voriconazole</i>	12
VARIVAX	56	VOSEVI	22

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VPRIV	43	YONSA	14
VRAYLAR	21	YUPELRI	61
VUMERITY	36	<i>yuvafem</i>	50
<i>vyfemla</i>	50	<i>zafemy</i>	50
<i>vylibra</i>	50	<i>zafirlukast</i>	61
VYNDAMAX	32	<i>zaleplon</i>	63
VYNDAQEL	43	<i>zarah</i>	50
VYZULTA	60	ZARXIO	28
WAKIX	64	ZEJULA	17
<i>warfarin sodium</i>	27	ZELBORAF	17
<i>wera</i>	50	ZEMAIRA	43
<i>wixela inhub</i>	63	<i>zenatane</i>	37
<i>wymzya fe</i>	50	ZENPEP	43
WYNZORA	38	ZEPOSIA	36
XALKORI	17	ZEPOSIA 7-DAY STARTER PACK	
XARELTO	27	ZEPOSIA STARTER KIT	
XARELTO STARTER PACK	27	ZEPZELCA	14
XATMEP	55	<i>zidovudine</i>	23
XCOPRI	8	ZIEXTENZO	28
XELJANZ	53	<i>zileuton er</i>	61
XELJANZ XR	53	<i>ziprasidone hcl</i>	21
XEMBIFY	53	<i>ziprasidone mesylate</i>	21
XENLETA	5	ZIRABEV	18
XERMELO	41	ZIRGAN	59
XGEVA	57	ZOKINVY	43
XIFAXAN	42	ZOLADEX	52
XIGDUO XR	26	ZOLGENSMA 10.1-10.5 KG	44
XXIIDRA	58	ZOLGENSMA 10.6-11.0 KG	44
XOFLUZA	24	ZOLGENSMA 11.1-11.5 KG	44
XOLAIR	54	ZOLGENSMA 11.6-12.0 KG	44
XOSPATA	17	ZOLGENSMA 12.1-12.5 KG	44
XPOVIO	15	ZOLGENSMA 12.6-13.0 KG	44
XPOVIO 100 MG ONCE WEEKLY	15	ZOLGENSMA 13.1-13.5 KG	44
XPOVIO 40 MG ONCE WEEKLY	15	ZOLGENSMA 2.6-3.0 KG	44
XPOVIO 40 MG TWICE WEEKLY	15	ZOLGENSMA 3.1-3.5 KG	44
XPOVIO 60 MG ONCE WEEKLY	15	ZOLGENSMA 3.6-4.0 KG	44
XPOVIO 60 MG TWICE WEEKLY	15	ZOLGENSMA 4.1-4.5 KG	44
XPOVIO 80 MG ONCE WEEKLY	15	ZOLGENSMA 4.6-5.0 KG	44
XPOVIO 80 MG TWICE WEEKLY	15	ZOLGENSMA 5.1-5.5 KG	44
XTAMPZA ER	2	ZOLGENSMA 5.6-6.0 KG	44
XTANDI	14	ZOLGENSMA 6.1-6.5 KG	44
<i>xulane</i>	50	ZOLGENSMA 6.6-7.0 KG	44
XURIDEN	43	ZOLGENSMA 7.1-7.5 KG	44
XYREM	64	ZOLGENSMA 7.6-8.0 KG	44
XYWAV	64	ZOLGENSMA 8.1-8.5 KG	44

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ZOLGENSMA 9.1-9.5 KG	44
ZOLGENSMA 9.6-10.0 KG	44
ZOLINZA	15
<i>zolmitriptan</i>	13
<i>zolpidem tartrate</i>	63
<i>zolpidem tartrate er</i>	63
<i>zonisamide</i>	9
ZORBTIVE	42
ZORTRESS	55
ZOSTAVAX	56
<i>zovia 1/35e</i>	50
<i>zumandimine</i>	50
ZYDELIG	17
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ZYKADIA	17
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ZYPREXA RELPREVV	21
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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 tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 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 بارهی این برنامه بدهاشتی 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 ۱-۸۴۴-۳۹۸-۶۲۳۳ تماس حاصل نمایید. (Persian-Farsi)

This formulary was updated on 06/28/2021. For more recent information or other questions, please contact BlueCross Total Value 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.



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