

20
24Prescription BlueSM PDP Select

2024 Core Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on **December 1, 2024**. For more recent information or other questions, please contact us, **Prescription Blue PDP** Customer Service, at 1-800-565-1770 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit **www.bcbsm.com/medicare**.



When visiting your doctor(s), please bring your personal drug list and this 2024 Blue Cross Drug List with you.

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Updated: 12/01/2024
Formulary 24339, Version 22

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Prescription Drug Plans

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

When this drug list (formulary) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means **Prescription Blue PDP**.

This document includes a list of the drugs (formulary) for our plan which is current as of **December 1, 2024**. 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, 2025, and from time to time during the year.

What is the Prescription Blue PDP Select Core Formulary?

A formulary is a list of covered drugs selected by **Prescription Blue PDP** 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. **Prescription Blue PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Prescription Blue PDP** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by **Prescription Blue PDP**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we 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 the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do

I request an exception to the **Prescription Blue PDP** 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 the 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, or 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 31-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 **Prescription Blue PDP** Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 **December 1, 2024**. To get updated information about the drugs covered by **Prescription Blue PDP**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 58. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Prescription Blue PDP 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: Prescription Blue PDP** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Prescription Blue PDP** before you fill your prescriptions. If you don't get approval, **Prescription Blue PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Prescription Blue PDP** limits the amount of the drug that **Prescription Blue PDP** will cover. For example, **Prescription Blue PDP** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Prescription Blue PDP** 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, **Prescription Blue PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Prescription Blue PDP** 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 website. We have posted online a document that explains 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 **Prescription Blue PDP** 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 **Prescription Blue PDP** Formulary?" on page iii 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 **Prescription Blue PDP** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Prescription Blue PDP**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Prescription Blue PDP**.
- You can ask **Prescription Blue PDP** 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 Prescription Blue PDP Formulary?

You can ask **Prescription Blue PDP** 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is 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, **Prescription Blue PDP** 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, **Prescription Blue PDP** will only approve your request for an exception if the alternative drugs included on the plan's formulary 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, tier or utilization restriction exception. **When you request a formulary, tier 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 108 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html.

We will send you a letter within three business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions about **Prescription Blue PDP**, 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 www.medicare.gov.

Prescription Blue PDP Select Core Formulary

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

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

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

Prescription Blue PDP Drug Tier Costs (Up to a 31-day supply)					
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details			

Prescription Blue PDP Drug Tier Costs (32- to 90-day supply*)			
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details	
Tier 2	Generic		
Tier 3	Preferred Brand		
Tier 4	Non-Preferred Drug		
Tier 5	Specialty Tier	90-day supply is not available	

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*Most pharmacies will fill a 90-day supply of medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days’ supply per fill.

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium 1% gel</i>	3	QL(1000 GM per 31 days)
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet</i>	2	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen suspension</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(45 EA per 90 days)
METHADONE HCL SOLUTION	3	
<i>methadone hcl tablet</i>	3	
<i>morphine sulfate er tablet extended release 15mg</i>	3	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 30mg, 60mg</i>	4	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(90 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>tramadol hydrochloride er</i>	3	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL(540 EA per 90 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(120 EA per 30 days); PA

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	QL(1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(450 EA per 90 days)
<i>hydromorphone hcl tablet</i>	3	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	
<i>morphine sulfate tablet</i>	3	
MORPHINE SULFATE SOLUTION 20MG/5ML	3	
<i>morphine sulfate solution 100mg/5ml, 10mg/5ml</i>	3	
<i>oxycodone hydrochloride tablet</i>	3	
<i>oxycodone hydrochloride solution</i>	4	QL(1800 ML per 90 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(720 EA per 90 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	3	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
Smoking Cessation Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month</i>	4	
<i>varenicline tartrate</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	3	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	3	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	4	
Beta-lactam, Cephalosporins		
CEFACLOX CAPSULE	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime capsule</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tablet</i>	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAOXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAOXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAOXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	3	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	

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Drug Name	Drug Tier	Requirements/Limits
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		
AZITHROMYCIN PACKET	3	
<i>azithromycin tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin base tablet</i>	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	4	
Quinolones		
CIPROFLOXACIN HCL TABLET 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin tablet</i>	2	
<i>levofloxacin injection, oral solution</i>	4	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	4	
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	
Tetracyclines		
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	3	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	4	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine odt</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	3	
NAYZILAM	5	QL(30 EA per 90 days); PA
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite</i>	2	
<i>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	3	
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	4	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL(1440 ML per 90 days); PA
<i>clobazam tablet 10mg</i>	4	QL(180 EA per 90 days); PA
<i>clobazam tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(900 EA per 90 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(360 EA per 90 days)
<i>clonazepam tablet 2mg</i>	2	QL(900 EA per 90 days)
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release</i>	3	
<i>divalproex sodium er</i>	4	
<i>divalproex sodium capsule delayed release sprinkle</i>	3	
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin solution</i>	3	QL(6480 ML per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA
<i>phenobarbital elixir 20mg/5ml</i>	3	QL(4500 ML per 90 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(180 EA per 90 days); PA
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTiom	5	QL(62 EA per 31 days); PA
<i>carbamazepine er</i>	4	
<i>carbamazepine tablet</i>	3	
<i>carbamazepine suspension</i>	4	
<i>carbamazepine tablet chewable 100mg</i>	3	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine tablet</i>	3	
<i>oxcarbazepine suspension</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin suspension</i>	2	
<i>phenytoin tablet chewable</i>	3	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA

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Drug Name	Drug Tier	Requirements/Limits
zonisamide	3	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	4	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
donepezil hcl tablet disintegrating	3	QL(90 EA per 90 days)
donepezil hcl tablet 10mg	2	QL(90 EA per 90 days)
donepezil hydrochloride tablet 5mg	2	QL(90 EA per 90 days)
galantamine hydrobromide er	3	QL(90 EA per 90 days)
galantamine hydrobromide tablet	3	QL(180 EA per 90 days)
rivastigmine tartrate capsule 4.5mg, 6mg	3	QL(180 EA per 90 days)
rivastigmine tartrate capsule 1.5mg, 3mg	3	QL(270 EA per 90 days)
rivastigmine transdermal system	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hydrochloride er	4	QL(90 EA per 90 days); PA
memantine hydrochloride tablet	3	QL(180 EA per 90 days); PA
memantine hydrochloride solution	4	QL(1080 ML per 90 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(62 EA per 31 days); ST
bupropion hcl tablet 100mg	3	QL(540 EA per 90 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	3	QL(180 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	3	QL(90 EA per 90 days)
bupropion hydrochloride tablet 75mg	3	QL(540 EA per 90 days)
mirtazapine odt tablet disintegrating 15mg, 30mg	3	QL(180 EA per 90 days)
mirtazapine odt tablet disintegrating 45mg	3	QL(90 EA per 90 days)
mirtazapine tablet 15mg, 7.5mg	2	QL(180 EA per 90 days)
mirtazapine tablet 30mg, 45mg	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide solution	3	QL(1800 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	2	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	2	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	3	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	3	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); ST
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution</i>	4	QL(1800 ML per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 20MG	2	QL(360 EA per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>fluvoxamine maleate</i>	3	
NEFAZODONE HYDROCHLORIDE	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>paroxetine hydrochloride suspension</i>	4	QL(2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 50mg</i>	2	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	2	QL(720 EA per 90 days)
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
VENLAFAXINE BESYLATE ER	4	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(540 EA per 90 days)
VIIBRYD STARTER PACK	4	QL(30 EA per 30 days); ST
<i>vilazodone hydrochloride</i>	4	QL(90 EA per 90 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	3	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	3	
<i>imipramine hydrochloride tablet 10mg</i>	3	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>scopolamine</i>	4	QL(30 EA per 90 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol capsule 10mg</i>	4	QL(180 EA per 90 days); B/D
<i>dronabinol capsule 5mg</i>	4	QL(360 EA per 90 days); B/D
<i>dronabinol capsule 2.5mg</i>	4	QL(720 EA per 90 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	3	QL(60 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	4	QL(2700 ML per 90 days); B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream, troche</i>	3	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted</i>	3	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	3	
<i>flucytosine capsule 250mg</i>	2	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL(270 GM per 90 days)
<i>klayesta</i>	4	QL(180 GM per 90 days)
NOXAFIL SUSPENSION	5	QL(651 ML per 31 days)
<i>nyamyc</i>	4	QL(180 GM per 90 days)
<i>nystatin cream, ointment</i>	2	
<i>nystatin suspension, tablet</i>	3	
<i>nystatin powder</i>	4	QL(180 GM per 90 days)
<i>nystop</i>	4	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days)
<i>posaconazole suspension</i>	5	QL(651 ML per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
VIVJOA	4	QL(18 EA per 84 days); PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
<i>voriconazole tablet 200mg</i>	3	PA
<i>voriconazole tablet 50mg</i>	4	PA
Antigout Agents		

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Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	4	QL(9 ML per 84 days); PA
QULIPTA TABLET 30MG	5	QL(180 EA per 90 days); PA
QULIPTA TABLET 10MG	5	QL(540 EA per 90 days); PA
QULIPTA TABLET 60MG	5	QL(90 EA per 90 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL INJECTION 6MG/0.5ML	4	QL(18 ML per 90 days)
SUMATRIPTAN SUCCINATE REFILL INJECTION 4MG/0.5ML	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL(60 GM per 30 days); PA
ZEPZELCA	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	3	QL(124 EA per 31 days)
<i>bicalutamide</i>	3	
ERLEADA	5	PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	5	QL(31 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
PURIXAN	5	

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Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	PA
Antineoplastics, Other		
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
GAVRETO	5	QL(124 EA per 31 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	QL(31 EA per 31 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
IWILFIN	5	QL(248 EA per 31 days); PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
LAZCLUZE TABLET 240MG	5	QL(31 EA per 31 days); PA
LAZCLUZE TABLET 80MG	5	QL(62 EA per 31 days); PA
leucovorin calcium tablet	3	
leucovorin calcium injection 500mg, 50mg	4	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA
NINLARO	5	PA
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
PEMAZYRE	5	QL(14 EA per 21 days); PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(62 EA per 31 days); PA
RETEVMO TABLET 40MG	5	QL(93 EA per 31 days); PA
RYLAZE	5	PA
SCEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
SYNRIBO	5	PA
TAZVERIK	5	QL(240 EA per 30 days); PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>valrubicin</i>	3	
XPOVIO 60 MG TWICE WEEKLY	5	QL(24 EA per 30 days); PA
XPOVIO 80 MG TWICE WEEKLY	5	QL(32 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	5	QL(4 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	5	QL(8 EA per 30 days); PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET	5	PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(300 EA per 25 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	QL(120 EA per 30 days); PA
CABOMETYX TABLET 20MG, 60MG	5	QL(31 EA per 31 days); PA
CABOMETYX TABLET 40MG	5	QL(62 EA per 31 days); PA
CALQUENCE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(31 EA per 31 days); PA
<i>dasatinib tablet 80mg</i>	5	QL(62 EA per 31 days); PA
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(93 EA per 31 days); PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg</i>	4	QL(31 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL(93 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL(31 EA per 31 days); PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(31 EA per 31 days); PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FARYDAK	5	QL(6 EA per 21 days); PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days)
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days)
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
IMBRUVICA TABLET 420MG, 560MG	5	QL(31 EA per 31 days); PA
INLYTA TABLET 5MG	5	QL(124 EA per 31 days); PA
INLYTA TABLET 1MG	5	QL(186 EA per 31 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	QL(124 EA per 31 days); PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
ODOMZO	5	PA
OJEMDA TABLET	5	QL(24 EA per 28 days); PA
OJEMDA SUSPENSION RECONSTITUTED	5	QL(96 ML per 28 days); PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	QL(30 EA per 30 days); PA
PIQRAY 250MG DAILY DOSE	5	QL(60 EA per 30 days); PA
PIQRAY 300MG DAILY DOSE	5	QL(60 EA per 30 days); PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA

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ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL(31 EA per 31 days); PA
SPRYCEL TABLET 80MG	5	QL(62 EA per 31 days); PA
SPRYCEL TABLET 20MG, 50MG	5	QL(93 EA per 31 days); PA
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(31 EA per 31 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(62 EA per 31 days); PA
TAFINLAR	5	PA
TAGRISSE	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL(31 EA per 31 days); PA
TRUQAP	5	QL(64 EA per 28 days); PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL(124 EA per 31 days); PA
VORANIGO TABLET 40MG	5	QL(31 EA per 31 days); PA
VORANIGO TABLET 10MG	5	QL(62 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(93 EA per 31 days); PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	QL(62 EA per 31 days); PA
ZYKADIA TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		

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Drug Name	Drug Tier	Requirements/Limits
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	3	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	3	
<i>mefloquine hcl</i>	2	
NITAZOXANIDE	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	3	
<i>trihexyphenidyl hydrochloride</i>	3	
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>carbidopa/levodopa/entacapone</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i>	4	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	QL(93 ML per 31 days); PA
<i>bromocriptine mesylate capsule, tablet</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
CARBIDOPA/LEVODOPA ODT	3	
<i>carbidopa tablet</i>	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet</i>	3	
<i>loxapine</i>	3	
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tablet</i>	3	
PIMOZIDE	3	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl</i>	3	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 31 days); ST
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); ST
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days)
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg</i>	3	QL(90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)

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<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	3	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); PA
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); PA
RISPERDAL CONSTA INJECTION 12.5MG	4	QL(6 EA per 84 days); ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	QL(2 EA per 28 days); ST
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	3	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	3	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	3	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); ST
UZEDY INJECTION 50MG/0.14ML	5	QL(0.14 ML per 28 days); ST
UZEDY INJECTION 75MG/0.21ML	5	QL(0.21 ML per 28 days); ST
UZEDY INJECTION 100MG/0.28ML	5	QL(0.28 ML per 28 days); ST
UZEDY INJECTION 125MG/0.35ML	5	QL(0.35 ML per 28 days); ST
UZEDY INJECTION 150MG/0.42ML	5	QL(0.42 ML per 56 days); ST
UZEDY INJECTION 200MG/0.56ML	5	QL(0.56 ML per 56 days); ST
UZEDY INJECTION 250MG/0.7ML	5	QL(0.7 ML per 56 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl</i>	3	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 25mg</i>	4	PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(810 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir tablet 0.5mg</i>	3	QL(90 EA per 90 days)
<i>entecavir tablet 1mg</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
SOVALDI PACKET 150MG	5	QL(31 EA per 31 days); PA
SOVALDI PACKET 200MG	5	QL(62 EA per 31 days); PA
SOVALDI TABLET 400MG	5	QL(31 EA per 31 days); PA
SOVALDI TABLET 200MG	5	QL(62 EA per 31 days); PA
VOSEVI	5	QL(31 EA per 31 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	

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Drug Name	Drug Tier	Requirements/Limits
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	
ISENTRESS PACKET	3	QL(62 EA per 31 days)
ISENTRESS TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	4	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(31 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
STAVUDINE CAPSULE	3	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	3	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	4	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	4	QL(720 EA per 90 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	

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SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule, tablet</i>	2	
<i>famciclovir tablet</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	3	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
Benzodiazepines		
<i>alprazolam</i>	3	QL(450 EA per 90 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(540 EA per 90 days)
<i>diazepam solution</i>	2	QL(1200 ML per 30 days)
<i>diazepam tablet</i>	3	QL(360 EA per 90 days)
<i>lorazepam intensol</i>	3	QL(450 ML per 90 days)
<i>lorazepam tablet</i>	2	QL(450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	3	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
FARXIGA	3	QL(90 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	2	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	2	QL(270 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	2	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	2	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	2	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	2	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	2	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	2	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl tablet 45mg</i>	2	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	2	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	3	QL(1440 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tablet 0.5mg</i>	3	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	3	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
<i>mifepristone</i>	5	PA
Insulins		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 30 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NIVESTYM	5	PA

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PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL(90 EA per 90 days)
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	2	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>midodrine hcl</i>	3	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	2	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	2	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	2	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	2	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	3	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	3	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	3	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	2	QL(180 EA per 90 days)

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<i>valsartan tablet 80mg</i>	2	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	2	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	2	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	2	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	2	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	2	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	3	QL(180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	3	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	2	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	2	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	2	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	2	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	2	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	2	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	2	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	2	QL(720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
<i>digox</i>	3	QL(90 EA per 90 days)
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL(90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	

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<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 100mg, 400mg</i>	4	
<i>propafenone hcl</i>	3	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	3	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	4	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>nicardipine hcl capsule</i>	3	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl cd</i>	3	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	3	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt</i>	3	
<i>tiadylt er</i>	3	

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VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	3	
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	2	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil</i>	3	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	2	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL(31 EA per 31 days); PA
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	2	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	2	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	2	QL(90 EA per 90 days)
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
KERENDIA	4	QL(90 EA per 90 days); PA
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	QL(180 EA per 90 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	1	QL(360 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	2	QL(180 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg	2	QL(90 EA per 90 days)
metoprolol/hydrochlorothiazide	3	
metyrosine	5	
olmesartan medoxomil/amlodipine/hydrochlorothiazide	4	QL(90 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg	3	QL(180 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg	3	QL(90 EA per 90 days)
pentoxifylline er	2	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	2	QL(180 EA per 90 days)
quinapril/hydrochlorothiazide tablet 25mg; 20mg	2	QL(90 EA per 90 days)
ranolazine er	4	
spironolactone/hydrochlorothiazide	2	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg	2	QL(180 EA per 90 days)
valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg	2	QL(90 EA per 90 days)
Diuretics, Loop		
bumetanide tablet	2	
bumetanide injection	4	
furosemide tablet	1	
furosemide injection	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
furosemide oral solution 10mg/ml	2	
toremide tablet	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	3	
eplerenone	4	
spironolactone tablet	2	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	2	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	2	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	2	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	2	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	2	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL(90 EA per 90 days); ST
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	2	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(180 EA per 90 days); 30MG Oral Tablet
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	3	QL(270 EA per 90 days); 20MG Oral Tablet
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL(360 EA per 90 days); 10MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	3	QL(360 EA per 90 days); 12.5MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL(360 EA per 90 days); 15MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL(360 EA per 90 days); 5MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	3	QL(360 EA per 90 days); 7.5MG Oral Tablet
dextroamphetamine sulfate tablet 10mg, 5mg	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 10mg, 25mg	4	QL(180 EA per 90 days)
atomoxetine capsule 18mg, 40mg, 60mg	4	QL(180 EA per 90 days)
atomoxetine capsule 100mg, 80mg	4	QL(90 EA per 90 days)
guanfacine hydrochloride er	3	
methylphenidate hydrochloride tablet	3	QL(270 EA per 90 days)
methylphenidate hydrochloride solution 10mg/5ml	4	QL(2700 ML per 90 days)
methylphenidate hydrochloride solution 5mg/5ml	4	QL(5400 ML per 90 days)
Central Nervous System, Other		
DAYBUE	5	QL(3720 ML per 31 days); PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
riluzole	3	
tetrabenazine tablet 25mg	4	QL(124 EA per 31 days); PA
tetrabenazine tablet 12.5mg	4	QL(248 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
dalfampridine er	3	QL(62 EA per 31 days)
dimethyl fumarate	3	QL(62 EA per 31 days); PA
dimethyl fumarate starterpack	5	QL(62 EA per 31 days); PA
fingolimod hydrochloride	5	QL(31 EA per 31 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(31 ML per 31 days); PA
glatopa injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatopa injection 20mg/ml	5	QL(31 ML per 31 days); PA
teriflunomide tablet 14mg	4	QL(31 EA per 31 days); PA
teriflunomide tablet 7mg	4	QL(62 EA per 31 days); PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
chlorhexidine gluconate solution	2	
doxycycline hyclate tablet 20mg	3	
kourzeq	3	
lidocaine hydrochloride viscous	2	
oralone dental paste	3	
periogard	2	
pilocarpine hydrochloride	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
triamcinolone acetonide dental paste	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
accutane	3	PA
acitretin	4	PA
amnestem	3	PA
claravis	3	PA
isotretinoin capsule	3	PA
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	4	
myorisan	3	PA
tazarotene cream 0.1%	4	QL(180 GM per 90 days); PA
tazarotene gel	4	QL(180 GM per 90 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	4	QL(45 GM per 30 days); PA
tretinoin gel 0.01%, 0.025%	4	QL(45 GM per 30 days); PA
zenatane	3	PA
<i>Dermatitis and Pruitus Agents</i>		
ala-cort cream 2.5%	2	QL(90 GM per 90 days)
alclometasone dipropionate ointment	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate cream, lotion</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate emollient foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate cream</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel, ointment</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluocinonide gel</i>	4	QL(180 GM per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL(150 GM per 90 days)
<i>hydrocortisone valerate cream</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	3	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate</i>	3	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>tovet</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.5%</i>	2	
<i>tritocin</i>	2	
Dermatological Agents, Other		
CALCIPOTRIENE SOLUTION	2	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	2	QL(360 GM per 90 days); PA
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
FILSUEZ	5	QL(725.4 GM per 31 days); PA
<i>fluorouracil cream 5%</i>	4	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	3	
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
<i>imiquimod cream 5%</i>	3	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
SANTYL	4	
silver sulfadiazine	3	
ssd	3	
Pediculicides/Scabicides		
CROTAN	4	
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
ciclopirox nail lacquer	3	QL(19.8 ML per 90 days)
clindamycin phosphate gel 1%	3	QL(180 GM per 90 days)
clindamycin phosphate gel 1%	3	QL(180 ML per 90 days)
clindamycin phosphate lotion 1%	3	QL(180 ML per 90 days)
clindamycin phosphate external solution 1%	3	QL(180 ML per 90 days)
erythromycin solution 2%	3	QL(180 ML per 90 days)
mupirocin ointment	3	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
CALCIUM GLUCONATE INJECTION 10%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
dextrose 5%	4	
dextrose 5%/sodium chloride 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
dextrose 5%/sodium chloride 0.45%	4	
dextrose 5%/sodium chloride 0.9%	4	
dextrose 50%	4	
dextrose 70%	4	
dextrose/sodium chloride	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.2%	4	
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	4	
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
klor-con 10	3	
klor-con 8	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>potassium chloride er tablet extended release</i>	2	
<i>potassium chloride er capsule extended release</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride oral solution</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er tablet extended release 540mg</i>	3	
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
<i>deferasirox tablet</i>	3	PA
<i>penicillamine tablet</i>	5	
<i>sodium polystyrene sulfonate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sps</i>	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
RELISTOR TABLET	5	QL(93 EA per 31 days); PA
RELISTOR INJECTION 8MG/0.4ML	5	QL(11.2 ML per 28 days); PA
RELISTOR INJECTION 12MG/0.6ML	5	QL(16.8 ML per 28 days); PA
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
DIPHENOXYLATE/ATROPINE LIQUID	4	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule, tablet</i>	3	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin ointment 0.4%</i>	4	QL(90 GM per 90 days)
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	QL(90 GM per 90 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
<i>ursodiol capsule 300mg</i>	3	
<i>ursodiol tablet</i>	4	
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
ORFADIN SUSPENSION	5	PA
PROLASTIN-C	5	PA
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tablet</i>	5	
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days)
<i>oxybutynin chloride solution</i>	3	
<i>oxybutynin chloride tablet 5mg</i>	3	
<i>solifenacin succinate tablet 5mg</i>	3	QL(180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	3	QL(90 EA per 90 days)
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days)
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	3	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	3	
ELMIRON	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	3	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	3	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
INCRELEX	5	PA
NORDITROPIN FLEXPPO	5	PA
SEROSTIM	5	PA
STIMATE SOLUTION	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 50mg</i>	3	
<i>danazol capsule 100mg, 200mg</i>	4	
METHITEST	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
<i>Estrogens</i>		
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eluryng</i>	4	QL(3 EA per 84 days)
<i>enilloring</i>	4	QL(3 EA per 84 days)
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	4	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	QL(3 EA per 84 days)
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloette</i>	4	QL(3 EA per 84 days)
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	4	
<i>lo-zumandimine</i>	2	
<i>loryna</i>	2	
MENEST TABLET 1.25MG, 2.5MG	4	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	3	
<i>vestura</i>	2	
<i>xulane</i>	4	
<i>yuvaferm</i>	4	
<i>zafemy</i>	4	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	3	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	4	
<i>raloxifene hydrochloride</i>	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tablet</i>	2	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL(248 EA per 31 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection 22.5mg</i>	4	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG, 3.75MG	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(279 ML per 31 days); PA
<i>sajazir</i>	5	QL(279 ML per 31 days); PA
<i>Immunoglobulins</i>		
GAMMAPLEX INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMUNEX-C INJECTION 1GM/10ML, 40GM/400ML	5	B/D

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HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days)

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Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HYFTOR	5	PA
JYLAMVO	4	
<i>leflunomide</i>	3	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	3	
METHOTREXATE SODIUM INJECTION 250MG/10ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	3	

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<i>mycophenolate mofetil capsule, tablet</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(31 EA per 31 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGRIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	

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Drug Name	Drug Tier	Requirements/Limits
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	QL(5400 EA per 90 days)
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
Glucocorticoids		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	3	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule</i>	2	
<i>calcitriol solution</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
<i>ibandronate sodium tablet</i>	3	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(1 ML per 180 days); PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	2	
AUGTYRO CAPSULE 40MG	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQUR SIMPLICITY 2U	2	
CURITY GAUZE PADS 2"X2" 12 PLY	2	
DOJOLVI	5	PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	
FILSPARI	5	QL(31 EA per 31 days); PA
INPEN 100/BLUE/LILLY/HUMALOG	2	
INPEN 100/BLUE/NOVOLOG/FIASP	2	
INPEN 100/GREY/LILLY/HUMALOG	2	
INPEN 100/GREY/NOVOLOG/FIASP	2	
INPEN 100/PINK/LILLY/HUMALOG	2	
INPEN 100/PINK/NOVOLOG/FIASP	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL(40 EA per 180 days)
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	

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OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID	3	QL(30 EA per 180 days); \$0 Copay
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS	5	QL(93 EA per 31 days); PA
sodium chloride 0.9%	3	
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
bacitracin/polymyxin b	2	
COMBIGAN	3	
CYSTARAN	5	PA
dorzolamide hcl/timolol maleate	3	
neo-polycin	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/dexamethasone	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	3	
CROMOLYN SODIUM SOLUTION 4%	2	
Ophthalmic Anti-Infectives		
BACITRACIN	4	
ciprofloxacin hydrochloride solution 0.3%	2	

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<i>erythromycin ointment 5mg/gm</i>	2	
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
XDEMVI	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1%	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	2	
ILEVRO	4	
<i>ketorolac tromethamine</i>	3	
<i>loteprednol etabonate suspension 0.5%</i>	4	
<i>prednisolone acetate</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL	3	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	4	
<i>acetazolamide tablet 125mg</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	4	

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<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	3	
CIPROFLOXACIN	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>cyproheptadine hydrochloride tablet</i>	3	
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium packet</i>	3	QL(90 EA per 90 days)
<i>zafirlukast</i>	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		

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ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(216 GM per 90 days); 18 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate nebulization solution</i>	2	B/D
<i>albuterol sulfate tablet</i>	4	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL(224 EA per 28 days); PA; 32 MCG - 48 MCG

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Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI TITRATION KIT POWDER 0	5	QL(392 EA per 365 days); PA; 16 MCG - 32 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(504 EA per 365 days); PA; 16 MCG - 32 MCG - 48 MCG
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	
<i>zaleplon</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
Wakefulness Promoting Agents		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
XYREM	5	QL(558 ML per 31 days); PA

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<i>acetazolamide</i>	53	<i>amlodipine besylate/valsartan</i>	33
<i>acetazolamide er</i>	53	<i>amlodipine/olmesartan medoxomil</i>	33
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<i>acetylcysteine</i>	51	<i>amnestem</i>	37
<i>acetylcysteine</i>	56	<i>amoxapine</i>	11
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ACTHIB	49	AMOXICILLIN/CLAVULANATE	4
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<i>acyclovir sodium</i>	26	AMPHOTERICIN B	12
ADACEL	49	<i>amphotericin b liposome</i>	12
<i>adefovir dipivoxil</i>	23	<i>ampicillin</i>	5
ADEMPAS	55	AMPICILLIN SODIUM	5
ADLARITY	9	<i>ampicillin/sulbactam</i>	5
ADVAIR HFA	56	AMPICILLIN-SULBACTAM	5
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<i>albuterol sulfate</i>	55	<i>aprepitant</i>	11
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<i>azathioprine</i>	48	<i>bisoprolol fumarate/hydrochlorothiazide</i>	33
<i>azelastine hcl</i>	52	BOOSTRIX	49
<i>azelastine hcl</i>	54	BOSULIF	16
<i>azelastine hydrochloride</i>	54	BRAFTOVI	16
AZITHROMYCIN	5	BREO ELLIPTA	56
<i>aztreonam</i>	3	BREZTRI AEROSPHERE	54
BACITRACIN	52	BRILINTA	30
<i>bacitracin/polymyxin b</i>	52	<i>brimonidine tartrate</i>	53
<i>baclofen</i>	23	<i>brinzolamide</i>	53
<i>balsalazide disodium</i>	50	BRIVIACT	6
BALVERSA	16	<i>bromocriptine mesylate</i>	20
BAQSIMI ONE PACK	28	BRONCHITOL	56
BAQSIMI TWO PACK	28	BRUKINSA	16
BCG VACCINE	49	<i>budesonide</i>	50
BD INSULIN SYRINGE	51	<i>budesonide</i>	54
SAFETYGLIDE/1ML/29G X 1/2"		<i>budesonide er</i>	50
B-D INSULIN SYRINGE ULTRAFINE	51	<i>bumetanide</i>	34
II/0.3ML/31G X 5/16"		<i>buprenorphine hcl</i>	2
BD INSULIN SYRINGE ULTRA-	51	<i>buprenorphine hcl/naloxone hcl</i>	2
FINE/0.5ML/30G X 12.7MM		<i>buprenorphine hydrochloride/naloxone</i>	2
BD INSULIN SYRINGE ULTRA-	51	<i>hydrochloride</i>	
FINE/1ML/31G X 8MM		<i>bupropion hcl</i>	9
BD PEN NEEDLE/ORIGINAL/ULTRA-	51	<i>bupropion hydrochloride</i>	9
FINE/29G X 12.7MM		<i>bupropion hydrochloride er (sr)</i>	3
<i>benazepril hcl</i>	31	<i>bupropion hydrochloride er (sr)</i>	9
<i>benazepril hydrochloride</i>	31	<i>bupropion hydrochloride er (xl)</i>	9
<i>benazepril</i>	33	<i>buspirone hcl</i>	26
<i>hydrochloride/hydrochlorothiazide</i>		<i>buspirone hydrochloride</i>	26
BENLYSTA	47	BYDUREON BCISE	26
BENZNIDAZOLE	19	CABENUVA	23
<i>benztropine mesylate</i>	19	<i>cabergoline</i>	46
BESREMI	15	CABLIVI	30
<i>betaine anhydrous</i>	42	CABOMETYX	16

Drug Name	Page #	Drug Name	Page #
CALCIPOTRIENE	38	CHEMET	40
<i>calcitonin-salmon</i>	50	<i>chlorhexidine gluconate</i>	37
<i>calcitriol</i>	50	<i>chloroquine phosphate</i>	19
<i>calcium acetate</i>	41	<i>chlorpromazine hcl</i>	20
CALCIUM GLUCONATE	39	CHLORPROMAZINE	20
CALQUENCE	16	HYDROCHLORIDE	
<i>camila</i>	45	<i>chlorthalidone</i>	34
CAMZYOS	33	<i>cholestyramine</i>	35
<i>candesartan cilexetil</i>	30	<i>cholestyramine light</i>	35
CAPLYTA	21	<i>ciclopirox nail lacquer</i>	39
CAPRELSA	16	<i>cilostazol</i>	30
<i>carbamazepine</i>	8	CIMDUO	24
<i>carbamazepine er</i>	8	<i>cinacalcet hydrochloride</i>	51
<i>carbidopa</i>	20	CIPROFLOXACIN	54
<i>carbidopa/levodopa</i>	20	CIPROFLOXACIN HCL	5
<i>carbidopa/levodopa er</i>	20	<i>ciprofloxacin hydrochloride</i>	6
CARBIDOPA/LEVODOPA ODT	20	<i>ciprofloxacin hydrochloride</i>	52
<i>carbidopa/levodopa/entacapone</i>	19	<i>ciprofloxacin i.v.-in d5w</i>	6
CARTEOLOL HCL	53	<i>ciprofloxacin/dexamethasone</i>	54
<i>cartia xt</i>	32	<i>citalopram hydrobromide</i>	9
<i>carvedilol</i>	32	<i>claravis</i>	37
<i>caspofungin acetate</i>	12	CLARITHROMYCIN	5
CAYSTON	55	<i>clarithromycin er</i>	5
CEFACLOR	4	<i>clindamycin hcl</i>	3
<i>cefadroxil</i>	4	<i>clindamycin hydrochloride</i>	3
CEFAZOLIN SODIUM	4	<i>clindamycin palmitate hydrochloride</i>	3
CEFAZOLIN SODIUM/DEXTROSE	4	<i>clindamycin phosphate</i>	3
<i>cefdinir</i>	4	<i>clindamycin phosphate</i>	39
CEFEPIME	4	<i>clindamycin phosphate/dextrose</i>	3
CEFEPIME/DEXTROSE	4	CLINDAMYCIN/SODIUM CHLORIDE	3
<i>cefixime</i>	4	<i>clobazam</i>	7
CEFOXITIN SODIUM	4	<i>clobetasol propionate</i>	38
<i>cefpodoxime proxetil</i>	4	<i>clobetasol propionate e</i>	38
<i>ceftazidime</i>	4	<i>clobetasol propionate emollient</i>	38
CEFTAZIDIME/DEXTROSE	4	CLOMID	45
CEFTRIAZONE IN ISO-OSMOTIC	4	CLOMIPHENE CITRATE	45
DEXTROSE		<i>clomipramine hydrochloride</i>	11
CEFTRIAZONE SODIUM	4	<i>clonazepam</i>	7
CEFTRIAZONE/DEXTROSE	4	<i>clonazepam odt</i>	7
<i>cefuroxime axetil</i>	4	<i>clonidine</i>	30
<i>cefuroxime sodium</i>	4	<i>clonidine hydrochloride</i>	30
<i>celecoxib</i>	1	<i>clopidogrel</i>	30
<i>cephalexin</i>	4	<i>clorazepate dipotassium</i>	26
CEQR SIMPLICITY 2U	51	<i>clotrimazole</i>	12
CERDELGA	42	<i>clotrimazole/betamethasone dipropionate</i>	38
CEREBYX	8	<i>clozapine</i>	23
<i>cetirizine hydrochloride</i>	54	CLOZAPINE ODT	22

Drug Name	Page #	Drug Name	Page #
COARTEM	19	<i>desmopressin acetate</i>	44
<i>colchicine</i>	13	<i>desvenlafaxine er</i>	10
<i>colestipol hcl</i>	35	DEXAMETHASONE	43
<i>colistimethate sodium</i>	3	DEXAMETHASONE INTENSOL	43
COMBIGAN	52	DEXAMETHASONE SODIUM	43
COMBIVENT RESPIMAT	56	PHOSPHATE	
COMETRIQ	16	DEXAMETHASONE SODIUM	53
COMPLERA	24	PHOSPHATE	
<i>compro</i>	11	DEXAMETHASONE SODIUM	43
<i>constulose</i>	41	PHOSPHATE +RFID	
COPIKTRA	16	<i>dextroamphetamine sulfate</i>	36
CORLANOR	33	DEXTROSE 10%/SODIUM CHLORIDE	39
COSENTYX	47	0.45%	
COSENTYX SENSOREADY PEN	47	DEXTROSE 2.5%/SODIUM CHLORIDE	39
COSENTYX UNOREADY	47	0.45%	
COTELLIC	16	<i>dextrose 5%</i>	39
CREON	42	<i>dextrose 5%/sodium chloride 0.2%</i>	39
<i>cromolyn sodium</i>	42	DEXTROSE 5%/SODIUM CHLORIDE	39
CROMOLYN SODIUM	52	0.3%	
<i>cromolyn sodium</i>	55	DEXTROSE 5%/SODIUM CHLORIDE	39
CROTAN	39	0.33%	
CURITY GAUZE PADS 2"X2" 12 PLY	51	<i>dextrose 5%/sodium chloride 0.45%</i>	39
<i>cyclobenzaprine hydrochloride</i>	56	<i>dextrose 5%/sodium chloride 0.9%</i>	39
<i>cyclophosphamide</i>	14	<i>dextrose 50%</i>	39
<i>cyclosporine</i>	48	<i>dextrose 70%</i>	39
<i>cyclosporine modified</i>	48	<i>dextrose/sodium chloride</i>	39
<i>cyproheptadine hydrochloride</i>	54	DIACOMIT	7
CYSTAGON	42	<i>diazepam</i>	26
CYSTARAN	52	DIAZEPAM RECTAL GEL	7
<i>dabigatran etexilate</i>	29	<i>diazoxide</i>	28
<i>dalfampridine er</i>	37	<i>diclofenac potassium</i>	1
<i>danazol</i>	44	<i>diclofenac sodium 1%</i>	1
<i>dantrolene sodium</i>	23	<i>diclofenac sodium dr</i>	1
<i>dapsone</i>	13	<i>diclofenac sodium er</i>	1
DAPTACEL	49	<i>dicloxacillin sodium</i>	5
<i>daptomycin</i>	3	<i>dicyclomine hydrochloride</i>	41
<i>darunavir</i>	25	DIFICID	5
<i>dasatinib</i>	16	<i>diflunisal</i>	1
DAURISMO	16	<i>difluprednate</i>	53
DAYBUE	36	<i>digox</i>	31
<i>deblitane</i>	45	DIGOXIN	31
<i>deferasirox</i>	40	<i>dihydroergotamine mesylate</i>	13
DELSTRIGO	24	DILANTIN	8
DENG VAXIA	49	<i>diltiazem hcl</i>	32
DEPO-SUBQ PROVERA 104	45	<i>diltiazem hcl cd</i>	32
DESCOVY	24	<i>diltiazem hcl er</i>	32
<i>desipramine hydrochloride</i>	11	<i>diltiazem hydrochloride</i>	32

Drug Name	Page #	Drug Name	Page #
<i>diltiazem hydrochloride er</i>	32	EGRIFTA SV	44
<i>dilt-xr</i>	32	ELIQUIS	29
<i>dimethyl fumarate</i>	37	ELIQUIS STARTER PACK	29
<i>dimethyl fumarate starterpack</i>	37	ELMIRON	43
<i>diphenhydramine hcl</i>	54	<i>eluryng</i>	44
<i>diphenoxylate hydrochloride/atropine</i>	41	EMCYT	14
<i>sulfate</i>		EMEND	12
DIPHENOXYLATE/ATROPINE	41	EMGALITY	13
DIPHThERIA/TETANUS TOXOIDS	49	EMSAM	9
ADSORBED PEDIATRIC		<i>emtricitabine</i>	24
<i>disulfiram</i>	2	<i>emtricitabine/tenofovir disoproxil</i>	24
<i>divalproex sodium</i>	7	<i>emtricitabine/tenofovir disoproxil fumarate</i>	24
<i>divalproex sodium dr</i>	7	EMTRIVA	25
<i>divalproex sodium er</i>	7	<i>enalapril maleate</i>	31
<i>dofetilide</i>	31	<i>enalapril maleate/hydrochlorothiazide</i>	33
DOJOLVI	51	ENBREL	48
<i>donepezil hcl</i>	9	ENBREL MINI	48
<i>donepezil hydrochloride</i>	9	ENBREL SURECLICK	48
<i>dorzolamide hcl/timolol maleate</i>	52	ENDARI	42
<i>dorzolamide hydrochloride</i>	53	<i>endocet</i>	1
DOVATO	24	ENGERIX-B	49
<i>doxazosin mesylate</i>	30	ENHERTU	19
<i>doxepin hcl</i>	11	<i>enilloring</i>	44
<i>doxepin hydrochloride</i>	11	<i>enoxaparin sodium</i>	29
<i>doxy 100</i>	6	<i>entacapone</i>	20
<i>doxycycline hyclate</i>	6	<i>entecavir</i>	23
<i>doxycycline hyclate</i>	37	ENTRESTO	33
<i>doxycycline monohydrate</i>	6	<i>enulose</i>	41
DRIZALMA SPRINKLE	10	EPCLUSA	23
<i>dronabinol</i>	11	EPIDIOLEX	6
<i>drospirenone/ethinyl estradiol</i>	44	EPINEPHRINE	55
DROXIA	14	<i>epitol</i>	8
<i>droxidopa</i>	30	<i>eplerenone</i>	34
DUAVEE	45	EPRONTIA	6
DULERA	56	ERGOLOID MESYLATES	9
<i>duloxetine hydrochloride</i>	10	ERIVEDGE	16
DUPIXENT	47	ERLEADA	14
<i>dutasteride</i>	43	<i>erlotinib hydrochloride</i>	16
EASY COMFORT INSULIN	51	<i>errin</i>	45
SYRINGE/0.3ML/31G X 1/2"		<i>ertapenem</i>	5
<i>ec-naproxen</i>	1	<i>ertapenem sodium</i>	5
EDURANT	24	<i>ery-tab</i>	5
EFAVIRENZ	24	<i>erythromycin</i>	39
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	24	<i>erythromycin</i>	53
<i>fumarate</i>		<i>erythromycin base</i>	5
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	24	ERYTHROMYCIN DR	5
<i>fumarate</i>		<i>escitalopram oxalate</i>	10

Drug Name	Page #	Drug Name	Page #
<i>estradiol</i>	44	<i>fluocinolone acetone</i>	38
<i>estradiol valerate</i>	44	<i>fluocinolone acetone</i>	54
<i>ethambutol hydrochloride</i>	13	<i>fluocinonide</i>	38
<i>ethosuximide</i>	7	<i>fluocinonide emulsified base</i>	38
<i>ethynodiol diacetate/ethinyl estradiol</i>	44	<i>fluorometholone</i>	53
<i>etonogestrel/ethinyl estradiol</i>	44	<i>fluorouracil</i>	38
<i>etravirine</i>	24	<i>fluoxetine hydrochloride</i>	10
<i>euthyrox</i>	45	<i>fluphenazine decanoate</i>	20
<i>everolimus</i>	16	FLUPHENAZINE HCL	20
<i>everolimus</i>	48	FLUPHENAZINE HYDROCHLORIDE	20
EVOTAZ	25	<i>flurbiprofen</i>	1
<i>exemestane</i>	16	FLURBIPROFEN SODIUM	53
EXKIVITY	16	<i>flutamide</i>	14
<i>ezetimibe</i>	35	<i>fluticasone propionate</i>	38
<i>ezetimibe/simvastatin</i>	35	<i>fluticasone propionate</i>	54
<i>famciclovir</i>	26	FLUTICASONE PROPIONATE DISKUS	54
<i>famotidine</i>	42	FLUTICASONE PROPIONATE HFA	54
FANAPT	21	<i>fluticasone propionate/salmeterol</i>	56
FANAPT TITRATION PACK	21	<i>fluticasone propionate/salmeterol diskus</i>	56
FARXIGA	26	<i>fluvoxamine maleate</i>	10
FARYDAK	16	<i>fondaparinux sodium</i>	29
FASENRA	56	<i>fosamprenavir calcium</i>	25
FASENRA PEN	56	<i>fosfomycin tromethamine</i>	3
<i>felbamate</i>	6	<i>fosinopril sodium</i>	31
<i>fenofibrate</i>	35	<i>fosinopril sodium/hydrochlorothiazide</i>	33
<i>fenofibrate micronized</i>	35	<i>fosphenytoin sodium</i>	8
<i>fentanyl</i>	1	FOTIVDA	14
<i>fentanyl citrate oral transmucosal</i>	1	FRUZAQLA	16
<i>fesoterodine fumarate er</i>	43	<i>furosemide</i>	34
FETZIMA	10	FUZEON	25
FETZIMA TITRATION PACK	10	<i>fyavolv</i>	44
FILSPARI	51	FYCOMPA	6
FILSUVEZ	38	<i>gabapentin</i>	7
<i>finasteride</i>	43	<i>galantamine hydrobromide</i>	9
<i>fingolimod hydrochloride</i>	37	<i>galantamine hydrobromide er</i>	9
FINTEPLA	6	GAMMAPLEX	46
FIRMAGON	46	GAMUNEX-C	46
<i>flac</i>	54	GARDASIL 9	49
<i>flecainide acetate</i>	31	GATTEX	41
FLOVENT DISKUS	54	GAVILYTE-C	41
FLOVENT HFA	54	<i>gavilyte-g</i>	41
<i>fluconazole</i>	12	<i>gavilyte-n/flavor pack</i>	41
<i>fluconazole in sodium chloride</i>	12	GAVRETO	15
FLUCONAZOLE/SODIUM CHLORIDE	12	<i>gefitinib</i>	17
<i>flucytosine</i>	12	<i>gemfibrozil</i>	35
<i>fludrocortisone acetate</i>	43	<i>generlac</i>	41
<i>flunisolide</i>	54	<i>gengraf</i>	48

Drug Name	Page #	Drug Name	Page #
GENTAK	53	HUMIRA PEDIATRIC CROHNS	48
<i>gentamicin sulfate</i>	3	DISEASE STARTER PACK	
<i>gentamicin sulfate</i>	53	HUMIRA PEN	48
GENTAMICIN SULFATE/0.9% SODIUM	3	HUMIRA PEN-CD/UC/HS STARTER	48
CHLORIDE		HUMIRA PEN-PEDIATRIC UC	48
GENVOYA	24	STARTER PACK	
GILOTRIF	17	HUMIRA PEN-PS/UV STARTER	48
<i>glatiramer acetate</i>	37	HUMULIN R U-500 (CONCENTRATED)	28
<i>glatopa</i>	37	HUMULIN R U-500 KWIKPEN	28
GLEOSTINE	14	<i>hydralazine hcl</i>	36
<i>glimepiride</i>	26	<i>hydralazine hydrochloride</i>	36
<i>glipizide</i>	27	<i>hydrochlorothiazide</i>	34
<i>glipizide er</i>	26	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>glipizide/metformin hydrochloride</i>	27	<i>hydrocodone/acetaminophen</i>	2
GLUCAGEN HYPOKIT	28	<i>hydrocodone/ibuprofen</i>	2
GLUCAGON EMERGENCY KIT	28	<i>hydrocortisone</i>	38
GLUCAGON EMERGENCY KIT FOR	28	<i>hydrocortisone</i>	44
LOW BLOOD SUGAR		<i>hydrocortisone</i>	50
<i>glyburide</i>	27	<i>hydrocortisone valerate</i>	38
GLYBURIDE MICRONIZED	27	<i>hydromorphone hcl</i>	2
<i>glyburide/metformin hydrochloride</i>	27	<i>hydromorphone hydrochloride</i>	2
GLYCOPYRROLATE	41	<i>hydroxychloroquine sulfate</i>	19
GLYXAMBI	27	<i>hydroxyurea</i>	14
<i>granisetron hydrochloride</i>	12	<i>hydroxyzine hcl</i>	54
<i>griseofulvin microsize</i>	12	<i>hydroxyzine hydrochloride</i>	54
<i>griseofulvin ultramicrosize</i>	12	<i>hydroxyzine pamoate</i>	54
<i>guanfacine hydrochloride er</i>	36	HYFTOR	48
GVOKE HYPOPEN 1-PACK	28	HYPERHEP B	47
GVOKE HYPOPEN 2-PACK	28	<i>ibandronate sodium</i>	51
GVOKE KIT	28	IBRANCE	15
GVOKE PFS	28	IBRANCE	17
HAEGARDA	46	<i>ibu</i>	1
<i>halobetasol propionate</i>	38	<i>ibuprofen</i>	1
<i>haloette</i>	45	<i>icatibant acetate</i>	46
<i>haloperidol</i>	20	ICLUSIG	17
<i>haloperidol decanoate</i>	20	<i>icosapent ethyl</i>	35
<i>haloperidol lactate</i>	20	IDHIFA	15
HARVONI	23	ILEVRO	53
HAVRIX	49	<i>imatinib mesylate</i>	17
<i>heather</i>	45	IMBRUVICA	17
HEMADY	44	IMIPENEM/CILASTATIN	5
<i>heparin sodium</i>	29	<i>imipramine hcl</i>	11
HEPLISAV-B	49	<i>imipramine hydrochloride</i>	11
HERCEPTIN HYLECTA	19	<i>imiquimod</i>	38
HIBERIX	49	IMOVAX RABIES (H.D.C.V.)	49
HUMALOG KWIKPEN	28	<i>incassia</i>	45
HUMIRA	48	INCRELEX	44

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INCRUSE ELLIPTA	55	JAYPIRCA	17
<i>indapamide</i>	34	<i>jencycla</i>	45
INFANRIX	49	JENTADUETO	27
INLYTA	17	JENTADUETO XR	27
INPEN 100/BLUE/LILLY/HUMALOG	51	JOENJA	47
INPEN 100/BLUE/NOVOLOG/FIASP	51	JULUCA	24
INPEN 100/GREY/LILLY/HUMALOG	51	JYLAMVO	48
INPEN 100/GREY/NOVOLOG/FIASP	51	JYNNEOS	49
INPEN 100/PINK/LILLY/HUMALOG	51	KALYDECO	55
INPEN 100/PINK/NOVOLOG/FIASP	51	<i>kcl 0.075%/d5w/nacl 0.45%</i>	39
INQOVI	17	<i>kcl 0.15%/d5w/nacl 0.2%</i>	39
INREBIC	15	<i>kcl 0.15%/d5w/nacl 0.45%</i>	39
INTELENCE	24	<i>kcl 0.15%/d5w/nacl 0.9%</i>	39
INTRALIPID	51	<i>kcl 0.3%/d5w/nacl 0.45%</i>	39
INTRON A	47	KCL 0.3%/D5W/NACL 0.9%	39
INVEGA HAFYERA	21	<i>kelnor 1/50</i>	45
INVEGA SUSTENNA	21	KERENDIA	34
INVEGA TRINZA	21	<i>ketoconazole</i>	12
IPOL INACTIVATED IPV	49	<i>ketorolac tromethamine</i>	53
<i>ipratropium bromide</i>	55	KEVZARA	47
<i>ipratropium bromide/albuterol sulfate</i>	56	KINERET	47
<i>irbesartan</i>	30	KINRIX	49
<i>irbesartan/hydrochlorothiazide</i>	33	KISQALI	17
ISENTRESS	24	KISQALI FEMARA 200 DOSE	15
ISENTRESS HD	24	KISQALI FEMARA 400 DOSE	15
ISOLYTE-P/DEXTROSE 5%	39	KISQALI FEMARA 600 DOSE	15
ISOLYTE-S	39	<i>klayesta</i>	12
ISOLYTE-S PH 7.4	39	<i>klor-con 10</i>	39
<i>isoniazid</i>	13	<i>klor-con 8</i>	39
<i>isosorbide dinitrate</i>	35	<i>klor-con m10</i>	40
<i>isosorbide mononitrate</i>	35	<i>klor-con m15</i>	40
<i>isosorbide mononitrate er</i>	35	<i>klor-con m20</i>	40
ISOTONIC GENTAMICIN	3	KLOXXADO	2
<i>isotretinoin</i>	37	KORLYM	28
<i>itraconazole</i>	12	KOSELUGO	17
<i>ivabradine hydrochloride</i>	33	<i>kourzeq</i>	37
<i>ivermectin</i>	19	KRAZATI	15
IWILFIN	15	<i>labetalol hydrochloride</i>	32
IXCHIQ	49	<i>lacosamide</i>	8
IXIARO	49	<i>lactulose</i>	41
JAKAFI	17	LAGEVRIO	51
<i>jantoven</i>	29	<i>lamivudine</i>	23
JANUMET	27	<i>lamivudine</i>	25
JANUMET XR	27	<i>lamivudine/zidovudine</i>	25
JANUVIA	27	<i>lamotrigine</i>	6
JARDIANCE	27	<i>lamotrigine odt</i>	6
<i>jasmiel</i>	45	<i>lanreotide acetate</i>	46

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LANSOPRAZOLE/AMOXICILLIN/CLAR	41	LIVALO	35
ITHROMYCIN		LIVTENCITY	23
LANTUS	28	LOKELMA	41
LANTUS SOLOSTAR	28	LONSURF	15
<i>lapatinib ditosylate</i>	17	<i>loperamide hcl</i>	41
<i>latanoprost</i>	54	<i>lopinavir/ritonavir</i>	25
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<i>rosuvastatin calcium</i>	35	<i>sodium chloride 0.9%</i>	52
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<i>sulfamethoxazole/trimethoprim ds</i>	6	<i>tetracycline hydrochloride</i>	6
<i>sulfasalazine</i>	50	THALOMID	14
<i>sulindac</i>	1	<i>theophylline er</i>	55
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<i>sumatriptan succinate</i>	13	<i>thiothixene</i>	20
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<i>trandolapril</i>	31	<i>unithroid</i>	46
<i>tranexamic acid</i>	30	<i>ursodiol</i>	42
<i>tranylcypromine sulfate</i>	9	UZEDY	22
TRAVASOL	40	<i>valacyclovir hydrochloride</i>	26
<i>travoprost</i>	54	VALCHLOR	14
<i>trazodone hydrochloride</i>	10	<i>valganciclovir</i>	23
TRECTOR	14	<i>valganciclovir hydrochloride</i>	23
TRELEGY ELLIPTA	56	<i>valproic acid</i>	7
TRELSTAR MIXJECT	46	<i>valrubicin</i>	16
<i>tretinoin</i>	19	VALSARTAN	30
<i>tretinoin</i>	37	<i>valsartan/hydrochlorothiazide</i>	34
<i>triamcinolone acetonide</i>	38	VALTOCO 10 MG DOSE	8
<i>triamcinolone acetonide</i>	44	VALTOCO 15 MG DOSE	8
<i>triamcinolone acetonide dental paste</i>	37	VALTOCO 20 MG DOSE	8
<i>triamterene/hydrochlorothiazide</i>	34	VALTOCO 5 MG DOSE	8
<i>triderm</i>	38	<i>vancomycin hcl</i>	4
TRIENTINE HYDROCHLORIDE	41	<i>vancomycin hydrochloride</i>	4
<i>trifluoperazine hcl</i>	20	VANFLYTA	18
<i>trifluoperazine hydrochloride</i>	21	VAQTA	50
TRIFLURIDINE	53	<i>varenicline starting month</i>	3
<i>trihexyphenidyl hydrochloride</i>	19	<i>varenicline tartrate</i>	3
TRIJARDY XR	28	VARIVAX	50
TRIKAFTA	55	VAXCHORA	50
<i>trimethoprim</i>	4	VENCLEXTA	18
<i>trimipramine maleate</i>	11	VENCLEXTA STARTING PACK	18
TRINTELLIX	11	VENLAFAXINE BESYLATE ER	11
<i>tritocin</i>	38	<i>venlafaxine hydrochloride</i>	11
TRIUMEQ	25	<i>venlafaxine hydrochloride er</i>	11
TRIUMEQ PD	25	VENTAVIS	56
TRIZIVIR	25	VEOZAH	36
TRODELVY	19	<i>verapamil hcl</i>	33
TROGARZO	25	VERAPAMIL HCL ER	33
TRULICITY	28	VERAPAMIL HCL SR	33
TRUMENBA	50	<i>verapamil hydrochloride</i>	33
TRUQAP	18	VERAPAMIL HYDROCHLORIDE ER	33
TRUSELTIQ	15	VERQUVO	35
TUKYSA	16	VERSACLOZ	23
<i>tulana</i>	45	VERZENIO	18
TURALIO	18	<i>vestura</i>	45

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V-GO 30	52	ZARXIO	30
V-GO 40	52	ZEJULA	18
<i>vigabatrin</i>	8	ZELBORAF	18
VIIBRYD STARTER PACK	11	<i>zenatane</i>	37
VIJOICE	43	ZENPEP	43
<i>vilazodone hydrochloride</i>	11	ZEPZELCA	14
VIRACEPT	26	<i>zidovudine</i>	25
VIREAD	25	ZILBRYSQ	47
VITRAKVI	18	<i>ziprasidone hcl</i>	22
VIVJOA	12	<i>ziprasidone mesylate</i>	22
VIZIMPRO	18	ZIRGAN	53
VONJO	18	ZOLINZA	16
VORANIGO	18	<i>zolpidem tartrate</i>	56
<i>voriconazole</i>	12	ZONISADE	8
VOSEVI	23	<i>zonisamide</i>	9
VOTRIENT	18	ZTALMY	8
VOYDEYA	30	ZURZUVAE	9
VRAYLAR	22	ZYDELIG	18
<i>warfarin sodium</i>	29	ZYKADIA	18
WELIREG	18	ZYPREXA RELPREVV	22
XALKORI	18		
XARELTO	29		
XARELTO STARTER PACK	29		
XATMEP	49		
XCOPRI	7		
XDEMVY	53		
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XERMELO	41		
XGEVA	51		
XIFAXAN	42		
XIGDUO XR	28		
XOLAIR	47		
XOSPATA	18		
XPHOZAH	41		
XPOVIO	16		
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<i>xulane</i>	45		
XYREM	57		
<i>yargesa</i>	43		
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This formulary was updated on **December 1, 2024**. For more recent information or other questions, please contact us, **Prescription Blue PDP** Customer Service, at 1-800-565-1770 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit **www.bcbsm.com/medicare**.

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