



List of Covered Drugs or "Drug List"

2025 Formulary

Anthem Medicare Preferred (PPO) with Senior Rx Plus with Select Generics

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on September 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-848-8730**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com/ca**.

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Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभालिया सेवाएँ उपब्धि हैं. एक दुभालिया प्राप्त करने के लिए, बस हमें आपके प्लान सदस्यता कार्ड पर कदए गए नंबर पर (TTY: 711) पर फोन करें. कोई व्यलतजिो लहन्दी बोति है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian:È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero di telefono presente sulla vostra tessera di adesione al piano (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese:Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número de telefone indicado no seu cartão de membro do plano (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo telefòn ki endike sou kat manm plan w lan (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer telefonu podany na karcie członka planu (TTY: 711). Ta usługa jest bezpłatna.

Japanese:当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするための無料の通訳サービスをご利用いただけます。通訳を希望される場合は、プランの会員証に記載されている電話番号 (TTY: 711) にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。 .

Note to members:

Please review this document to make sure that it contains the drugs you take.

If this document does not contain the drugs you take, please refer to the “What if my drug is not on the Part D Formulary” section for more information.

When this Drug List (Formulary) refers to “we,” “us” or “our,” it means Anthem BC Health Insurance Company. When it refers to “plan” or “your plan,” it means your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

This document includes a Drug List (formulary) for your plan which is current as of 1/1/2025. For an updated Drug List (formulary), please review the Drug List (formulary) online at www.anthem.com/ca, or call Pharmacy Member Services. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year. You will receive notice when necessary.

Please refer to your *Evidence of Coverage* online at www.anthem.com/ca, or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

This document may be available in an alternate format. Please call the Member Services number listed on the front and back covers for additional information.

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the phone number listed on your plan membership card (TTY: 711). Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al número de teléfono que figura en su tarjeta de miembro del plan (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电您计划会员卡上的电话号码 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電您計劃會員卡上的電話號碼 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero ng telepono na nakalista sa iyong membership card ng plano (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au numéro de téléphone inscrit sur votre carte de membre (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi số điện thoại có trên thẻ hội viên chương trình của quý vị (TTY: 711), sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter der auf Ihrer Plan-Mitgliedskarte (TTY: 711) angegebenen Telefonnummer. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 플랜 가입자 카드에 기재된 전화번호(TTY: 711)로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру телефона, указанному на вашей карте участника плана (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

إننا نقدم خدمات المترج مالغوري المجانية للإجابة نعاى أسئلة تتع قلبالصحة أو جدول الأدوية لدينا. فوري، ليس عليك سوا للاتصال بنا على رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتكسيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

ZENATANE	67	<i>zolpidem tartrate oral capsule</i>	59
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	84	<i>zolpidem tartrate oral tablet</i>	59
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	84	<i>zolpidem tartrate sublingual</i>	59
ZENZEDI ORAL TABLET 10 MG	59	ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	94
ZENZEDI ORAL TABLET 15 MG, 2.5 MG	59	ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	94
ZENZEDI ORAL TABLET 20 MG, 30 MG	59	ZONISADE	59
ZENZEDI ORAL TABLET 5 MG	59	<i>zonisamide oral</i>	59
ZENZEDI ORAL TABLET 7.5 MG	59	ZONTIVITY	31
ZEPATIER	109	ZORYVE EXTERNAL CREAM 0.3 %	67
ZEPOSIA	59	ZORYVE EXTERNAL FOAM	67
ZEPOSIA 7-DAY STARTER PACK	59	ZOSYN INTRAVENOUS SOLUTION	109
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	59	ZOVIA 1/35 (28)	94
ZEPZELCA	27	ZTALMY	59
ZERBAXA	109	ZTLIDO	19
ZERVIAE	114	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	59
ZESTRIL	38	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	59
ZETIA	38	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	60
ZETONNA	120	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG	60
ZIAC	38	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	60
<i>zidovudine oral capsule</i>	109	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	60
<i>zidovudine oral syrup</i>	109	ZUMANDIMINE	94
<i>zidovudine oral tablet</i>	109	ZURZUVAE	60
ZIEXTENZO	31	ZYCLARA PUMP EXTERNAL CREAM 2.5 %	67
ZILBRYSQ	111	ZYDELIG	27
<i>zileuton er</i>	120	ZYFLO	120
ZILXI	67	ZYKADIA ORAL TABLET	27
ZIMHI	59	ZYLET	114
ZINPLAVA	109	ZYMFENTRA (1 PEN)	99
<i>ziprasidone hcl oral capsule 20 mg</i>	59	ZYMFENTRA (2 PEN)	99
<i>ziprasidone hcl oral capsule 40 mg</i>	59	ZYMFENTRA (2 SYRINGE)	99
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	59	ZYPITAMAG ORAL TABLET 2 MG, 4 MG	38
<i>ziprasidone mesylate</i>	59	ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 5 MG, 7.5 MG	60
ZIPSOR	19	ZYPREXA ORAL TABLET 20 MG	60
ZIRABEV	27	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	60
ZIRGAN	109	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	60
ZITUVIO	78	ZYTIGA ORAL TABLET 250 MG	27
ZOKINVY	84	ZYTIGA ORAL TABLET 500 MG	27
<i>zoledronic acid intravenous concentrate</i>	78	ZYVOX INTRAVENOUS SOLUTION 200 MG/ 100ML	109
<i>zoledronic acid intravenous solution</i>	78		
ZOLINZA	27		
<i>zolmitriptan nasal solution 5 mg</i>	59		
<i>zolmitriptan oral</i>	59		
ZOLOFT ORAL TABLET 100 MG	59		
ZOLOFT ORAL TABLET 25 MG	59		
ZOLOFT ORAL TABLET 50 MG	59		
<i>zolpidem tartrate er</i>	59		

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the formulary as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drugs covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage are listed in this document.

Your plan provides coverage for almost all Medicare Part D eligible drugs.

Some drugs may be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this Drug List.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as “Extra Covered Drugs” and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at www.anthem.com/ca, or by calling the Pharmacy Member Services number listed on the front and back covers.

To find out if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at www.anthem.com/ca, or call the Pharmacy Member Services number listed on the front and back covers.

For a complete listing of all prescription drugs covered by Anthem Medicare Preferred (PPO) with Senior Rx Plus, 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 covers.

Can the Part D Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

www.anthem.com/ca

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, “How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Drugs that are no longer considered Part D eligible.** If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the Part D Drug List.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a one-month supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier. Please note that during the period between the time the drug is first available and our review, the drug will not be automatically covered on your formulary. If your prescriber feels you should use the new drug, you or your prescriber may request a coverage exception.

This formulary is current as of 1/1/2025. To get updated information about the drugs covered by your plan, please refer to your formulary online at www.anthem.com/ca, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

XARELTO STARTER PACK	31	XOSPATA	27
XATMEP	99	XPHOZAH	82
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	58	XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	27
XCOPRI (350 MG DAILY DOSE)	58	XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	27
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	58	XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	27
XCOPRI ORAL TABLET 150 MG, 200 MG	58	XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	27
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	58	XPOVIO (60 MG TWICE WEEKLY)	27
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG ...	58	XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	27
XDEMZY	114	XPOVIO (80 MG TWICE WEEKLY)	27
XELJANZ ORAL SOLUTION	99	XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	19
XELJANZ ORAL TABLET	99	XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG	19
XELJANZ XR	99	XTANDI ORAL CAPSULE	27
XELPROS	114	XTANDI ORAL TABLET 40 MG	27
XELSTRYM	58	XTANDI ORAL TABLET 80 MG	27
XEMBIFY	99	XULANE	94
XENLETA	109	XULTOPHY	78
XENPOZYME	84	XURIDEN	84
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	58-59	XYOSTED	94
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	59	XYREM	59
XERESE	67	XYWAV	59
XERMELO	82	Y	
XGEVA	77	YARGESA	84
XHANCE	120	YCANTH	67
XIAFLEX	111	YERVOY	27
XIFAXAN ORAL TABLET 200 MG	109	YF-VAX	99
XIFAXAN ORAL TABLET 550 MG	109	YONSA	27
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	77	YUPELRI	120
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	78	YUTIQ	114
XIIDRA	114	<i>yuvafem</i>	94
XIPERE	114	Z	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	109	ZAFEMY	94
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	109	<i>zafirlukast</i>	120
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	120	<i>zaleplon oral capsule 10 mg</i>	59
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	120	<i>zaleplon oral capsule 5 mg</i>	59
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	120	ZANAFLEX ORAL CAPSULE	59
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	120	ZARONTIN ORAL CAPSULE	59
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	120	ZARXIO	31
XOLREMDI	31	ZAVZPRET	59
XOPENEX HFA	120	ZEGALOGUE	78
		ZEJULA ORAL TABLET 100 MG	27
		ZEJULA ORAL TABLET 200 MG, 300 MG	27
		ZELAPAR	59
		ZELBORAF	27
		ZEMAIRA	84
		ZEMBRACE SYMTOUCH	59
		ZEMDRI	85

VESTURA	93	VOQUEZNA TRIPLE PAK	82
VEVYE	114	<i>voriconazole intravenous</i>	109
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED		<i>voriconazole oral suspension reconstituted</i>	109
750 MG	108	<i>voriconazole oral tablet 200 mg</i>	109
VIBERZI	82	<i>voriconazole oral tablet 50 mg</i>	109
VIBRAMYCIN ORAL CAPSULE	108	VOSEVI	109
VICTOZA SUBCUTANEOUS SOLUTION PEN-		VOTRIENT	27
INJECTOR	77	VOWST	82
VIENVA	93	VOXZOGO	84
<i>vigabatrin oral packet</i>	58	VOYDEYA	111
<i>vigabatrin oral tablet</i>	58	VPRIV	84
VIGADRONE ORAL PACKET	58	VRAYLAR ORAL CAPSULE	58
VIGADRONE ORAL TABLET	58	VTAMA	67
VIGAMOX	114	VUITY	114
VIGPODER	58	VUMERITY	58
VIIBRYD ORAL TABLET	58	VYFEMLA	94
VIJOICE ORAL PACKET	84	VYLIBRA	94
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50		VYNDAMAX	38
MG	84	VYNDAQEL	38
VIJOICE ORAL TABLET THERAPY PACK 200 & 50		VYTORIN	38
MG	84	VYVANSE	58
<i>vilazodone hcl</i>	58	VYZULTA	114
VIMIZIM	84	W	
<i>vinblastine sulfate intravenous solution</i>	26	WAINUA	38
<i>vincristine sulfate intravenous</i>	26	WAKIX	58
<i>vinorelbine tartrate</i>	26	<i>warfarin sodium oral</i>	30
VIOKACE ORAL TABLET 10440-39150 UNIT	84	WELCHOL	38
VIOKACE ORAL TABLET 20880-78300 UNIT	84	WELIREG	27
<i>viorele</i>	93	WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE	
VIRACEPT ORAL TABLET 250 MG	109	12 HOUR 150 MG	58
VIRACEPT ORAL TABLET 625 MG	109	WERA	94
VIREAD ORAL POWDER	109	<i>wescap-c dha</i>	70
VIREAD ORAL TABLET 150 MG, 250 MG	109	<i>wesnate dha</i>	70
VIREAD ORAL TABLET 200 MG	109	<i>westab plus</i>	70
<i>virt-nate dha</i>	70	<i>westgel dha</i>	70
VISTOGARD	111	WINLEVI	67
VITAFOL GUMMIES	70	WINREVAIR	120
VITAFOL STRIPS	70	<i>wixela inhub inhalation aerosol powder breath</i>	
VITAFOL ULTRA	70	<i>activated 100-50 mcg/act, 250-50 mcg/act, 500-50</i>	
VITAFOL-NANO	70	<i>mcg/act</i>	120
VITAFOL-OB	70	WYMZYA FE	94
VITAFOL-ONE	70	X	
VITRAKVI ORAL CAPSULE 100 MG	27	XACIATO	85
VITRAKVI ORAL CAPSULE 25 MG	27	XADAGO	58
VITRAKVI ORAL SOLUTION	27	XALATAN	114
VIVELLE-DOT	94	XALKORI ORAL CAPSULE	27
VIVITROL	58	XALKORI ORAL CAPSULE SPRINKLE 150 MG	27
VIVJOA	109	XALKORI ORAL CAPSULE SPRINKLE 20 MG	27
VIZIMPRO	27	XALKORI ORAL CAPSULE SPRINKLE 50 MG	27
VOLNEA	94	XANAX	58
VONJO	27	XARELTO ORAL SUSPENSION RECONSTITUTED	30
VOQUEZNA	82	XARELTO ORAL TABLET 10 MG, 20 MG	31
VOQUEZNA DUAL PAK	82	XARELTO ORAL TABLET 15 MG, 2.5 MG	31

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 13. 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, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 13, then look under the category name for your drug.

Please refer to section "Your plan's Part D Formulary" to see an example of how to read your Drug List.

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 121. 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?

Your plan 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the *Evidence of Coverage* Chapter titled "Using the plan's coverage for Part D prescription drugs", Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.

- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we require 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, 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.
- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at www.anthem.com/ca the 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 covers.

You can ask us 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Part D Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy Member Services, our contact information appears on the front and back covers, and ask if your drug is covered.

If you learn that your plan does not cover your drug, you have two options:

- You can ask Pharmacy Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by your plan.
- You can ask your plan 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

You can ask us 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 Part D eligible drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, we limit 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.
- You can ask us to cover a formulary drug at a 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.

Generally, your plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	57	<i>vasopressin +rfid</i>	93
<i>valproic acid oral capsule</i>	57	<i>vasopressin intravenous solution</i>	93
<i>valproic acid oral solution 250 mg/5ml</i>	57	VASOSTRICT INTRAVENOUS SOLUTION 20-5 UT/100ML-%, 40-5 UT/100ML-%	93
<i>valrubicin</i>	26	VAXCHORA	99
<i>valsartan oral solution</i>	37	VECAMYL	37
<i>valsartan oral tablet 160 mg</i>	37	VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	26
<i>valsartan oral tablet 320 mg</i>	37	VEGZELMA	26
<i>valsartan oral tablet 40 mg, 80 mg</i>	37	VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	108
<i>valsartan oral tablet 160 mg</i>	11	VELIVET	93
<i>valsartan oral tablet 320 mg</i>	11	VELPHORO	77
<i>valsartan oral tablet 40 mg, 80 mg</i>	11	VELSIPITY	82
<i>valsartan-hydrochlorothiazide</i>	37	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	77
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	11	VELTASSA ORAL PACKET 8.4 GM	77
VALTOCO 10 MG DOSE	57	VEMLIDY	108
VALTOCO 15 MG DOSE	57	VENCLEXTA ORAL TABLET 10 MG	26
VALTOCO 20 MG DOSE	57	VENCLEXTA ORAL TABLET 100 MG	26
VALTOCO 5 MG DOSE	57	VENCLEXTA ORAL TABLET 50 MG	26
VALTrex ORAL TABLET 1 GM	108	VENCLEXTA STARTING PACK	26
VALTrex ORAL TABLET 500 MG	108	<i>venlafaxine besylate er</i>	58
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	108	<i>venlafaxine hcl</i>	58
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	108	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	58
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	108	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	58
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	108	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	58
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	108	<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	58
<i>vancomycin hcl intravenous solution reconstituted 1.75 gm, 2 gm</i>	108	<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i>	58
<i>vancomycin hcl oral capsule 125 mg</i>	108	<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	58
<i>vancomycin hcl oral capsule 250 mg</i>	108	VENTAVIS	120
<i>vancomycin hcl oral solution reconstituted</i>	108	VEOZAH	111
VANDAZOLE	85	<i>verapamil hcl er oral capsule extended release 24 hour</i>	37
VANFLYTA	26	<i>verapamil hcl er oral tablet extended release 120 mg</i>	37
VAQTA	99	<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	37
<i>varenicline tartrate (starter)</i>	57	<i>verapamil hcl intravenous</i>	37
<i>varenicline tartrate oral tablet 0.5 mg</i>	58	<i>verapamil hcl oral</i>	37
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	58	VERDESO	66
<i>varenicline tartrate(continue)</i>	58	VEREGEN	67
VARIVAX	99	VERKAZIA	114
VARIZIG INTRAMUSCULAR SOLUTION	99	VERQUVO	38
VARUBI (180 MG DOSE)	82	VERSACLOZ	58
VASCEPA	37	VERZENIO	26
		VESICARE	85
		VESICARE LS	85

TRIESENCE	114	TYPHIM VI	99
<i>trifluoperazine hcl oral</i>	57	TYRVAYA	114
<i>trifluridine ophthalmic</i>	108	TYVASO	120
<i>trihexyphenidyl hcl oral solution</i>	57	TYVASO DPI MAINTENANCE KIT	120
<i>trihexyphenidyl hcl oral tablet</i>	57	TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	120
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	77	TYVASO REFILL KIT	120
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	77	TYVASO STARTER KIT	120
TRIKAFTA ORAL TABLET THERAPY PACK	120	U	
TRIKAFTA ORAL THERAPY PACK	120	UBRELVY ORAL TABLET 100 MG	57
TRILEPTAL ORAL TABLET	57	UBRELVY ORAL TABLET 50 MG	57
<i>trimethobenzamide hcl oral</i>	82	UCERIS ORAL	82
<i>trimethoprim oral</i>	108	UDENYCA	30
<i>trimipramine maleate oral</i>	57	UDENYCA ONBODY	30
<i>trinatal rx 1</i>	70	ULORIC	19
TRINTELLIX	57	ULTRAVATE EXTERNAL LOTION	66
TRIPTODUR	93	UNITHROID	93
<i>tristart dha</i>	70	UPTRAVI ORAL	120
TRIUMEQ	108	UPTRAVI TITRATION	120
TRIUMEQ PD	108	UROGESIC-BLUE	108
TRIVORA (28)	93	UROXATRAL	85
TRIZIVIR	108	<i>ursodiol oral capsule 200 mg, 400 mg</i>	82
TRODELVY	26	<i>ursodiol oral capsule 300 mg</i>	82
TROGARZO	108	<i>ursodiol oral tablet</i>	82
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	57	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	57
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	57	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	57
TROPHAMINE INTRAVENOUS SOLUTION 10 %	70	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	57
<i>trospium chloride</i>	85	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	57
<i>trospium chloride er</i>	85	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	57
TRULANCE	82	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	57
TRULICITY	77	UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	57
TRUMENBA	99	V	
TRUQAP	26	V-GO 20 KIT 20 UNIT/24HR	111
TRUSELTIQ (100MG DAILY DOSE)	26	V-GO 30 KIT 30 UNIT/24HR	111
TRUSELTIQ (125MG DAILY DOSE)	26	V-GO 40 KIT 40 UNIT/24HR	111
TRUSELTIQ (50MG DAILY DOSE)	26	VABOMERE	108
TRUSELTIQ (75MG DAILY DOSE)	26	VAGIFEM VAGINAL TABLET 10 MCG	93
TRUXIMA	26	<i>valacyclovir hcl oral tablet 1 gm</i>	108
TUDORZA PRESSAIR	120	<i>valacyclovir hcl oral tablet 500 mg</i>	108
TUKYSA	26	VALCHLOR	66
TURALIO ORAL CAPSULE 125 MG	26	<i>valganciclovir hcl oral solution reconstituted</i>	108
TURQOZ	93	<i>valganciclovir hcl oral tablet</i>	108
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	99	VALIUM ORAL TABLET 10 MG	57
TWYNEO	66	VALIUM ORAL TABLET 2 MG	57
TYBLUME ORAL TABLET CHEWABLE	93	VALIUM ORAL TABLET 5 MG	57
TYBOST	108		
TYDEMY	93		
TYKERB	26		
TYMLOS	77		

You or your prescriber should call Pharmacy Member Services to ask for a tiering or formulary exception. Our contact information appears on the front and back covers.

When you request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. If coverage is not approved, after your first one-month supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials online at www.anthem.com/ca, or call Pharmacy Member Services. Our contact information, along with the date we last updated this formulary, appears on the front and back covers.

If you have questions about your plan, please call Pharmacy Member Services. Our contact information, along with the date we last updated this formulary, appears on the front and back covers.

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.

Your plan's Part D Formulary

The formulary that begins on page 13 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 121.

The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment or coinsurance is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage*, which can be found online at www.anthem.com/ca, or call the Pharmacy Member Services number listed on the front and back covers. Your drug plan benefits chart uses the following tier labels:

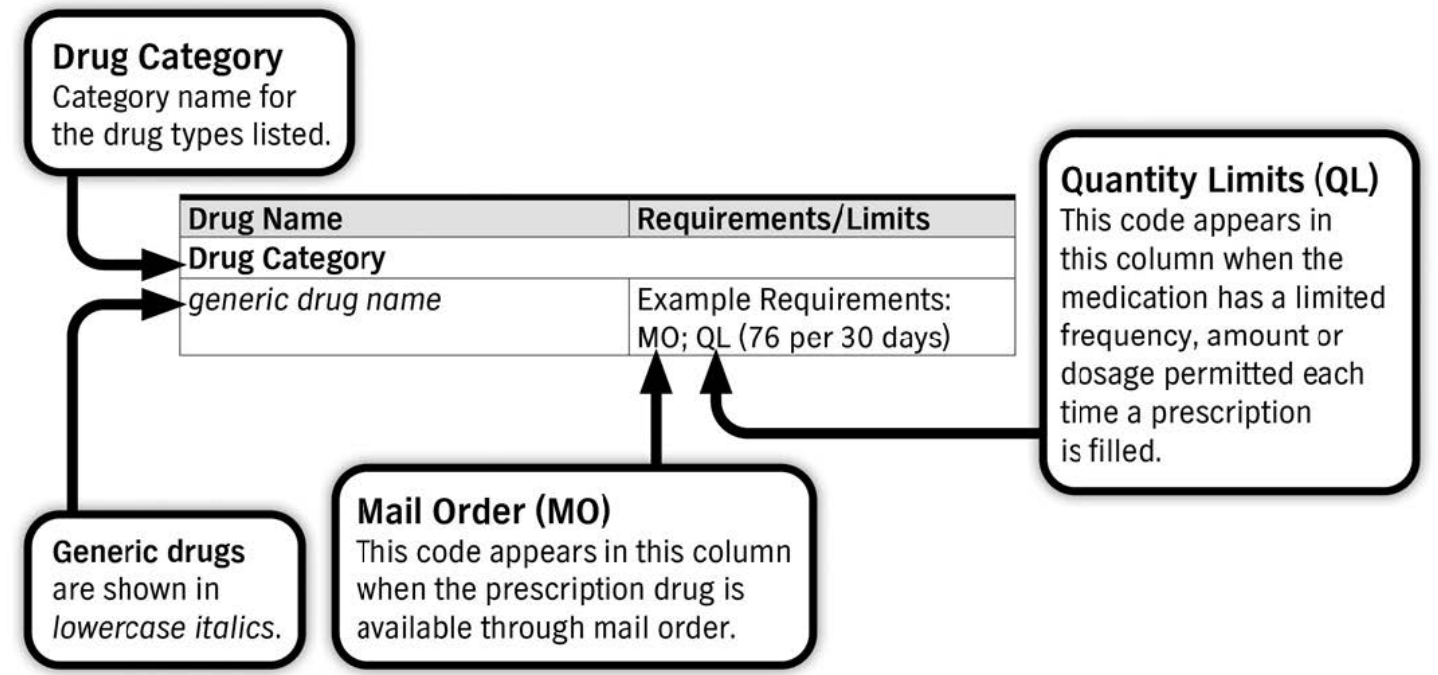
Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs and Non-Formulary Drugs
4	Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 13, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

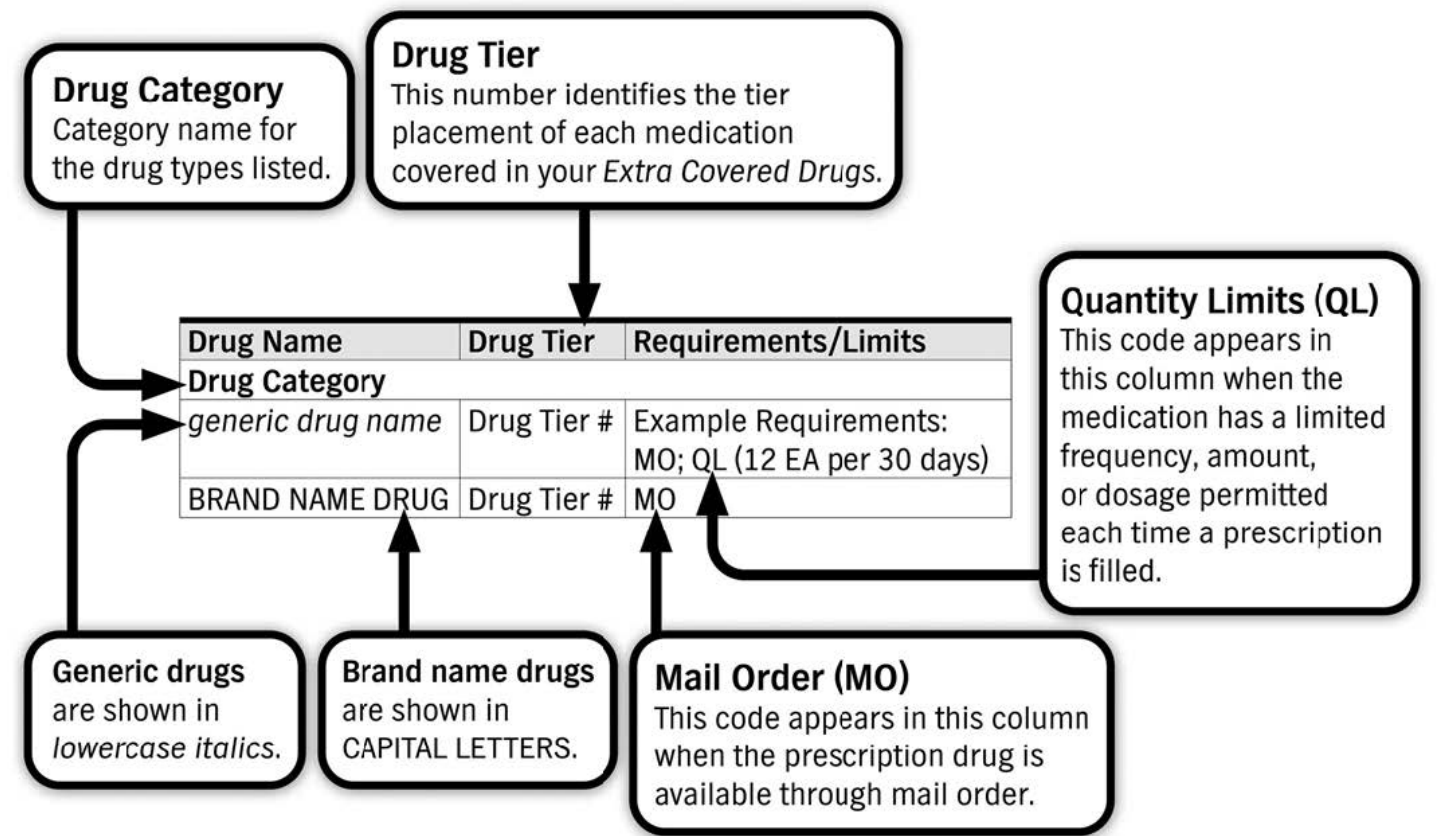
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	57	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	77
<i>topiramate er oral capsule extended release 24 hour 25 mg, 50 mg</i>	57	TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	77
<i>topiramate oral</i>	57	<i>tretinoin external</i>	66
TOPROL XL	37	<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i> ...	66
<i>toremifene citrate</i>	26	<i>tretinoin microsphere external gel 0.08 %</i>	66
<i>toremide oral</i>	37	<i>tretinoin microsphere pump</i>	66
TOSYMRA	57	<i>tretinoin oral</i>	26
TOUJEO MAX SOLOSTAR	77	TREXALL	99
TOUJEO SOLOSTAR	77	TREXIMET ORAL TABLET 85-500 MG	57
TOVET EXTERNAL FOAM	66	TREZIX ORAL CAPSULE 320.5-30-16 MG	19
TOVIAZ	85	TRI FEMYNOR	93
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	70	TRI-ESTARYLLA	93
TRACLEER ORAL TABLET SOLUBLE	120	TRI-LEGEST FE	93
TRADJENTA	77	TRI-LINYAH	93
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	19	TRI-LO-ESTARYLLA	93
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	19	TRI-LO-MARZIA	93
<i>tramadol hcl er</i>	19	TRI-LO-MILI	93
<i>tramadol hcl oral solution</i>	19	TRI-LO-SPRINTEC	93
<i>tramadol hcl oral tablet 100 mg</i>	19	TRI-MILI	93
<i>tramadol hcl oral tablet 25 mg</i>	19	TRI-NYMYO	93
<i>tramadol hcl oral tablet 50 mg</i>	19	TRI-SPRINTEC	93
<i>tramadol-acetaminophen</i>	19	TRI-VI-FLOR	70
<i>trandolapril</i>	37	<i>tri-vite/fluoride</i>	70
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	11	TRI-VYLIBRA	93
<i>trandolapril-verapamil hcl er</i>	37	TRI-VYLIBRA LO	93
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	30	<i>triamcinolone acetonide external aerosol solution</i>	66
<i>tranexamic acid oral</i>	30	<i>triamcinolone acetonide external cream</i>	66
<i>tranexamic acid-nacl</i>	30	<i>triamcinolone acetonide external lotion</i>	66
<i>tranylcypromine sulfate</i>	57	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	66
TRAVASOL	70	<i>triamcinolone acetonide external ointment 0.05 %</i>	66
TRAVATAN Z	114	<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	93
<i>travoprost (bak free)</i>	114	<i>triamcinolone acetonide mouth/throat</i>	66
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	57	<i>triamcinolone in absorbase</i>	66
<i>trazodone hcl oral tablet 300 mg</i>	57	<i>triamterene oral</i>	37
TRECTOR	108	<i>triamterene-hctz oral capsule 37.5-25 mg</i>	37
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	120	<i>triamterene-hctz oral tablet</i>	37
TRELSTAR MIXJECT	26	TRIANEX	66
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	98	<i>triazolam</i>	57
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	98	TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-5-12.5 MG	37
<i>treprostinil</i>	120	<i>tricitrates</i>	85
TRESIBA	77	TRICOR	37
		TRIDACAINE	19
		TRIDACAINE II	19
		TRIDACAINE III	19
		TRIDERM EXTERNAL CREAM	66
		<i>trientine hcl</i>	77

TENCON ORAL TABLET 50-325 MG	56	TIGLUTIK	56
TENIVAC	98	TILIA FE	93
tenofovir disoproxil fumarate	107	timolol maleate (once-daily)	113
TENORMIN ORAL TABLET 25 MG, 50 MG	37	TIMOLOL MALEATE OCUDOSE	113
TEPEZZA	113	timolol maleate ophthalmic gel forming solution	113
TEPMETKO	26	timolol maleate ophthalmic solution 0.25 %	113
terazosin hcl oral	37	timolol maleate ophthalmic solution 0.5 %	114
terbinafine hcl oral	107	timolol maleate oral	37
terbutaline sulfate injection	119	timolol maleate pf ophthalmic solution 0.25 %	114
terbutaline sulfate oral	119	timolol maleate pf ophthalmic solution 0.5 %	114
terconazole	85	TIMOPTIC OCUDOSE	114
teriflunomide	56	tinidazole oral	107
teriparatide	77	tiopronin oral	85
teriparatide (recombinant)	77	tiotropium bromide monohydrate	119
TESTOPEL	93	TIROSINT ORAL CAPSULE 200 MCG, 37.5 MCG, 44 MCG, 62.5 MCG	93
testosterone cypionate intramuscular solution 100 mg/ml	93	TIROSINT-SOL	93
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	93	TIS-U-SOL	111
testosterone enanthate intramuscular solution	93	TIVICAY ORAL TABLET 10 MG	107
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	93	TIVICAY ORAL TABLET 25 MG, 50 MG	107
testosterone transdermal gel 10 mg/act (2%)	93	TIVICAY PD	108
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	93	tizanidine hcl oral	56
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	93	TLANDO	93
testosterone transdermal solution	93	TOBI PODHALER	119
tetrabenazine oral tablet 12.5 mg	56	TOBRADEX OPHTHALMIC OINTMENT	114
tetrabenazine oral tablet 25 mg	56	TOBRADEX OPHTHALMIC SUSPENSION	114
tetracaine hcl ophthalmic	113	TOBRADEX ST	114
tetracycline hcl oral capsule	107	tobramycin inhalation nebulization solution 300 mg/4ml	120
tetracycline hcl oral tablet	107	tobramycin inhalation nebulization solution 300 mg/5ml	120
TEVIMBRA	26	tobramycin ophthalmic	114
TEXACORT	66	tobramycin sulfate injection solution	108
TEZSPIRE	119	tobramycin sulfate injection solution reconstituted	108
THALITONE	37	tobramycin-dexamethasone	114
THALOMID ORAL CAPSULE 100 MG, 50 MG	26	TOBREX OPHTHALMIC OINTMENT	114
THALOMID ORAL CAPSULE 150 MG, 200 MG	26	TOLAK	66
THEO-24	119	tolcapone	56
theophylline er	119	TOLECTIN 600	19
theophylline oral	119	tolmetin sodium oral capsule	19
thioridazine hcl oral	56	tolmetin sodium oral tablet 600 mg	19
thiothixene oral	56	tolsura	108
thrivite rx	70	tolterodine tartrate	85
THYQUIDITY	93	tolterodine tartrate er	85
TIADYLT ER	37	tolvaptan oral tablet 15 mg	77
tiagabine hcl	56	tolvaptan oral tablet 30 mg	77
TIBSOVO	26	TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG ...	56
TICE BCG	26	TOPAMAX ORAL TABLET 25 MG	56
TICOVAC	98	topiramate er oral capsule er 24 hour sprinkle ...	56
TIGAN INTRAMUSCULAR	82	topiramate er oral capsule extended release 24 hour 100 mg	56
tigecycline	107		

Below you will find an example of how to read the Select Generics List.



Below you will find an example of how to read your formulary Drug List, which has more requirements than the Select Generics List.



Select Generics for 2025

You may fill up to a 100-day supply of Select Generics if prescribed. These drugs are covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan at a reduced copay (see the benefits chart in your Evidence of Coverage).

Legend

QL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

MO - Mail Order: Prescription drugs available through mail order.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents			<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg	1	
<i>amlodipine besy-benazepril hcl oral capsule</i> 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1		<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg, 5-12.5 mg	1	
<i>atenolol oral tablet</i> 100 mg, 25 mg, 50 mg	1		<i>fosinopril sodium oral tablet</i> 10 mg, 20 mg, 40 mg	1	
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg, 50-25 mg	1		<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg	1	
<i>atorvastatin calcium oral tablet</i> 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)	<i>hydrochlorothiazide oral capsule</i> 12.5 mg	1	
<i>benazepril hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	1		<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	
<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1		<i>irbesartan oral tablet</i> 150 mg, 300 mg, 75 mg	1	QL (30 per 30 days)
<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg	1		<i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg	1	QL (30 per 30 days)
<i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1		<i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1		<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1		<i>losartan potassium oral tablet</i> 100 mg	1	QL (30 per 30 days)

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

<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	56	TALICIA	82
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	56	TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	26
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	56	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	26
<i>sumatriptan-naproxen sodium</i>	56	<i>tamoxifen citrate oral</i>	26
<i>sunitinib malate</i>	25	<i>tamsulosin hcl</i>	85
SUNLENCA ORAL	107	TANLOR	56
SUNLENCA SUBCUTANEOUS	107	TAPERDEX 12-DAY	92
SUNOSI	56	TAPERDEX 6-DAY	92
SUPREP BOWEL PREP KIT	82	TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	93
SUSTOL	82	TARGADOX	107
SUTAB	82	TARINA 24 FE	93
SYEDA	92	TARINA FE 1/20 EQ	93
SYFOVRE	113	TARON-C DHA ORAL CAPSULE 35-1 MG	70
SYMBICORT	119	TARPEYO	85
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	119	TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	56
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	119	TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	56
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	77	TASIGNA	26
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	77	<i>tasimelteon</i>	56
SYMPAZAN ORAL FILM 10 MG, 20 MG	56	<i>tavaborole</i>	66
SYMPAZAN ORAL FILM 5 MG	56	TAVALISSE	30
SYMPROIC	82	TAVNEOS	98
SYMTUZA	107	TAYSOFY	93
SYNAGIS	111	<i>tazarotene external cream 0.1 %</i>	66
SYNAREL	92	<i>tazarotene external foam</i>	66
SYNDROS	82	<i>tazarotene external gel</i>	66
SYNJARDY	77	TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	107
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	77	TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	107
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	77	TAZORAC EXTERNAL CREAM 0.05 %	66
SYNTHROID	92	TAZVERIK	26
T		TDVAX	98
TABLOID	25	TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	26
TABRECTA	25	TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	26
<i>tacrolimus external ointment</i>	66	TECVAYLI	26
<i>tacrolimus oral</i>	98	TEFLARO	107
<i>tadalafil (pah)</i>	119	TEGLUTIK	56
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	85	TEGRETOL-XR	56
TADLIQ	119	TEGSEDI	37
TAFINLAR ORAL CAPSULE	26	TEKTRUNA	37
TAFINLAR ORAL TABLET SOLUBLE	26	<i>telmisartan oral tablet 20 mg, 40 mg</i>	37
<i>tafluprost (pf)</i>	113	<i>telmisartan oral tablet 80 mg</i>	37
TAGRISSE	26	<i>telmisartan-amlodipine</i>	37
TAKHZYRO SUBCUTANEOUS SOLUTION	30	<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	37
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	30	<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	37
		<i>temazepam</i>	56

sodium fluoride 5000 ppm dental gel	66	SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	
sodium fluoride 5000 ppm dental paste	66	750 MG	56
sodium fluoride 5000 sensitive dental gel	66	SPRIX	19
sodium fluoride dental cream	66	SPRYCEL	25
sodium fluoride dental gel 1.1 %	66	SPS	77
sodium fluoride mouth/throat	66	SRONYX	92
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	70	SSD (SILVER SULFADIAZINE)	66
sodium fluoride oral tablet 2.2 (1 f) mg	70	STEGLATRO	77
sodium fluoride oral tablet chewable	70	STEGLUJAN	77
sodium oxybate	55	STELARA INTRAVENOUS	98
sodium phenylbutyrate oral powder 3 gm/tsp	84	STELARA SUBCUTANEOUS SOLUTION 45 MG/	
sodium phenylbutyrate oral tablet	84	0.5ML	98
sodium polystyrene sulfonate oral powder	77	STELARA SUBCUTANEOUS SOLUTION PREFILLED	
sofosbuvir-velpatasvir	107	SYRINGE	98
SOGROYA	92	sterile water for irrigation	111
SOHONOS	77	STIMUFEND	30
solifenacin succinate	85	STIOLTO RESPIMAT	119
SOLQUA	77	STIVARGA	25
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	111	STRENSIQ	84
SOLOSEC	107	streptomycin sulfate intramuscular	107
SOLTAMOX	25	STRIBILD	107
SOLU-CORTEF	92	STRIVERDI RESPIMAT	119
SOLU-MEDROL (PF)	92	SUBLOCADE	19
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED		SUBOXONE SUBLINGUAL FILM 12-3 MG	56
2 GM	92	SUBOXONE SUBLINGUAL FILM 2-0.5 MG	56
SOMATULINE DEPOT	92	SUBOXONE SUBLINGUAL FILM 4-1 MG	56
SOMAVERT	92	SUBOXONE SUBLINGUAL FILM 8-2 MG	56
SOOLANTRA	66	SUBVENITE	56
sorafenib tosylate	25	SUBVENITE STARTER KIT-BLUE	56
sorbitol irrigation solution 3 %	111	SUBVENITE STARTER KIT-GREEN	56
SORILUX	66	SUBVENITE STARTER KIT-ORANGE	56
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	37	SUCRAID	84
SORINE ORAL TABLET 80 MG	37	sucralfate oral	82
sotalol hcl (af) oral tablet 120 mg, 160 mg	37	SUFLAVE	82
sotalol hcl (af) oral tablet 80 mg	37	sulfacetamide sodium (acne)	66
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	37	sulfacetamide sodium ophthalmic	113
sotalol hcl oral tablet 80 mg	37	sulfacetamide sodium-sulfur external suspension	
SOTYLIZE	37	8-4 %	66
SOVALDI	107	sulfacetamide-prednisolone ophthalmic	
SOVUNA	107	solution	113
SPEVIGO SUBCUTANEOUS	111	SULFACLEANSE 8/4	66
spinosad	66	sulfadiazine oral	107
SPIRIVA HANDIHALER	119	sulfamethoxazole-trimethoprim intravenous	107
SPIRIVA RESPIMAT	119	sulfamethoxazole-trimethoprim oral suspension	
spironolactone oral suspension	37	200-40 mg/5ml	107
spironolactone oral tablet 100 mg, 50 mg	37	sulfamethoxazole-trimethoprim oral tablet	107
spironolactone oral tablet 25 mg	37	SULFAMYLON EXTERNAL CREAM	66
spironolactone-hctz	37	sulfasalazine oral	82
SPRAVATO (56 MG DOSE)	55	sulindac oral tablet 150 mg	19
SPRAVATO (84 MG DOSE)	55	sulindac oral tablet 200 mg	19
SPRINTEC 28	92	sumatriptan nasal	56
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE		sumatriptan succinate oral	56
1000 MG, 250 MG, 500 MG	55-56		

Drug Name	Drug Tier	Requirements/Limits
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
valsartan oral tablet 160 mg	1	QL (60 per 30 days)
valsartan oral tablet 320 mg	1	QL (30 per 30 days)
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (30 per 30 days)

Endocrine And Metabolic Disorder Agents

Drug Name	Drug Tier	Requirements/Limits
alendronate sodium oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days)
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days)
pioglitazone hcl oral tablet 15 mg	1	QL (90 per 30 days)
pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days)
pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days)

sapropterin dihydrochloride oral tablet	83	SIGNIFOR LAR INTRAMUSCULAR SUSPENSION
SARCLISA	25	RECONSTITUTED ER
SAVAYSA	30	SIKLOS ORAL TABLET 100 MG
SAVELLA	55	SIKLOS ORAL TABLET 1000 MG
SAVELLA TITRATION PACK	55	sildenafil citrate intravenous
saxagliptin hcl oral tablet 2.5 mg	76	sildenafil citrate oral suspension
saxagliptin hcl oral tablet 5 mg	76	reconstituted
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	76	sildenafil citrate oral tablet 20 mg
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	76	SILENOR
SCSEMBLIX ORAL TABLET 100 MG	25	silodosin
SCSEMBLIX ORAL TABLET 20 MG	25	SILVADENE
SCSEMBLIX ORAL TABLET 40 MG	25	silver nitrate external solution 0.5 %
scopolamine	82	silver sulfadiazine external
se-natal 19	70	SIMBRINZA
SECUADO	55	SIMLIYA
SEGLENTIS	19	SIMPESSE
SEGLUROMET	76	simvastatin oral tablet
SELECT-OB	70	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg
selegiline hcl oral	55	SINGULAIR ORAL TABLET
selenium sulfide external lotion	65	sirolimus oral solution
selenium sulfide external shampoo 2.25 %	65	sirolimus oral tablet 0.5 mg, 1 mg
SELZENTRY ORAL SOLUTION	107	sirolimus oral tablet 2 mg
SELZENTRY ORAL TABLET 25 MG	107	SIRTURO
SELZENTRY ORAL TABLET 75 MG	107	sitagliptin
SEMGLEE (YFGN)	76	SIVEXTRO INTRAVENOUS
SENSIPAR ORAL TABLET 30 MG, 60 MG	76	SIVEXTRO ORAL
SENSIPAR ORAL TABLET 90 MG	76	SKYCLARYS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	119	SKYLA
SERNIVO	65	SKYRIZI INTRAVENOUS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	92	SKYRIZI PEN
sertraline hcl oral capsule	55	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML
sertraline hcl oral concentrate	55	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML
sertraline hcl oral tablet 100 mg	55	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED
sertraline hcl oral tablet 25 mg	55	SYRINGE
sertraline hcl oral tablet 50 mg	55	SKYTROFA
SETLAKIN	92	SLYND
sevelamer carbonate oral packet 0.8 gm	76	SMOFLIPID
sevelamer carbonate oral packet 2.4 gm	76	SOANZ
sevelamer carbonate oral tablet	76	sod citrate-citric acid
sevelamer hcl oral tablet 400 mg	76	sod fluoride-potassium nitrate
sevelamer hcl oral tablet 800 mg	77	sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %
SEYSARA	107	sodium chloride (pf)
sf	65	sodium chloride injection solution 2.5 meq/ml
sf 5000 plus	65	sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %
SFROWASA	82	sodium chloride irrigation solution 0.9 %
SHAROBEL	92	sodium fluoride 5000 enamel dental gel
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	98	sodium fluoride 5000 plus
SIGNIFOR	92	sodium fluoride 5000 ppm dental cream

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

REYATAZ ORAL PACKET	107	ROCKLATAN	113
REZLIDHIA	25	<i>roflumilast</i>	119
REZUROCK	98	ROLVEDON	30
REZVOGLAR KWIKPEN	76	<i>romidepsin intravenous solution reconstituted</i> ...	25
REZZAYO	107	<i>ropinirole hcl</i>	55
RHOPRESSA	113	<i>ropinirole hcl er</i>	55
RIABNI	25	<i>rosuvastatin calcium oral</i>	36
<i>ribavirin oral capsule</i>	107	<i>rosuvastatin calcium oral tablet</i> 10 mg, 20 mg, 40	
<i>ribavirin oral tablet 200 mg</i>	107	<i>mg, 5 mg</i>	11
RIDAURA	98	ROTARIX	98
<i>rifabutin</i>	107	ROTATEQ ORAL SOLUTION	98
<i>rifampin intravenous</i>	107	ROWEEPRA ORAL TABLET 500 MG	55
<i>rifampin oral</i>	107	ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG,	
<i>riluzole</i>	54	30 MG	18
<i>rimantadine hcl</i>	107	ROXYBOND ORAL TABLET ABUSE-DETERRENT 5	
RIMSO-50	85	MG	19
<i>ringers</i>	70	ROZLYTREK ORAL CAPSULE 100 MG	25
<i>ringers irrigation</i>	110	ROZLYTREK ORAL CAPSULE 200 MG	25
RINVOQ	98	ROZLYTREK ORAL PACKET	25
RINVOQ LQ	98	RUBRACA	25
<i>risedronate sodium oral tablet 150 mg</i>	76	RUCONEST	30
<i>risedronate sodium oral tablet 30 mg</i>	76	<i>rufinamide oral suspension</i>	55
<i>risedronate sodium oral tablet 35 mg, 35 mg (12</i>		<i>rufinamide oral tablet 200 mg</i>	55
<i>pack), 35 mg (4 pack)</i>	76	<i>rufinamide oral tablet 400 mg</i>	55
<i>risedronate sodium oral tablet 5 mg</i>	76	RUKOBIA	107
<i>risedronate sodium oral tablet delayed</i>		RUXIENCE	25
<i>release</i>	76	RYALTRIS	119
<i>risperidone microspheres er intramuscular</i>		RYBELSUS ORAL TABLET 14 MG, 7 MG	76
<i>suspension reconstituted er 12.5 mg, 25 mg, 37.5</i>		RYBELSUS ORAL TABLET 3 MG	76
<i>mg</i>	54	RYBREVANT	25
<i>risperidone microspheres er intramuscular</i>		RYCLORA ORAL SOLUTION	119
<i>suspension reconstituted er 50 mg</i>	55	RYDAPT	25
<i>risperidone oral solution</i>	55	RYLAZE	25
<i>risperidone oral tablet 0.25 mg</i>	55	RYPLAZIM	83
<i>risperidone oral tablet 0.5 mg</i>	55	RYTARY	55
<i>risperidone oral tablet 1 mg</i>	55	RYVENT	119
<i>risperidone oral tablet 2 mg</i>	55	S	
<i>risperidone oral tablet 3 mg, 4 mg</i>	55	SAIZEN INJECTION SOLUTION RECONSTITUTED 5	
<i>risperidone oral tablet dispersible 0.25 mg</i>	55	MG	92
<i>risperidone oral tablet dispersible 0.5 mg</i>	55	SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED	
<i>risperidone oral tablet dispersible 1 mg</i>	55	SYRINGE	30
<i>risperidone oral tablet dispersible 2 mg</i>	55	<i>salicylic acid external ointment</i>	65
<i>risperidone oral tablet dispersible 3 mg</i>	55	<i>salicylic acid external shampoo</i>	65
<i>risperidone oral tablet dispersible 4 mg</i>	55	<i>salicylic acid external solution 26 %</i>	65
RITALIN	55	<i>salicylic acid wart remover</i>	65
<i>ritonavir</i>	107	<i>salsalate oral</i>	19
RITUXAN HYCELA	25	SAMSCA ORAL TABLET 15 MG	76
RITUXAN INTRAVENOUS SOLUTION	25	SAMSCA ORAL TABLET 30 MG	76
<i>rivastigmine</i>	55	SANCUSO	82
<i>rivastigmine tartrate</i>	55	SANDIMMUNE ORAL SOLUTION	98
RIVELSA	92	SANDOSTATIN LAR DEPOT	92
RIVFLOZA	83	SANTYL	65
<i>rizatriptan benzoate</i>	55	<i>sapropterin dihydrochloride oral packet</i>	83

Covered Medications by Therapeutic Category - Part D Eligible Drugs

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

QL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

PA - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You or your prescriber will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D PA - Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Pharmacy Member Services. The phone numbers are listed on the front and back covers.

MO - Mail Order: Prescription drugs available through mail order.

NEDS - Non-extended Day Supply: Drugs that will be limited to a 30-day supply per fill. This day supply is different from a Quantity Limit.

S - Specialty: Specialty drugs cost \$950 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at www.anthem.com/ca, or call the Pharmacy Member Services number listed on the front and back covers.

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Analgesics And Anti-Inflammatory Agents					
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days); NEDS	<i>apap-caff-dihydrocodeine oral capsule</i>	3	QL (180 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days); NEDS	ASCOMP-CODEINE	1	PA; QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO	BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 75 MCG	3	PA; QL (60 per 30 days); NEDS
<i>allopurinol oral tablet 200 mg</i>	3	MO	BELBUCA BUCCAL FILM 450 MCG, 600 MCG, 750 MCG, 900 MCG	4	PA; QL (60 per 30 days); NEDS; S
APADAZ	3	QL (180 per 30 days); NEDS	<i>belladonna alkaloids-opium</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
benzhydrocodone-acetaminophen	3	QL (180 per 30 days); NEDS
BRIXADI	4	S
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 7.5 mcg/hr	2	PA; QL (4 per 28 days); NEDS
buprenorphine transdermal patch weekly 20 mcg/hr, 5 mcg/hr	1	PA; QL (4 per 28 days); NEDS
butalbital-apap-caff-cod	1	PA; QL (180 per 30 days); NEDS
butalbital-asa-caff-codeine	1	PA; QL (180 per 30 days); NEDS
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL (5 per 30 days); NEDS
BUTRANS	3	PA; QL (4 per 28 days); NEDS
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	3	
CAMBIA	4	PA; QL (9 per 30 days); S
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (60 per 30 days); MO
CELEBREX ORAL CAPSULE 400 MG	3	QL (30 per 30 days); MO
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (60 per 30 days); MO
celecoxib oral capsule 400 mg	1	QL (30 per 30 days); MO
cocaine hcl nasal	3	
codeine sulfate oral tablet	2	QL (180 per 30 days); NEDS
colchicine oral	1	
colchicine-probenecid	1	MO

Drug Name	Drug Tier	Requirements/Limits
COLCRYS	3	
COMBOGESIC	3	
DEMEROL INJECTION SOLUTION 75 MG/ML	3	PA
DERMACINRX LIDOGEL	4	PA; QL (100 per 30 days); S
diclofenac epolamine external	2	PA; QL (60 per 30 days)
diclofenac potassium oral capsule	3	
diclofenac potassium oral tablet 25 mg	4	MO; S
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac potassium(migraine)	3	PA; QL (9 per 30 days)
diclofenac sodium er	1	MO
diclofenac sodium external gel 1 %	1	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %	1	QL (300 per 30 days)
diclofenac sodium external solution 2 %	4	QL (224 per 28 days); S
diclofenac sodium oral	1	MO
diclofenac-misoprostol oral tablet delayed release	1	MO
diflunisal oral	1	MO
DILAUDID INJECTION SOLUTION 0.2 MG/ML	3	
duramorph	1	
ec-naproxen	1	MO
ELYXYB	3	PA; QL (43.2 per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days); NEDS
etodolac er	1	MO
etodolac oral	1	MO

QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	54		RECORLEV	92
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	54		RECTIV	65
quinapril hcl	36		REGONOL INTRAVENOUS	54
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	11		REGRANEX	65
quinapril-hydrochlorothiazide	36		RELAFEN DS	18
quinidine gluconate er	36		RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	107
quinidine sulfate oral	36		RELEUKO INJECTION SOLUTION 300 MCG/ML	30
quinine sulfate oral	107		releuko injection solution 480 mcg/1.6ml	30
QULIPTA	54		releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml	30
QUTENZA	65		releuko subcutaneous solution prefilled syringe 480 mcg/0.8ml	30
QUVIVIQ	54		RELEXII	54
QUZYTIR	119		RELISTOR ORAL	82
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	119		RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	82
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	119		RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	82
R			RELTONE	82
RABAVERT	98		RELYVRIO	54
rabeprazole sodium oral tablet delayed release	82		REMICADE	98
RADICAVA	54		REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	119
RADICAVA ORS	54		RENACIDIN	110
RADICAVA ORS STARTER KIT	54		RENFLEXIS	98
RAGWITEK	110		repaglinide oral tablet 0.5 mg	76
raloxifene hcl	92		repaglinide oral tablet 1 mg	76
ramelteon	54		repaglinide oral tablet 2 mg	76
ramipril	36		REPATHA	36
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	11		REPATHA PUSHTRONEX SYSTEM	36
ranolazine er	36		REPATHA SURECLICK	36
RAPAFLO	85		RESTASIS	113
rasagiline mesylate oral	54		RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	113
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	98		RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	30
RAVICTI	83		RETACRIT INJECTION SOLUTION 40000 UNIT/ML	30
RAYALDEE	76		RETEVMO ORAL CAPSULE 40 MG	25
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	54		RETEVMO ORAL CAPSULE 80 MG	25
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	54		RETEVMO ORAL TABLET 120 MG, 160 MG	25
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	54		RETEVMO ORAL TABLET 40 MG	25
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	54		RETEVMO ORAL TABLET 80 MG	25
REBLOZYL	30		RETIN-A EXTERNAL CREAM	65
REBYOTA	110		RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	65
RECLIPSEN	92		RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	65
RECOMBIVAX HB	98		RETROVIR INTRAVENOUS	107
			REVLIMID ORAL CAPSULE 10 MG	25
			REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	25
			REVLIMID ORAL CAPSULE 5 MG	25
			REXULTI	54

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

PROAIR RESPICLICK	119	propylthiouracil oral	92
probenecid oral	18	PROQUAD SUBCUTANEOUS SUSPENSION	
PROCARDIA XL	36	RECONSTITUTED	98
PROCENTRA	53	PROSOL	70
prochlorperazine	81	PROTONIX ORAL TABLET DELAYED RELEASE	82
prochlorperazine edisylate injection solution 10 mg/2ml	81	protriptyline hcl	53
prochlorperazine maleate oral	81	PROVIDA OB	70
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	30	PROVIGIL ORAL TABLET 100 MG	53
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	30	PROVIGIL ORAL TABLET 200 MG	53
PROCTO-MED HC EXTERNAL	65	PROZAC ORAL CAPSULE 10 MG	53
PROCTOFOAM HC EXTERNAL	82	PROZAC ORAL CAPSULE 20 MG	53
PROCTOSOL HC EXTERNAL	65	PROZAC ORAL CAPSULE 40 MG	53
PROCTOZONE-HC EXTERNAL	65	PULMICORT FLEXHALER	119
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	83	PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	119
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	83	PURIXAN	25
PROCYSBI ORAL PACKET	83	pyrazinamide oral	106
progesterone intramuscular	92	pyridostigmine bromide er	53
progesterone oral	92	pyridostigmine bromide oral solution	53
PROGRAF INTRAVENOUS	98	pyridostigmine bromide oral tablet	54
PROGRAF ORAL	98	pyrimethamine oral	107
PROLASTIN-C INTRAVENOUS SOLUTION	83	PYRUKYND	30
PROLATE ORAL SOLUTION	18	PYRUKYND TAPER PACK	30
PROLATE ORAL TABLET	18	Q	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	76	QBRELIS	36
PROMACTA ORAL PACKET 12.5 MG	30	QBREXZA	65
PROMACTA ORAL PACKET 25 MG	30	QDOLO	18
PROMACTA ORAL TABLET 12.5 MG, 25 MG	30	QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	54
PROMACTA ORAL TABLET 50 MG	30	QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	54
PROMACTA ORAL TABLET 75 MG	30	QINLOCK	25
promethazine hcl injection	82	QNASL	119
promethazine hcl oral solution	82	QNASL CHILDRENS	119
promethazine hcl oral tablet	82	QTERN	76
promethazine hcl rectal suppository 12.5 mg, 25 mg	82	QUADRACEL	98
promethazine vc	119	quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	54
promethazine-phenylephrine	119	quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	54
PROMETHEGAN	82	quetiapine fumarate oral tablet 100 mg	54
PROMETRIUM	92	quetiapine fumarate oral tablet 150 mg	54
propafenone hcl	36	quetiapine fumarate oral tablet 200 mg	54
propafenone hcl er	36	quetiapine fumarate oral tablet 25 mg	54
proparacaine hcl ophthalmic	113	quetiapine fumarate oral tablet 300 mg	54
propranolol hcl er	36	quetiapine fumarate oral tablet 400 mg	54
propranolol hcl intravenous	36	quetiapine fumarate oral tablet 50 mg	54
propranolol hcl oral solution	36	QUFLORA FE	70
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	36	QUFLORA FE PEDIATRIC	70
propranolol hcl oral tablet 60 mg	36	QUFLORA PEDIATRIC	70
		QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	54

Drug Name	Drug Tier	Requirements/Limits
febuxostat	1	ST; MO
fenoprofen calcium oral capsule 400 mg	3	MO
fenoprofen calcium oral tablet	1	MO
fantanyl citrate (pf) injection solution 100 mcg/2ml, 50 mcg/ml	3	NEDS
fantanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	4	NEDS; S
fantanyl citrate buccal	4	PA; QL (120 per 30 days); NEDS; S
fantanyl citrate injection solution prefilled syringe 100 mcg/2ml	3	NEDS
fantanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml	3	
fantanyl citrate pf injection solution prefilled syringe 50 mcg/ml	3	NEDS
fantanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL (15 per 30 days); NEDS
fantanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	3	PA; QL (15 per 30 days); NEDS
FLECTOR EXTERNAL	3	PA; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO
GLOPERBA	3	
GLYDO EXTERNAL PREFILLED SYRINGE	1	

Drug Name	Drug Tier	Requirements/Limits
goprelto	3	
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL (60 per 30 days); NEDS
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	4	PA; QL (30 per 30 days); NEDS; S
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; QL (30 per 30 days); NEDS
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days); NEDS
hydromorphone hcl er oral tablet extended release 24 hour	3	PA; QL (30 per 30 days); NEDS
hydromorphone hcl injection solution 0.25 mg/0.5ml	3	NEDS
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl oral liquid	1	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	1	QL (180 per 30 days); NEDS
hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl pf injection solution 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 60 MG, 80 MG	4	PA; QL (30 per 30 days); NEDS; S
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG	3	PA; QL (30 per 30 days); NEDS
IBU	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
INDOCIN RECTAL	4	MO; S
indomethacin er	1	PA; MO
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
indomethacin oral suspension	3	PA; MO
indomethacin rectal suppository 50 mg	4	MO; S
ketoprofen er	3	MO
ketoprofen oral capsule 25 mg	4	MO; S
ketoprofen oral capsule 50 mg	3	MO
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA
ketorolac tromethamine nasal	4	QL (5 per 30 days); S
ketorolac tromethamine oral	1	PA

Drug Name	Drug Tier	Requirements/Limits
KIPROFEN	4	MO; S
KRYSTEXXA	4	PA; QL (2 per 28 days); LA; S
levorphanol tartrate oral	4	QL (180 per 30 days); NEDS; S
LICART EXTERNAL	3	PA; QL (30 per 30 days)
lidocaine external ointment 5 %	1	PA; QL (150 per 30 days)
lidocaine external patch 5 %	1	PA; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 0.5 %, 2 %, 4 %	3	
lidocaine hcl (pf) injection solution 1 %, 1.5 %	1	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1	
lidocaine hcl mouth/throat	1	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	QL (30 per 30 days)
LIDOCAN	4	PA; QL (90 per 30 days); S
LIDOREX	4	PA; QL (100 per 30 days); S
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 %	3	
LIDOTRAL EXTERNAL GEL	3	PA; QL (85 per 30 days)
LOFENA	4	MO; S
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL (2025 per 30 days); NEDS

potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	69
POTELIGEO	25
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36
pramipexole dihydrochloride	53
pramipexole dihydrochloride er	53
prasugrel hcl	30
pravastatin sodium	36
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	11
praziquantel oral	106
prazosin hcl oral	36
PRED FORTE	113
PRED MILD	113
prednicarbate external ointment	91
prednisolone acetate ophthalmic	113
prednisolone oral solution	91
prednisolone oral tablet	92
prednisolone sodium phosphate ophthalmic	113
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	92
prednisolone sodium phosphate oral tablet dispersible	92
PREDNISONE INTENSOL	92
prednisone oral solution	92
prednisone oral tablet 1 mg	92
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	92
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	92
prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)	92
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	53
pregabalin er oral tablet extended release 24 hour 330 mg	53
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	53
pregabalin oral capsule 200 mg	53
pregabalin oral capsule 225 mg, 300 mg	53
pregabalin oral solution	53
PREGNYL	92
PREHEVBRIO	98
PREMARIN INJECTION	92
PREMARIN ORAL	92
PREMARIN VAGINAL	92
PREMASOL INTRAVENOUS SOLUTION 10 %	69
PREMPHASE	92
PREMPRO	92
prenaisance	69
prenaisance plus	69
prenatal oral tablet 27-1 mg	69
prenatal plus	69
prenatal plus vitamin/mineral	69
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	69
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	69
prenatal without a w/ fe fumarate-l methylfolate-fa-dha oral capsule 27-0.6-0.4-300 mg	69
PRENATE	69
PRENATE AM	69
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	69
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	69
PRENATE ENHANCE	69
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	69
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	70
PRENATE PIXIE	70
PRENATE RESTORE	70
prenatvite complete	70
prenatvite plus	70
pretomanid	106
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	81
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	81
prevalite	36
PREVIDENT	65
PREVIDENT 5000 BOOSTER PLUS	65
PREVIDENT 5000 DRY MOUTH DENTAL GEL	65
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	65
PREVIDENT 5000 KIDS	65
PREVIDENT 5000 ORTHO DEFENSE	65
PREVIDENT 5000 PLUS	65
PREVIDENT 5000 SENSITIVE DENTAL GEL	65
PREVYMIS INTRAVENOUS	106
PREVYMIS ORAL	106
PREZCOBIX	106
PREZISTA ORAL SUSPENSION	106
PREZISTA ORAL TABLET 150 MG	106
PREZISTA ORAL TABLET 600 MG	106
PREZISTA ORAL TABLET 75 MG	106
PRIALT	110
PRIFTIN	106
PRILOSEC ORAL PACKET	81
PRIMACARE ORAL CAPSULE	70
primaquine phosphate oral tablet 26.3 (15 base) mg	106
primidone oral	53
PRIORIX	98
PRISTIQ	53
PRIVIGEN	98
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	119

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

PENTACEL	98	pioglitazone hcl oral tablet30 mg	12
pentamidine isethionate inhalation	106	pioglitazone hcl oral tablet45 mg	12
pentamidine isethionate injection	106	pioglitazone hcl-glimepiride	76
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	81	pioglitazone hcl-metformin hcl	76
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	81	piperacillin sod-tazobactam	106
pentazocine-naloxone hcl	18	PIQRAY (200 MG DAILY DOSE)	25
pentoxifylline er	30	PIQRAY (250 MG DAILY DOSE)	25
PERIKABIVEN	69	PIQRAY (300 MG DAILY DOSE)	25
perindopril erbumine	36	pirfenidone oral capsule	118
PERIOGARD	65	pirfenidone oral tablet 267 mg	118
PERJETA	25	pirfenidone oral tablet 534 mg, 801 mg	118
permethrin external cream	65	piroxicam oral	18
perphenazine oral	53	pitavastatin calcium	36
perphenazine-amitriptyline	53	PLAQUENIL	106
PERSERIS	53	PLAVIX ORAL TABLET 75 MG	30
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT	83	PLEGRIDY	53
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	83	PLEGRIDY STARTER PACK	53
PFIZERPEN	106	PLENAMINE	69
PHEBURANE	83	PLENVU	81
phenelzine sulfate oral	53	plerixafor	30
phenobarbital oral elixir	53	PLIAGLIS EXTERNAL CREAM	18
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	53	pnv prenatal plus multivitamin	69
phenobarbital oral tablet 16.2 mg, 32.4 mg	53	pnv-dha	69
phenoxybenzamine hcl oral	36	pnv-dha+docusate	69
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	113	pnv-omega	69
PHENYTEK	53	PODOCON-25	65
PHENYTOIN INFATABS	53	podofilox external gel	65
phenytoin oral	53	podofilox external solution	65
phenytoin sodium extended	53	POLY-VI-FLOR	69
PHESGO	25	POLY-VI-FLOR/IRON	69
PHEXXI	91	POLYCIN	113
PHILITH	91	polymyxin b sulfate injection	106
PHOSPHOLINE IODIDE	113	polymyxin b-trimethoprim	113
PHYSIOLYTE	110	POMALYST	25
PIFELTRO	106	PONVORY	53
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	113	PONVORY STARTER PACK	53
pilocarpine hcl oral	65	PORTIA-28	91
pimecrolimus	65	posaconazole intravenous	106
pimozide	53	posaconazole oral	106
PIMTREA	91	potassium chloride crys er	69
pindolol	36	potassium chloride er	69
pioglitazone hcl oral tablet 15 mg	76	potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	69
pioglitazone hcl oral tablet 30 mg	76	potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	69
pioglitazone hcl oral tablet 45 mg	76	potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml	69
pioglitazone hcl oral tablet15 mg	12	potassium chloride oral packet	69
		potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	69
		potassium citrate er	85
		potassium citrate-citric acid oral solution	85

Drug Name	Drug Tier	Requirements/ Limits
meclofenamate sodium oral	1	MO
mefenamic acid oral	1	MO
meloxicam oral capsule	3	MO
meloxicam oral tablet	1	MO
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	3	PA
meperidine hcl oral solution	3	PA; QL (900 per 30 days); NEDS
meperidine hcl oral tablet 50 mg	4	PA; QL (180 per 30 days); NEDS; S
METHADONE HCL INTENSOL	1	QL (180 per 30 days); NEDS
methadone hcl oral concentrate	1	QL (180 per 30 days); NEDS
methadone hcl oral solution	1	QL (900 per 30 days); NEDS
methadone hcl oral tablet	1	PA; QL (180 per 30 days); NEDS
MITIGARE	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	
morphine sulfate (pf) injection solution 2 mg/ml, 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml, 4 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate (pf) intravenous solution 8 mg/ml	3	
morphine sulfate er beads	3	PA; QL (30 per 30 days); NEDS
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	
morphine sulfate intravenous solution 4 mg/ml	2	
morphine sulfate intravenous solution 8 mg/ml	3	
morphine sulfate oral solution	1	QL (900 per 30 days); NEDS
morphine sulfate oral tablet	1	QL (180 per 30 days); NEDS
morphine sulfate rectal	3	QL (180 per 30 days); NEDS
nabumetone oral	1	MO
nalocet	4	QL (180 per 30 days); NEDS; S
naproxen dr oral tablet delayed release 500 mg	1	MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release</i>	1	MO
<i>naproxen sodium er</i>	3	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG	4	PA; QL (60 per 30 days); NEDS; S
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG	3	PA; QL (60 per 30 days); NEDS
NUCYNTA ORAL TABLET 100 MG	4	QL (181 per 30 days); NEDS; S
NUCYNTA ORAL TABLET 50 MG	3	QL (181 per 30 days); NEDS
NUCYNTA ORAL TABLET 75 MG	4	QL (242 per 30 days); NEDS; S
<i>oxaprozin oral tablet</i>	1	MO
OXAYDO ORAL TABLET 5 MG	3	QL (180 per 30 days); NEDS
OXAYDO ORAL TABLET 7.5 MG	4	QL (180 per 30 days); NEDS; S
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	3	PA; QL (60 per 30 days); NEDS
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	4	QL (900 per 30 days); NEDS; S

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	3	QL (900 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	4	QL (180 per 30 days); NEDS; S
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days); NEDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG	3	PA; QL (60 per 30 days); NEDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	4	PA; QL (60 per 30 days); NEDS; S
<i>oxymorphone hcl</i>	3	QL (180 per 30 days); NEDS
<i>oxymorphone hcl er</i>	3	PA; QL (60 per 30 days); NEDS
PENNSAID EXTERNAL	4	QL (224 per 28 days); S
<i>pentazocine-naloxone hcl</i>	1	PA; QL (360 per 30 days); NEDS
<i>piroxicam oral</i>	1	MO
PLIAGLIS EXTERNAL CREAM	3	
<i>probenecid oral</i>	1	MO
PROLATE ORAL SOLUTION	4	QL (900 per 30 days); NEDS; S
PROLATE ORAL TABLET	4	QL (180 per 30 days); NEDS; S
QDOLO	3	QL (2400 per 30 days); NEDS
RELAFEN DS	4	MO; S
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	4	QL (180 per 30 days); NEDS; S

<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	18
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	18
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	18
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG	18
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	18
<i>oxymorphone hcl</i>	18
<i>oxymorphone hcl er</i>	18
OXYTROL	85
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	75
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	75
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	75
OZEMPIC (2 MG/DOSE)	75
OZOBAX DS	52
OZURDEX INTRAVITREAL	113
P	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	36
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	24
<i>paclitaxel protein-bound part</i>	24
PALFORZIA (12 MG DAILY DOSE)	110
PALFORZIA (120 MG DAILY DOSE)	110
PALFORZIA (160 MG DAILY DOSE)	110
PALFORZIA (20 MG DAILY DOSE)	110
PALFORZIA (200 MG DAILY DOSE)	110
PALFORZIA (240 MG DAILY DOSE)	110
PALFORZIA (3 MG DAILY DOSE)	110
PALFORZIA (300 MG MAINTENANCE)	110
PALFORZIA (300 MG TITRATION)	110
PALFORZIA (40 MG DAILY DOSE)	110
PALFORZIA (6 MG DAILY DOSE)	110
PALFORZIA (80 MG DAILY DOSE)	110
PALFORZIA INITIAL ESCALATION	110
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	52
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	52
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	52
<i>palonosetron hcl</i>	81
PALYNZIQ	83
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	76
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	76

PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 26000-8800 UNIT, 42000-14200 UNIT	83
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	83
PANDEL	65
PANRETIN	65
<i>pantoprazole sodium intravenous</i>	81
<i>pantoprazole sodium oral packet</i>	81
<i>pantoprazole sodium oral tablet delayed release</i>	81
PANZYGA	97
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	25
<i>paricalcitol intravenous</i>	76
<i>paricalcitol oral</i>	76
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	52
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	52
<i>paroxetine hcl oral suspension</i>	52
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	53
<i>paroxetine hcl oral tablet 20 mg</i>	53
<i>paroxetine hcl oral tablet 30 mg</i>	53
<i>paroxetine mesylate</i>	53
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	53
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	53
PAXLOVID (150/100)	106
PAXLOVID (300/100)	106
<i>pazopanib hcl</i>	25
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	97
PEDVAX HIB INTRAMUSCULAR SUSPENSION	97
<i>peg 3350-kcl-na bicarb-nacl</i>	81
<i>peg-3350/electrolytes</i>	81
<i>peg-3350/electrolytes/ascorbic acid</i>	81
<i>peg-kcl-nacl-nasulf-na asc-c</i>	81
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	97
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	97
PEMAZYRE	25
PENBRAYA	98
<i>penciclovir</i>	65
<i>penicillamine oral</i>	85
<i>penicillin g pot in dextrose</i>	106
<i>penicillin g potassium</i>	106
<i>penicillin g sodium</i>	106
<i>penicillin v potassium</i>	106
PENNSAID EXTERNAL	18

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

OMVOH SUBCUTANEOUS	97	OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	52
ondansetron hcl injection	81	OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG	52
ondansetron hcl oral solution	81	OSPHENA	91
ondansetron hcl oral tablet 24 mg	81	OTEZLA ORAL TABLET	97
ondansetron hcl oral tablet 4 mg, 8 mg	81	OTEZLA ORAL TABLET THERAPY PACK	97
ondansetron oral tablet dispersible 16 mg	81	OTOVEL	114
ondansetron oral tablet dispersible 4 mg, 8 mg	81	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	97
ONGENTYS	52	oxacillin sodium in dextrose intravenous solution 1 gm/50ml	106
ONIVYDE	24	oxacillin sodium in dextrose intravenous solution 2 gm/50ml	106
ONUREG	24	oxacillin sodium injection solution reconstituted 1 gm, 2 gm	106
ONZETRA XSAIL	52	oxacillin sodium intravenous	106
OPDIVO	24	oxalipatin intravenous solution	24
OPFOLDA	83	oxalipatin intravenous solution reconstituted	24
opium	81	oxandrolone oral tablet 10 mg	91
OPSUMIT	118	oxandrolone oral tablet 2.5 mg	91
OPSYNVI	118	oxaprozin oral tablet	18
OPVEE	52	OXAYDO ORAL TABLET 5 MG	18
OPZELURA	65	OXAYDO ORAL TABLET 7.5 MG	18
ORACEA	106	oxazepam	52
ORACIT	85	OXBRYTA	29
ORALAIR	110	oxcarbazepine	52
ORALONE	65	OXERVATE	113
ORENITRAM MONTH 1	118	oxiconazole nitrate	65
ORENITRAM MONTH 2	118	OXISTAT EXTERNAL LOTION	65
ORENITRAM MONTH 3	118	OXLUMO	83
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	118	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	52
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	118	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	52
ORFADIN ORAL SUSPENSION	83	OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	52
ORGOVYX	24	oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	85
ORIAHNN	91	oxybutynin chloride er oral tablet extended release 24 hour 5 mg	85
ORILISSA ORAL TABLET 150 MG	91	oxybutynin chloride oral solution	85
ORILISSA ORAL TABLET 200 MG	91	oxybutynin chloride oral tablet 2.5 mg	85
ORKAMBI ORAL PACKET	118	oxybutynin chloride oral tablet 5 mg	85
ORKAMBI ORAL TABLET	118	oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	18
ORLADEYO	29	oxycodone hcl oral capsule	18
orphenadrine citrate er	52	oxycodone hcl oral concentrate 100 mg/5ml	18
orphenadrine citrate injection	52	oxycodone hcl oral solution	18
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	52	oxycodone hcl oral tablet	18
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	52	oxycodone hcl oral tablet	18
ORSERDU ORAL TABLET 345 MG	24	oxycodone-acetaminophen oral solution 10-300 mg/5ml	18
ORSERDU ORAL TABLET 86 MG	24		
ORSYTHIA	91		
oscimin oral tablet	81		
oscimin sublingual	81		
oseltamivir phosphate oral capsule 30 mg	106		
oseltamivir phosphate oral capsule 45 mg, 75 mg	106		
oseltamivir phosphate oral suspension reconstituted	106		

Drug Name	Drug Tier	Requirements/Limits
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	3	QL (180 per 30 days); NEDS
salsalate oral	1	MO
SEGLENTIS	3	QL (120 per 30 days); NEDS
SPRIX	4	QL (5 per 30 days); S
SUBLOCADE	4	NEDS; S
sulindac oral tablet 150 mg	1	MO
sulindac oral tablet 200 mg	1	MO
TOLECTIN 600	4	MO; S
tolmetin sodium oral capsule	1	MO
tolmetin sodium oral tablet 600 mg	1	MO
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	2	PA; QL (30 per 30 days); NEDS
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL (30 per 30 days); NEDS
tramadol hcl er	1	PA; QL (30 per 30 days); NEDS
tramadol hcl oral solution	3	QL (2400 per 30 days); NEDS
tramadol hcl oral tablet 100 mg	3	QL (120 per 30 days); NEDS
tramadol hcl oral tablet 25 mg	3	QL (480 per 30 days); NEDS
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS
tramadol-acetaminophen	1	QL (40 per 5 days); NEDS
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL (180 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
TRIDACAINE	4	PA; QL (90 per 30 days); S
TRIDACAINE II	4	PA; QL (90 per 30 days); S
TRIDACAINE III	4	PA; QL (90 per 30 days); S
ULORIC	3	ST; MO
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	3	PA; QL (60 per 30 days); NEDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG	4	PA; QL (60 per 30 days); NEDS; S
ZIPSOR	4	S
ZTLIDO	3	PA; QL (90 per 30 days)
Antineoplastics		
abiraterone acetate oral tablet 250 mg	4	PA; QL (120 per 30 days); S
abiraterone acetate oral tablet 500 mg	4	PA; QL (60 per 30 days); S
ABRAXANE	4	PA; S
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	4	PA; QL (60 per 30 days); S
ALECENSA	4	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); LA; S
ALYMSYS	4	PA; S

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

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole oral</i>	1	QL (30 per 30 days); MO
ARIMIDEX	4	QL (30 per 30 days); MO; S
AUGTYRO	4	PA; QL (240 per 30 days); S
AVASTIN	4	PA; LA; S
AYVAKIT	4	PA; QL (30 per 30 days); LA; S
<i>azacitidine</i>	4	PA; LA; S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); LA; S
BAVENCIO	4	PA; LA; S
<i>bendamustine hcl</i>	4	B/D PA; S
BENDEKA	4	B/D PA; S
BESREMI	4	PA; LA; S
<i>bexarotene oral</i>	4	PA; QL (300 per 30 days); S
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	1	B/D PA
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	4	PA; S
<i>bortezomib injection solution reconstituted 2.5 mg</i>	3	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (180 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); LA; S
BRUKINSA	4	PA; QL (120 per 30 days); LA; S
CABOMETYX	4	PA; QL (30 per 30 days); LA; S
CALQUENCE	4	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 per 30 days); LA; S
<i>carboplatin intravenous solution</i>	1	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	1	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	4	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); LA; S
COPIKTRA	4	PA; QL (60 per 30 days); LA; S
COTELLIC	4	PA; QL (90 per 30 days); LA; S
<i>cyclophosphamide injection solution reconstituted 1 gm</i>	3	B/D PA
<i>cyclophosphamide injection solution reconstituted 2 gm</i>	4	B/D PA; S
<i>cyclophosphamide intravenous solution 500 mg/2.5ml</i>	4	S
<i>cyclophosphamide oral capsule</i>	2	B/D PA

NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	91
PEN-INJECTOR	85
NUVESSA	106
NUZYRA INTRAVENOUS	106
NUZYRA ORAL	64
NYAMYC	91
NYLIA 1/35	91
NYLIA 7/7/7	36
NYMALIZE ORAL SOLUTION 6 MG/ML	91
NYMYO	64
<i>nystatin external</i>	64
<i>nystatin mouth/throat</i>	106
<i>nystatin oral tablet</i>	64
<i>nystatin-triamcinolone</i>	65
NYSTOP	29
NYVEPRIA	69
OB COMPLETE ONE	69
OB COMPLETE ORAL TABLET	69
OB COMPLETE PETITE	69
OB COMPLETE PREMIER	69
OB COMPLETE/DHA	81
OALIVA	91
OCELLA	52
OCREVUS	10
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	97
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	91
<i>octreotide acetate injection solution 1000 mcg/ml</i>	91
<i>octreotide acetate injection solution 500 mcg/ml</i>	91
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	91
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	91
ODACTRA	110
ODEFSEY	106
ODOMZO	24
OFEV	118
<i>ofloxacin ophthalmic</i>	113
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	106
<i>ofloxacin otic</i>	114
OGIVRI	24
OGSIVEO ORAL TABLET 100 MG, 150 MG	24
OGSIVEO ORAL TABLET 50 MG	24
OHTUVAYRE	118
OJEMDA ORAL SUSPENSION RECONSTITUTED	24
OJEMDA ORAL TABLET	24
OJJAARA	24

<i>olanzapine intramuscular</i>	52
<i>olanzapine oral tablet 10 mg, 15 mg, 25 mg, 5 mg, 7.5 mg</i>	52
<i>olanzapine oral tablet 20 mg</i>	52
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	52
<i>olanzapine oral tablet dispersible 20 mg</i>	52
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	52
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	52
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	36
<i>olmesartan medoxomil oral tablet 5 mg</i>	36
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	11
<i>olmesartan medoxomil oral tablet 5 mg</i>	11
<i>olmesartan medoxomil-hctz</i>	36
<i>olmesartan-amlodipine-hctz</i>	36
<i>olopatadine hcl nasal</i>	118
<i>olopatadine hcl ophthalmic</i>	113
OLPRUVA (2 GM DOSE)	83
OLPRUVA (3 GM DOSE)	83
OLPRUVA (4 GM DOSE)	83
OLPRUVA (5 GM DOSE)	83
OLPRUVA (6 GM DOSE)	83
OLPRUVA (6.67 GM DOSE)	83
OMECLAMOX-PAK	81
<i>omega-3-acid ethyl esters</i>	36
OMEGAVEN	69
<i>omeprazole oral capsule delayed release</i>	81
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	81
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	81
<i>omeprazole-sodium bicarbonate oral packet</i>	81
OMNARIS	118
OMNIPOD 5 G6 INTRO (GEN 5)	110
OMNIPOD 5 G6 PODS (GEN 5)	110
OMNIPOD 5 G7 INTRO (GEN 5)	110
OMNIPOD 5 G7 PODS (GEN 5)	110
OMNIPOD 5 LIBRE2 PLUS G6	110
OMNIPOD 5 LIBRE2 PLUS G6 PODS	110
OMNIPOD CLASSIC PODS (GEN 3)	110
OMNIPOD DASH INTRO (GEN 4)	110
OMNIPOD DASH PODS (GEN 4)	110
OMNIPOD GO	110
OMNIPOD POD PALS	110
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	91
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	91
OMVOH INTRAVENOUS	97

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

nitroglycerin rectal	64	NOVOLIN 70/30 RELION	75
nitroglycerin sublingual	36	NOVOLIN N	75
nitroglycerin transdermal patch 24 hour	36	NOVOLIN N FLEXPEN	75
nitroglycerin translingual solution	36	NOVOLIN N FLEXPEN RELION	75
NITROSTAT	36	NOVOLIN N RELION	75
NITYR	83	NOVOLIN R	75
niva thyroid	90	NOVOLIN R FLEXPEN	75
NIVA-PLUS	69	NOVOLIN R FLEXPEN RELION	75
NIVESTYM INJECTION SOLUTION	29	NOVOLIN R RELION	75
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	29	NOVOLOG 70/30 FLEXPEN RELION	75
nizatidine oral capsule	81	NOVOLOG FLEXPEN RELION	75
NOC DURNA	90	NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	75
NORA-BE	90	NOVOLOG INJECTION	75
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	90	NOVOLOG MIX 70/30	75
norelgestromin-eth estradiol	90	NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	75
norethin ace-eth estrad-fe oral capsule	90	NOVOLOG MIX 70/30 RELION	75
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	90	NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	75
norethin ace-eth estrad-fe oral tablet chewable	90	NOVOLOG RELION INJECTION	75
norethin-eth estradiol-fe	90	NOVOPEN ECHO	110
norethindron-ethinyl estrad-fe	90	NOXAFIL ORAL PACKET	106
norethindrone acet-ethinyl est oral tablet	90	NP THYROID	91
norethindrone acetate oral	91	NPLATE	29
norethindrone oral	91	NUBEQA	24
norethindrone-eth estradiol	91	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	118
NORGESIC	51	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	118
norgestim-eth estrad triphasic	91	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	118
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	91	NUCALA SUBCUTANEOUS SOLUTION	
NORITATE	64	RECONSTITUTED	118
NORLIQVA	36	NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG	18
NORLYDA	91	NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG	18
NORLYROC	91	NUCYNTA ORAL TABLET 100 MG	18
NORPACE CR	36	NUCYNTA ORAL TABLET 50 MG	18
NORTREL 0.5/35 (28)	91	NUCYNTA ORAL TABLET 75 MG	18
NORTREL 1/35 (21)	91	NUEDEXTA	52
NORTREL 1/35 (28)	91	NULEV	81
NORTREL 7/7/7	91	NULOJIX	97
nortriptyline hcl oral capsule 10 mg, 25 mg	51	NUPLAZID ORAL CAPSULE	52
nortriptyline hcl oral capsule 50 mg, 75 mg	51	NUPLAZID ORAL TABLET 10 MG	52
nortriptyline hcl oral solution	51	NURTEC	52
NORVASC	36	NUTRILIPID	69
NORVIR ORAL PACKET	106	NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	91
NOURIANZ ORAL TABLET 20 MG	51	NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	91
NOURIANZ ORAL TABLET 40 MG	52		
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	91		
NOVOLIN 70/30	75		
NOVOLIN 70/30 FLEXPEN	75		
NOVOLIN 70/30 FLEXPEN RELION	75		

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide oral tablet	3	B/D PA
CYRAMZA	4	PA; LA; S
DARZALEX	4	PA; LA; S
DARZALEX FASPRO	4	PA; S
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); LA; S
decitabine	4	S
doxorubicin hcl intravenous solution	3	B/D PA
doxorubicin hcl intravenous solution reconstituted	1	B/D PA
doxorubicin hcl liposomal	4	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ELITEK	4	PA; S
EMCYT	3	
EMPLICITI	4	PA; LA; S
ENHERTU	4	PA; S
ERBITUX	4	PA; S
ERIVEDGE	4	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 240 MG	4	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 per 30 days); LA; S
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; QL (30 per 30 days); S
erlotinib hcl oral tablet 25 mg	4	PA; QL (90 per 30 days); S
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
EULEXIN	4	S
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; S
everolimus oral tablet soluble	4	PA; S
exemestane	1	QL (60 per 30 days); MO
EXKIVITY	4	PA; QL (120 per 30 days); LA; S
FEMARA	3	QL (30 per 30 days); MO
FIRMAGON (240 MG DOSE)	4	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
fluorouracil intravenous	1	B/D PA
FOTIVDA	4	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); LA; S
fulvestrant intramuscular solution prefilled syringe	3	PA
GAVRETO	4	PA; QL (120 per 30 days); LA; S
GAZYVA	4	PA; LA; S
gefitinib	4	PA; QL (60 per 30 days); S
gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml	3	B/D PA
gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml	1	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm	1	B/D PA
gemcitabine hcl intravenous solution reconstituted 200 mg	3	B/D PA
GILOTRIF	4	PA; QL (30 per 30 days); LA; S
GLEEVEC ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
GLEEVEC ORAL TABLET 400 MG	4	PA; QL (60 per 30 days); S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
GLEOSTINE ORAL CAPSULE 100 MG	4	PA; S
HERCEPTIN HYLECTA	4	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D PA; S
hydroxyurea oral	1	
IBRANCE	4	PA; QL (21 per 28 days); LA; S
ICLUSIG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); LA; S
imatinib mesylate oral tablet 100 mg	4	PA; QL (90 per 30 days); S
imatinib mesylate oral tablet 400 mg	4	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 per 30 days); LA; S
IMFINZI	4	PA; LA; S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); LA; S
INQOVI	4	PA; QL (5 per 28 days); LA; S
INREBIC	4	PA; QL (120 per 30 days); LA; S
irinotecan hcl intravenous solution 100 mg/5ml	3	
irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml	1	
irinotecan hcl intravenous solution 500 mg/25ml	1	B/D PA
IWILFIN	4	PA; QL (240 per 30 days); S
JAKAFI	4	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
JEVTANA	4	PA; S
KADCYLA	4	PA; S
KANJINTI	4	B/D PA; S
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S
KISQALI (200 MG DOSE)	4	PA; QL (21 per 28 days); S
KISQALI (400 MG DOSE)	4	PA; QL (42 per 28 days); S

nafcillin sodium injection solution reconstituted 1 gm, 2 gm	105	NERLYNX	24
nafcillin sodium intravenous solution reconstituted 10 gm	105	NESTABS	69
naftifine hcl external cream	64	NESTABS ONE	69
naftifine hcl external gel 2 %	64	NEUAC EXTERNAL GEL	64
NAFTIN EXTERNAL GEL 1 %	64	NEULASTA ONPRO	29
NAGLAZYME	83	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	29
nalocet	17	NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	29
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	51	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	29
naloxone hcl injection solution cartridge	51	NEUPRO	51
naloxone hcl injection solution prefilled syringe	51	NEVANAC	113
naloxone hcl nasal	51	nevirapine er oral tablet extended release 24 hour 400 mg	105
naltrexone hcl oral	51	nevirapine oral suspension	105
NAMENDA ORAL TABLET 10 MG	51	nevirapine oral tablet	105
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	51	NEXAVAR	24
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	51	NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	35
naproxen dr oral tablet delayed release 500 mg	17	NEXIUM ORAL CAPSULE DELAYED RELEASE	81
naproxen oral suspension	17	NEXIUM ORAL PACKET 2.5 MG, 5 MG	81
naproxen oral tablet	17	NEXLETOL	35
naproxen oral tablet delayed release	18	NEXLIZET	35
naproxen sodium er	18	NEXPLANON	90
naproxen sodium oral tablet 275 mg, 550 mg	18	NEXTSTELLIS	90
naratriptan hcl	51	NGENLA	90
NATACYN	113	niacin (antihyperlipidemic)	35
NATAZIA	90	niacin er (antihyperlipidemic)	35
nateglinide oral tablet 120 mg	75	niacor	35
nateglinide oral tablet 60 mg	75	nicardipine hcl intravenous	35
NATESTO	90	nicardipine hcl oral	35
NAYZILAM	51	NICOTROL	51
nebivolol hcl	35	NICOTROL NS	51
NECON 0.5/35 (28)	90	nifedipine er	35
nefazodone hcl	51	nifedipine er osmotic release	35
NEO-POLYCIN	113	nifedipine oral	35
NEO-POLYCIN HC	113	NIKKI	90
NEO-SYNALAR EXTERNAL CREAM	64	nilutamide	24
neomycin sulfate oral	105	nimodipine oral	35
neomycin-bacitracin zn-polymyx	113	NINLARO	24
neomycin-polymyxin b gu	110	nisoldipine er	35
neomycin-polymyxin-dexameth	113	nitazoxanide oral	105
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	113	nitisinone	83
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	113	NITRO-BID	35
neomycin-polymyxin-hc otic	114	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	35
neonatal 19	68	NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.4 MG/HR	36
neonatal complete oral tablet 29-1 mg	68	nitrofurantoin	105
neonatal fe	68	nitrofurantoin macrocrystal oral	106
NEONATAL PLUS	68	nitrofurantoin monohyd macro	106
		nitroglycerin intravenous	36

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

mirtazapine oral tablet dispersible	51	moxifloxacin hcl (2x day)	113
misoprostol oral	80	moxifloxacin hcl in nacl	105
MITIGARE	17	moxifloxacin hcl intravenous	105
mitomycin intravenous solution reconstituted 5 mg	24	moxifloxacin hcl ophthalmic solution	113
modafinil oral tablet 100 mg	51	moxifloxacin hcl oral	105
modafinil oral tablet 200 mg	51	MRESVIA	97
moexipril hcl	35	MULPLETA	29
molindone hcl	51	MULTAQ	35
mometasone furoate external	64	multi-vitamin/fluoride oral solution	68
mometasone furoate nasal	118	multi-vitamin/fluoride/iron	68
MONDOXYNE NL ORAL CAPSULE 100 MG	105	multiple electro type 1 ph 5.5	68
MONO-LINYAH	90	multiple electro type 1 ph 7.4	68
montelukast sodium oral	118	multivitamin w/fluoride	68
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	17	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	68
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	17	mupirocin calcium	64
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	17	mupirocin external	64
morphine sulfate (pf) injection solution 2 mg/ml, 8 mg/ml	17	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	24
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml, 4 mg/ml	17	MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	24
morphine sulfate (pf) intravenous solution 10 mg/ml	17	MVASI	24
morphine sulfate (pf) intravenous solution 8 mg/ml	17	MYALEPT	81
morphine sulfate er beads	17	MYCAPSSA	90
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	17	mycophenolate mofetil oral capsule	97
morphine sulfate er oral tablet extended release 100 mg, 200 mg	17	mycophenolate mofetil oral suspension reconstituted	97
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	17	mycophenolate mofetil oral tablet	97
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	17	mycophenolate sodium	97
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	17	mycophenolic acid oral tablet delayed release 180 mg, 360 mg	97
morphine sulfate intravenous solution 4 mg/ml ...	17	MYCOZYL HC EXTERNAL GEL	64
morphine sulfate intravenous solution 8 mg/ml ...	17	MYCOZYL HC EXTERNAL LIQUID	64
morphine sulfate oral solution	17	MYDAYIS	51
morphine sulfate oral tablet	17	MYFEMBREE	90
morphine sulfate rectal	17	MYHIBBIN	97
MOTEGRITY	80	MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	51
MOTOFEN	81	MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML	51
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	51	MYORISAN	64
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	51	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	85
MOUNJARO	75	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	85
MOVANTIK	81	MYTESI	81
		N	
		na sulfate-k sulfate-mg sulf	81
		NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	97
		nabumetone oral	17
		nadolol oral tablet 20 mg, 40 mg, 80 mg	35

Drug Name	Drug Tier	Requirements/Limits
KISQALI (600 MG DOSE)	4	PA; QL (63 per 28 days); S
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
KRAZATI	4	PA; QL (180 per 30 days); S
KYPROLIS	4	PA; LA; S
lapatinib ditosylate	4	PA; QL (180 per 30 days); S
lenalidomide oral capsule 10 mg	4	PA; QL (60 per 30 days); LA; S
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	4	PA; QL (30 per 30 days); LA; S
lenalidomide oral capsule 5 mg	4	PA; QL (150 per 30 days); LA; S
LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (4 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
LENVIMA (8 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
letrozole oral	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium injection solution 100 mg/10ml	1	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	1	B/D PA
leucovorin calcium oral	1	
LEUKERAN	4	S
leuprolide acetate (3 month)	3	PA
leuprolide acetate injection	1	PA
levoleucovorin calcium intravenous solution reconstituted 50 mg	4	PA; S
levoleucovorin calcium pf	3	PA
LONSURF	4	PA; S
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 168 days); S
LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
LYSODREN	4	S
LYTGOBI (12 MG DAILY DOSE)	4	PA; S

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

Drug Name	Drug Tier	Requirements/Limits
LYTGObI (16 MG DAILY DOSE)	4	PA; S
LYTGObI (20 MG DAILY DOSE)	4	PA; S
MATULANE	4	LA; S
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	PA
megestrol acetate oral tablet	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	4	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); LA; S
MEKTOVI	4	PA; QL (180 per 30 days); LA; S
mercaptopurine oral	1	
mesna	1	
MESNEX ORAL	4	S
mitomycin intravenous solution reconstituted 5 mg	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	4	B/D PA; S
MVASI	4	PA; S
NERLYNX	4	PA; QL (180 per 30 days); LA; S
NEXAVAR	4	PA; QL (120 per 30 days); LA; S
nilutamide	4	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; QL (120 per 30 days); LA; S
ODOMZO	4	PA; QL (30 per 30 days); LA; S
OGIVRI	4	B/D PA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	4	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	4	PA; QL (24 per 28 days); S
OJJAARA	4	PA; QL (30 per 30 days); LA; S
ONIVYDE	4	B/D PA; S
ONUREG	4	PA; QL (14 per 28 days); LA; S
OPDIVO	4	PA; LA; S
ORGOVYX	4	PA; QL (30 per 28 days); LA; S
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S
oxaliplatin intravenous solution	1	B/D PA
oxaliplatin intravenous solution reconstituted	4	B/D PA; S
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	B/D PA
paclitaxel protein-bound part	4	PA; S

methotrexate sodium oral	97	metoprolol-hydrochlorothiazide	35
methoxsalen rapid	64	METROGEL EXTERNAL GEL	64
methscopolamine bromide oral	80	metronidazole external	64
methsuximide	50	metronidazole intravenous solution 500 mg/100ml	105
methylergonovine maleate oral	110	metronidazole oral	105
methylphenidate hcl er (cd)	50	metronidazole vaginal	84
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	50	metyrosine	35
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	50	mexiletine hcl oral	35
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg	50	MIBELAS 24 FE	90
methylphenidate hcl er (osm) oral tablet extended release 36 mg	50	micafungin sodium	105
methylphenidate hcl er (xr)	50	micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%	105
methylphenidate hcl er oral tablet extended release	50	micafungin sodium-nacl intravenous solution 50-0.9 mg/50ml-%	105
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	50	MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	35
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	50	MICARDIS HCT ORAL TABLET 80-12.5 MG	35
methylphenidate hcl oral solution 10 mg/5ml	50	MICARDIS ORAL TABLET 20 MG, 40 MG	35
methylphenidate hcl oral solution 5 mg/5ml	51	MICARDIS ORAL TABLET 80 MG	35
methylphenidate hcl oral tablet	51	miconazole 3 vaginal suppository	84
methylphenidate hcl oral tablet chewable 10 mg	51	miconazole-zinc oxide-petrolat	64
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	51	MICROGESTIN 1.5/30	90
methylphenidate patch	51	MICROGESTIN 1/20	90
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	90	MICROGESTIN 24 FE	90
methylprednisolone oral	90	MICROGESTIN FE 1.5/30	90
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	90	MICROGESTIN FE 1/20	90
methylprednisolone sodium succ injection solution reconstituted 500 mg	90	midazolam hcl oral	51
methyltestosterone oral	90	midodrine hcl	35
metoclopramide hcl injection	80	MIEBO	113
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	80	mifepristone oral tablet 300 mg	90
metoclopramide hcl oral tablet	80	MIGERGOT	51
metoclopramide hcl oral tablet dispersible 5 mg	80	miglitol	75
metolazone	35	miglustat	83
metoprolol succinate er	35	MILI	90
metoprolol tartrate intravenous solution 5 mg/5ml	35	MILLIPRED ORAL TABLET	90
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	35	milrinone lactate in dextrose	35
metoprolol tartrate oral tablet 37.5 mg, 75 mg	35	milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	35
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	11	MIMVEY	90
		MINOCIN INTRAVENOUS	105
		minocycline hcl er oral tablet extended release 24 hour 105 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	105
		minocycline hcl er oral tablet extended release 24 hour 115 mg	105
		minocycline hcl oral	105
		minoxidil oral	35
		mirabegron er	85
		MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	90
		mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	51
		mirtazapine oral tablet 45 mg	51

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

MAYZENT ORAL TABLET 0.25 MG	50	mesalamine oral tablet delayed release 800	
MAYZENT ORAL TABLET 1 MG, 2 MG	50	mg	80
MAYZENT STARTER PACK ORAL TABLET THERAPY		mesalamine rectal	80
PACK 12 X 0.25 MG	50	mesalamine-cleanser	80
MAYZENT STARTER PACK ORAL TABLET THERAPY		mesna	24
PACK 7 X 0.25 MG	50	MESNEX ORAL	24
me/naphos/mb/hyo1	105	METADATE CD	50
meclizine hcl oral tablet 12.5 mg, 25 mg	80	metaxalone	50
meclizine hcl oral tablet 50 mg	80	metformin hcl er (mod) oral tablet extended release	
meclofenamate sodium oral	17	24 hour 1000 mg	74
MEDROL ORAL TABLET 2 MG	89	metformin hcl er (mod) oral tablet extended release	
MEDROL ORAL TABLET THERAPY PACK	90	24 hour 500 mg	74
medroxyprogesterone acetate intramuscular ...	90	metformin hcl er (osm) oral tablet extended release	
medroxyprogesterone acetate oral	90	24 hour 1000 mg	75
mefenamic acid oral	17	metformin hcl er (osm) oral tablet extended release	
mefloquine hcl	105	24 hour 500 mg	75
megestrol acetate oral suspension 40 mg/ml, 400		metformin hcl er oral tablet extended release 24	
mg/10ml, 800 mg/20ml	24	hour 500 mg	75
megestrol acetate oral suspension 625 mg/		metformin hcl er oral tablet extended release 24	
5ml	90	hour 750 mg	75
megestrol acetate oral tablet	24	metformin hcl er oral tablet extended release 24	
MEKINIST ORAL SOLUTION RECONSTITUTED	24	hour500 mg	11
MEKINIST ORAL TABLET 0.5 MG	24	metformin hcl er oral tablet extended release 24	
MEKINIST ORAL TABLET 2 MG	24	hour750 mg	12
MEKTOVI	24	metformin hcl oral solution	75
meloxicam oral capsule	17	metformin hcl oral tablet 1000 mg	75
meloxicam oral tablet	17	metformin hcl oral tablet 500 mg	75
memantine hcl er	50	metformin hcl oral tablet 625 mg	75
memantine hcl oral solution 2 mg/ml	50	metformin hcl oral tablet 850 mg	75
memantine hcl oral tablet 10 mg	50	metformin hcl oral tablet1000 mg	12
memantine hcl oral tablet 28 x 5 mg & 21 x 10		metformin hcl oral tablet500 mg	12
mg	50	metformin hcl oral tablet850 mg	12
memantine hcl oral tablet 5 mg	50	METHADONE HCL INTENSOL	17
MENACTRA INTRAMUSCULAR SOLUTION	97	methadone hcl oral concentrate	17
MENEST	90	methadone hcl oral solution	17
MENOSTAR	90	methadone hcl oral tablet	17
MENQUADFI INTRAMUSCULAR SOLUTION	97	methamphetamine hcl	50
MENVEO	97	methazolamide oral	113
mepiperidine hcl injection solution 100 mg/ml, 25 mg/		methenamine hippurate	105
ml, 50 mg/ml	17	methenamine mandelate oral	105
mepiperidine hcl oral solution	17	METHERGINE ORAL	110
mepiperidine hcl oral tablet 50 mg	17	methimazole oral	90
meprobamate	50	methitest	90
mercaptapurine oral	24	methocarbamol injection solution 1000 mg/	
meropenem intravenous solution reconstituted 1		10ml	50
gm, 500 mg	105	methocarbamol oral tablet 1000 mg	50
MERZEE	90	methocarbamol oral tablet 500 mg, 750 mg	50
mesalamine er oral capsule extended release ...	80	methotrexate sodium (pf) injection solution 1 gm/	
mesalamine er oral capsule extended release 24		40ml, 250 mg/10ml, 50 mg/2ml	97
hour	80	methotrexate sodium injection solution 1000 mg/	
mesalamine oral capsule delayed release	80	40ml, 250 mg/10ml, 50 mg/2ml	97
mesalamine oral tablet delayed release 1.2 gm ...	80	methotrexate sodium injection solution	
		reconstituted	97

Drug Name	Drug Tier	Requirements/ Limits
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
pazopanib hcl	4	PA; QL (120 per 30 days); S
PEMAZYRE	4	PA; QL (30 per 30 days); LA; S
PERJETA	4	PA; S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; QL (21 per 28 days); LA; S
POTELIGEO	4	B/D PA; LA; S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL TABLET 80 MG	4	PA; QL (120 per 30 days); S
REVLIMID ORAL CAPSULE 10 MG	4	PA; QL (60 per 30 days); LA; S
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	4	PA; QL (30 per 30 days); LA; S
REVLIMID ORAL CAPSULE 5 MG	4	PA; QL (150 per 30 days); LA; S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/ Limits
RIABNI	4	B/D PA; S
RITUXAN HYCELA	4	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S
romidepsin intravenous solution reconstituted	4	S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	4	PA; QL (360 per 30 days); LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S
RUXIENCE	4	B/D PA; S
RYBREVENT	4	PA; S
RYDAPT	4	PA; QL (240 per 30 days); S
RYLAZE	4	PA; S
SARCLISA	4	PA; S
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S
SOLTAMOX	4	MO; S
sorafenib tosylate	4	PA; QL (120 per 30 days); S
SPRYCEL	4	PA; QL (30 per 30 days); S
STIVARGA	4	PA; QL (84 per 28 days); LA; S
sunitinib malate	4	PA; QL (30 per 30 days); S
TABLOID	3	
TABRECTA	4	PA; QL (120 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
TAGRISSO	4	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
<i>tamoxifen citrate oral</i>	1	MO
TASIGNA	4	PA; QL (112 per 28 days); S
TAZVERIK	4	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	4	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	4	PA; QL (28 per 28 days); LA; S
TECVAYLI	4	PA; S
TEPMETKO	4	PA; QL (60 per 30 days); LA; S
TEVIMBRA	4	PA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
TIBSOVO	4	PA; QL (60 per 30 days); LA; S
TICE BCG	2	B/D PA
<i>toremifene citrate</i>	3	QL (30 per 30 days)
TRELSTAR MIXJECT	3	PA
<i>tretinoin oral</i>	4	S
TRODELVY	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
TRUQAP	4	PA; QL (64 per 28 days); S
TRUSELTIQ (100MG DAILY DOSE)	4	PA; QL (21 per 28 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	4	PA; QL (63 per 28 days); LA; S
TRUXIMA	4	B/D PA; S
TUKYSA	4	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S
TYKERB	4	PA; QL (180 per 30 days); LA; S
<i>valrubicin</i>	4	S
VANFLYTA	4	PA; QL (56 per 28 days); S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	4	PA; S
VEGZELMA	4	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S
VERZENIO	4	PA; QL (56 per 28 days); LA; S
<i>vinblastine sulfate intravenous solution</i>	1	B/D PA
<i>vincristine sulfate intravenous</i>	1	B/D PA
<i>vinorelbine tartrate</i>	1	B/D PA

LORBRENA ORAL TABLET 100 MG	23	LUPRON DEPOT-PED (3-MONTH)	89
LORBRENA ORAL TABLET 25 MG	23	LUPRON DEPOT-PED (6-MONTH)	89
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG	49	<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	49
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG	49	<i>lurasidone hcl oral tablet 80 mg</i>	49
LORTAB ORAL ELIXIR 10-300 MG/15ML	16	LUTERA	89
LORYNA	89	LYBALVI	49
LORZONE	49	LYLEQ	89
<i>losartan potassium oral tablet 100 mg</i>	35	LYLLANA	89
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	35	LYNPARZA ORAL TABLET	23
<i>losartan potassium oral tablet 100 mg</i>	10	LYRICA ORAL CAPSULE 150 MG, 25 MG, 50 MG, 75 MG	49
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	11	LYRICA ORAL CAPSULE 200 MG	49
<i>losartan potassium-hctz</i>	35	LYRICA ORAL CAPSULE 225 MG, 300 MG	49
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	11	LYSODREN	23
LOTEMAX	112	LYTGOBI (12 MG DAILY DOSE)	23
LOTEMAX SM	112	LYTGOBI (16 MG DAILY DOSE)	24
<i>loteprednol etabonate ophthalmic gel</i>	112	LYTGOBI (20 MG DAILY DOSE)	24
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	112	LYUMJEV	74
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	112	LYUMJEV KWIKPEN	74
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	35	LYUMJEV TEMPO PEN	74
LOTRONEX	80	LYVISPAH ORAL PACKET 10 MG, 5 MG	49
<i>lovastatin oral</i>	35	LYVISPAH ORAL PACKET 20 MG	49
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	11	LYZA	89
LOVAZA	35	M	
LOW-OGESTREL	89	M-M-R II INJECTION	97
<i>loxapine succinate oral</i>	49	<i>m-natal plus</i>	68
<i>lubiprostone</i>	80	<i>mafenide acetate external</i>	64
LUCEMYRA	49	<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	68
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML	112	<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	68
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML	113	<i>malathion external</i>	64
<i>luliconazole</i>	64	<i>mannitol intravenous solution 20 %, 25 %</i>	110
LUMAKRAS ORAL TABLET 120 MG	23	<i>maraviroc</i>	105
LUMAKRAS ORAL TABLET 320 MG	23	MARINOL ORAL CAPSULE 10 MG	80
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	113	MARINOL ORAL CAPSULE 5 MG	80
LUMIZYME	83	<i>marlissa</i>	89
LUNESTA	49	MARPLAN	49
LUPKYNIS	97	MATULANE	24
LUPRON DEPOT (1-MONTH)	23	MATZIM LA	35
LUPRON DEPOT (3-MONTH)	23	MAVENCLAD (10 TABS)	49
LUPRON DEPOT (4-MONTH)	23	MAVENCLAD (4 TABS)	50
LUPRON DEPOT (6-MONTH)	23	MAVENCLAD (5 TABS)	50
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	89	MAVENCLAD (6 TABS)	50
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	89	MAVENCLAD (7 TABS)	50
		MAVENCLAD (8 TABS)	50
		MAVENCLAD (9 TABS)	50
		MAVYRET ORAL PACKET	105
		MAVYRET ORAL TABLET	105
		MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	50
		MAXIDEX	113

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

levoleucovorin calcium pf	23	LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML	49
LEVONEST	89	LIORESAL INTRATHECAL SOLUTION 10 MG/5ML	49
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	89	liothyronine sodium intravenous	89
levonorgest-eth est & eth est	89	liothyronine sodium oral	89
levonorgest-eth estrad 91-day	89	LIPITOR	34
levonorgest-eth estradiol-iron	89	LIQREV	118
levonorgestrel-ethinyl estrad	89	liraglutide	74
LEVORA 0.15/30 (28)	89	lisdexamfetamine dimesylate	49
levorphanol tartrate oral	16	lisinopril oral	34
levothyroxine sodium intravenous solution 100 mcg/5ml	89	lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	10
levothyroxine sodium intravenous solution 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml	89	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	34
levothyroxine sodium intravenous solution reconstituted 100 mcg	89	lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	34
levothyroxine sodium oral capsule	89	lisinopril-hydrochlorothiazide oral tablet 20-25 mg	34
levothyroxine sodium oral tablet	89	lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	10
LEVOXYL	89	LITFULO	97
LEVSIN ORAL TABLET	80	lithium	49
LEVULAN KERASTICK	64	lithium carbonate er	49
LEXAPRO ORAL TABLET 10 MG	49	lithium carbonate oral capsule 150 mg, 300 mg	49
LEXAPRO ORAL TABLET 20 MG	49	lithium carbonate oral capsule 600 mg	49
LEXAPRO ORAL TABLET 5 MG	49	lithium carbonate oral tablet	49
LEXETTE	64	LITHOSTAT	84
LEXIVA ORAL SUSPENSION	105	LIVALO	34
LIALDA	80	LIVMARLI ORAL SOLUTION 19 MG/ML	83
LIBERVANT	49	LIVMARLI ORAL SOLUTION 9.5 MG/ML	83
LICART EXTERNAL	16	LIVTENCITY	105
lidocaine external ointment 5 %	16	LO LOESTRIN FE	89
lidocaine external patch 5 %	16	LO-ZUMANDIMINE	89
lidocaine hcl (pf) injection solution 0.5 %, 2 %, 4 %	16	LODOCO	34
lidocaine hcl (pf) injection solution 1 %, 1.5 %	16	LOESTRIN 1.5/30 (21)	89
lidocaine hcl external solution	16	LOESTRIN 1/20 (21)	89
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	16	LOESTRIN FE 1.5/30	89
lidocaine hcl mouth/throat	16	LOESTRIN FE 1/20	89
lidocaine hcl urethral/mucosal	16	LOFENA	16
lidocaine viscous hcl	16	lofexidine hcl	49
lidocaine-prilocaine external cream	16	LOJAIMIESS	89
LIDOCAN	16	LOKELMA ORAL PACKET 10 GM	74
LIDOREX	16	LOKELMA ORAL PACKET 5 GM	74
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 %	16	LONSURF	23
LIDOTRAL EXTERNAL GEL 3.88 %	16	loperamide hcl oral capsule	80
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	89	lopinavir-ritonavir oral solution	105
lincomycin hcl injection	105	lopinavir-ritonavir oral tablet 100-25 mg	105
linezolid in sodium chloride	105	lopinavir-ritonavir oral tablet 200-50 mg	105
linezolid intravenous solution 600 mg/300ml	105	LOPRESSOR ORAL	34
linezolid oral suspension reconstituted	105	lorazepam injection	49
linezolid oral tablet	105	LORAZEPAM INTENSOL	49
LINZESS	80	lorazepam oral concentrate	49
		lorazepam oral tablet 0.5 mg, 1 mg	49
		lorazepam oral tablet 2 mg	49

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S
VONJO	4	PA; QL (120 per 30 days); LA; S
VOTRIENT	4	PA; QL (120 per 30 days); LA; S
WELIREG	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (180 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (240 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (120 per 30 days); LA; S
XOSPATA	4	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
YERVOY	4	PA; S
YONSA	4	PA; QL (120 per 30 days); S
ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 per 30 days); S
ZELBORAF	4	PA; QL (240 per 30 days); LA; S
ZEPZELCA	4	PA; S
ZIRABEV	4	PA; S
ZOLINZA	4	PA; QL (120 per 30 days); S
ZYDELIG	4	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	4	PA; QL (90 per 30 days); LA; S
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (120 per 30 days); LA; S
ZYTIGA ORAL TABLET 500 MG	4	PA; QL (60 per 30 days); LA; S
Blood Products And Modifiers		
ADAKVEO	4	S
ALVAIZ	4	PA; QL (30 per 30 days); S
aminocaproic acid oral solution	4	S
aminocaproic acid oral tablet	3	
anagrelide hcl	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
aspirin-dipyridamole er	1	ST; QL (60 per 30 days); MO
BERINERT	4	PA; LA; S
BRILINTA	2	QL (60 per 30 days); MO
CABLIVI	4	S
cilostazol	1	MO
CINRYZE	4	PA; LA; S
clopidogrel bisulfate oral tablet 300 mg	1	QL (1 per 30 days)
clopidogrel bisulfate oral tablet 75 mg	1	QL (30 per 30 days); MO
dabigatran etexilate mesylate	3	QL (60 per 30 days); MO
dipyridamole oral	1	PA; MO
DOPTELET	4	PA; QL (60 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
enoxaparin sodium injection solution 300 mg/3ml	1	QL (168 per 28 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	1	QL (56 per 28 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	1	QL (44.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	1	QL (16.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	1	QL (22.4 per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	1	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	4	QL (24 per 30 days); S
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	1	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	4	QL (12 per 30 days); S

LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG	48	lenalidomide oral capsule 10 mg	23
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	48	lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	23
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	48	lenalidomide oral capsule 5 mg	23
lamivudine oral solution	104	LENVIMA (10 MG DAILY DOSE)	23
lamivudine oral tablet 100 mg	104	LENVIMA (12 MG DAILY DOSE)	23
lamivudine oral tablet 150 mg	104	LENVIMA (14 MG DAILY DOSE)	23
lamivudine oral tablet 300 mg	104	LENVIMA (18 MG DAILY DOSE)	23
lamivudine-zidovudine	104	LENVIMA (20 MG DAILY DOSE)	23
lamotrigine er	48	LENVIMA (24 MG DAILY DOSE)	23
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	48	LENVIMA (4 MG DAILY DOSE)	23
lamotrigine oral tablet	48	LENVIMA (8 MG DAILY DOSE)	23
lamotrigine oral tablet chewable	48	LEQVIO	34
lamotrigine oral tablet dispersible	48	LESCOL XL	34
lamotrigine starter kit-blue	48	LESSINA	89
lamotrigine starter kit-green	48	LETAIRIS	118
lamotrigine starter kit-orange	48	letrozole oral	23
LAMPIT	104	leucovorin calcium injection solution 100 mg/10ml	23
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	34	leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	23
LANOXIN ORAL TABLET 250 MCG	34	leucovorin calcium oral	23
LANOXIN PEDIATRIC	34	LEUKERAN	23
lanreotide acetate	89	LEUKINE INJECTION SOLUTION RECONSTITUTED	29
lansoprazole oral capsule delayed release 15 mg	80	leuprolide acetate (3 month)	23
lansoprazole oral capsule delayed release 30 mg	80	leuprolide acetate injection	23
lansoprazole oral tablet delayed release dispersible 15 mg	80	levabuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	118
lansoprazole oral tablet delayed release dispersible 30 mg	80	levabuterol hcl inhalation nebulization solution 0.63 mg/3ml	118
lanthanum carbonate	74	levabuterol tartrate	118
LANTUS	74	levamlodipine maleate	34
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	74	levetiracetam er oral tablet extended release 24 hour 500 mg	49
lapatinib ditosylate	23	levetiracetam er oral tablet extended release 24 hour 750 mg	49
LARIN 1.5/30	89	levetiracetam intravenous	49
LARIN 1/20	89	levetiracetam oral	49
LARIN 24 FE	89	LEVO-T	89
LARIN FE 1.5/30	89	levobunolol hcl ophthalmic solution 0.5 %	112
LARIN FE 1/20	89	levocarnitine intravenous	68
LASIX	34	levocarnitine oral solution	68
latanoprost ophthalmic	112	levocarnitine oral tablet	68
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	48	levocarnitine sf	68
LATUDA ORAL TABLET 80 MG	49	levocetirizine dihydrochloride oral solution	118
LAYOLIS FE	89	levocetirizine dihydrochloride oral tablet	118
ledipasvir-sofosbuvir	104	levofloxacin in d5w	104
LEENA	89	levofloxacin intravenous	105
leflunomide oral	97	levofloxacin ophthalmic	112
		levofloxacin oral solution	105
		levofloxacin oral tablet	105
		levoleucovorin calcium intravenous solution reconstituted 50 mg	23

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

JUXTAPID ORAL CAPSULE 10 MG, 5 MG	34	KEYTRUDA INTRAVENOUS SOLUTION	22
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	34	KINRIX INTRAMUSCULAR SUSPENSION PREFILLED	
JYLAMVO	96	SYRINGE	97
JYNARQUE ORAL TABLET	74	KIONEX ORAL SUSPENSION	74
JYNARQUE ORAL TABLET THERAPY PACK	74	KIPROFEN	16
JYNNEOS	96	KISQALI (200 MG DOSE)	22
K		KISQALI (400 MG DOSE)	22
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	68	KISQALI (600 MG DOSE)	23
KADCYLA	22	KISQALI FEMARA (200 MG DOSE)	23
KAITLIB FE	88	KISQALI FEMARA (400 MG DOSE)	23
KALBITOR	29	KISQALI FEMARA (600 MG DOSE)	23
KALLIGA	88	KLAYESTA	64
KALYDECO ORAL PACKET	118	KLISYRI	64
KALYDECO ORAL TABLET	118	KLONOPIN ORAL TABLET 0.5 MG	48
KANJINTI	22	KLONOPIN ORAL TABLET 1 MG	48
KAPSPARGO SPRINKLE	34	KLONOPIN ORAL TABLET 2 MG	48
KARIVA	88	KLOR-CON 10	68
KATERZIA	34	KLOR-CON M10	68
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	68	KLOR-CON M15	68
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	68	KLOR-CON M20	68
<i>kcl-lactated ringers-d5w</i>	68	KLOR-CON ORAL PACKET 20 MEQ	68
<i>kedrab injection</i>	96	KLOR-CON ORAL TABLET EXTENDED RELEASE	68
KELNOR 1/35	88	KLOR-CON/EF	68
KELNOR 1/50	88	KLOXXADO	48
KENALOG-10	88	KONVOMEP	80
KENALOG-40	88	KOSELUGO	110
KENALOG-80	88	KOURZEQ	64
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	48	KRAZATI	23
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	48	KRINTAFEL	104
KERENDIA	74	KRISTALOSE	80
KESIMPTA	48	KRYSTEXXA	16
<i>ketoconazole external cream</i>	64	KURVELO	88
<i>ketoconazole external foam</i>	64	KYLEENA	89
<i>ketoconazole external shampoo 2 %</i>	64	KYPROLIS	23
<i>ketoconazole oral</i>	104	L	
KETODAN EXTERNAL FOAM	64	<i>l-glutamine oral packet</i>	29
<i>ketoprofen er</i>	16	<i>labetalol hcl intravenous solution</i>	34
<i>ketoprofen oral capsule 25 mg</i>	16	<i>labetalol hcl oral</i>	34
<i>ketoprofen oral capsule 50 mg</i>	16	<i>labetalol hcl-dextrose intravenous solution 200-5 mg/200ml-%</i>	34
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	16	<i>lacosamide intravenous</i>	48
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	16	<i>lacosamide oral solution</i>	48
<i>ketorolac tromethamine nasal</i>	16	<i>lacosamide oral tablet</i>	48
<i>ketorolac tromethamine ophthalmic</i>	112	LACRISERT	112
<i>ketorolac tromethamine oral</i>	16	<i>lactated ringers intravenous</i>	68
		<i>lactated ringers irrigation</i>	110
		<i>lactulose encephalopathy</i>	80
		<i>lactulose oral packet</i>	80
		<i>lactulose oral solution</i>	80
		LAGEVRIO	104
		LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	48
		LAMICTAL ORAL TABLET	48

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	4	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	4	PA; QL (1.2 per 28 days); S
FYLNETRA	4	PA; QL (1.2 per 28 days); S
GRANIX	4	PA; S
HAEGARDA	4	PA; LA; S
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	2	B/D PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	3	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	3	
<i>icatibant acetate</i>	4	PA; S
<i>jantoven</i>	1	MO
KALBITOR	4	PA; LA; S
<i>l-glutamine oral packet</i>	4	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S
MULPLETA	4	PA; QL (7 per 30 days); S
NEULASTA ONPRO	4	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; S
NIVESTYM INJECTION SOLUTION	4	PA; S
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
NPLATE	4	PA; S
NYVEPRIA	4	PA; QL (1.2 per 28 days); S
ORLADEYO	4	PA; S
OXBRYTA	4	LA; S

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline er</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	QL (30 per 30 days); MO
<i>plerixafor</i>	3	PA
<i>prasugrel hcl</i>	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA; S
PROMACTA ORAL PACKET 12.5 MG	4	PA; QL (360 per 30 days); LA; S
PROMACTA ORAL PACKET 25 MG	4	PA; QL (180 per 30 days); LA; S
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (30 per 30 days); LA; S
PROMACTA ORAL TABLET 50 MG	4	PA; QL (90 per 30 days); LA; S
PROMACTA ORAL TABLET 75 MG	4	PA; QL (60 per 30 days); LA; S
PYRUKYND	4	PA; QL (60 per 30 days); S
PYRUKYND TAPER PACK	4	PA; S
REBLOZYL	4	PA; S
RELEUKO INJECTION SOLUTION 300 MCG/ML	4	PA; S
<i>releuko injection solution 480 mcg/1.6ml</i>	4	PA; S
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml</i>	4	PA; S
<i>releuko subcutaneous solution prefilled syringe 480 mcg/0.8ml</i>	3	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000	3	PA; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	4	PA; QL (12 per 28 days); S
ROLVEDON	4	PA; QL (1.2 per 28 days); S
RUCONEST	4	PA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
SAVAYSA	3	QL (30 per 30 days); MO
SIKLOS ORAL TABLET 100 MG	3	PA
SIKLOS ORAL TABLET 1000 MG	4	PA; S
STIMUFEND	4	PA; QL (1.2 per 28 days); S
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; S
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
TAVALISSE	4	PA; QL (60 per 30 days); LA; S
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral</i>	1	
<i>tranexamic acid-nacl</i>	3	
UDENYCA	4	PA; QL (1.2 per 28 days); S
UDENYCA ONBODY	4	PA; QL (1.2 per 28 days); S
<i>warfarin sodium oral</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO

INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	48	<i>isosorbide mononitrate er</i> 34
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	48	<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i> 64
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	48	<i>isotretinoin oral capsule 25 mg</i> 64
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	48	<i>isradipine</i> 34
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	48	ISTURISA ORAL TABLET 1 MG, 5 MG 88
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	48	<i>itraconazole oral capsule</i> 104
INVELTYS	112	<i>itraconazole oral solution</i> 104
INVOKAMET	74	<i>ivabradine hcl</i> 34
INVOKAMET XR	74	<i>ivermectin external cream</i> 64
INVOKANA	74	<i>ivermectin oral</i> 104
IOPIDINE OPHTHALMIC SOLUTION 1 %	112	IWILFIN 22
IPOL	96	IXCHIQ 96
<i>ipratropium bromide inhalation</i>	118	IXIARO 96
<i>ipratropium bromide nasal</i>	118	IYUZEH 112
<i>ipratropium-albuterol</i>	118	J
IQIRVO	80	JAIMIESS 88
<i>irbesartan</i>	34	JAKAFI 22
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	10	<i>jantoven</i> 29
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	34	JANUMET 74
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	34	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG 74
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	10	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG 74
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	22	JANUVIA 74
<i>irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml</i>	22	JARDIANCE 74
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	22	JASMIEL 88
ISENTRESS HD	104	JATENZO ORAL CAPSULE 158 MG, 198 MG 88
ISENTRESS ORAL PACKET	104	JATENZO ORAL CAPSULE 237 MG 88
ISENTRESS ORAL TABLET	104	JAVYGTOR 83
ISENTRESS ORAL TABLET CHEWABLE 100 MG	104	JAYPIRCA ORAL TABLET 100 MG 22
ISENTRESS ORAL TABLET CHEWABLE 25 MG	104	JAYPIRCA ORAL TABLET 50 MG 22
ISIBLOOM	88	JENCYCLA 88
ISOLYTE-P IN D5W	68	JENTADUETO 74
ISOLYTE-S	68	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG 74
ISOLYTE-S PH 7.4	68	JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG 74
<i>isoniazid injection</i>	104	JEVTANA 22
<i>isoniazid oral syrup</i>	104	JINTELI 88
<i>isoniazid oral tablet</i>	104	JOENJA 96
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	34	JOLESSA 88
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	34	JORNAY PM 48
<i>isosorbide dinitrate oral tablet 40 mg</i>	34	JOYEAUX 88
<i>isosorbide mononitrate</i>	34	JUBLIA 64
		JULEBER 88
		JULUCA 104
		JUNEL 1.5/30 88
		JUNEL 1/20 88
		JUNEL FE 1.5/30 88
		JUNEL FE 1/20 88
		JUNEL FE 24 88
		JUST RIGHT 5000 DENTAL PASTE 64

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

icatibant acetate	29	INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80
ICLEVIA	88	MG
ICLUSIG	22	INGREZZA ORAL CAPSULE THERAPY PACK
icosapent ethyl	34	INLYTA ORAL TABLET 1 MG
IDHIFA ORAL TABLET 100 MG	22	INLYTA ORAL TABLET 5 MG
IDHIFA ORAL TABLET 50 MG	22	INNOPRAN XL
IGALMI	109	INPEFA
ILEVRO	112	INPEN 100-BLUE-LILLY-HUMALOG
imatinib mesylate oral tablet 100 mg	22	INPEN 100-BLUE-NOVOLOG-FIASP
imatinib mesylate oral tablet 400 mg	22	INPEN 100-GREY-LILLY-HUMALOG
IMBRUVICA ORAL CAPSULE 140 MG	22	INPEN 100-GREY-NOVOLOG-FIASP
IMBRUVICA ORAL CAPSULE 70 MG	22	INPEN 100-PINK-LILLY-HUMALOG
IMBRUVICA ORAL SUSPENSION	22	INPEN 100-PINK-NOVOLOG-FIASP
IMBRUVICA ORAL TABLET 140 MG	22	INQOVI
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560	22	INREBIC
MG	22	insulin asp prot & asp flexpen
IMFINZI	22	insulin aspart flexpen
imipenem-cilastatin	104	insulin aspart injection
imipramine hcl oral	47	insulin aspart penfill
imipramine pamoate oral capsule 100 mg, 75	47	insulin aspart prot & aspart
mg	47	insulin degludec
imipramine pamoate oral capsule 125 mg, 150	47	insulin degludec flextouch subcutaneous solution
mg	47	pen-injector 100 unit/ml
imiquimod external cream 3.75 %	64	insulin degludec flextouch subcutaneous solution
imiquimod external cream 5 %	64	pen-injector 200 unit/ml
imiquimod pump	64	insulin glargine max solostar
IMITREX ORAL	47	insulin glargine solostar subcutaneous solution pen-
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/	96	injector 300 unit/ml
2ML	96	insulin glargine-yfgn
IMOVAX RABIES INTRAMUSCULAR SUSPENSION	96	insulin lispro (1 unit dial)
RECONSTITUTED	96	insulin lispro injection
IMPAVIDO	104	insulin lispro junior kwikpen
IMURAN	96	insulin lispro prot & lispro
IMVEXXY MAINTENANCE PACK	88	INSULIN PEN NEEDLE
IMVEXXY STARTER PACK	88	INSULIN SYRINGE
INBRIJA	47	INTELENCE ORAL TABLET 100 MG
INCASSIA	88	INTELENCE ORAL TABLET 200 MG
INCRELEX	88	INTELENCE ORAL TABLET 25 MG
INCRUSE ELLIPTA INHALATION AEROSOL POWDER	118	INTRALIPID INTRAVENOUS EMULSION 20 %
BREATH ACTIVATED 62.5 MCG/ACT	118	INTRALIPID INTRAVENOUS EMULSION 30 %
indapamide oral	34	INTRAROSA
INDERAL XL	34	INTROVALE
INDOCIN RECTAL	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION
indomethacin er	16	PREFILLED SYRINGE 1092 MG/3.5ML
indomethacin oral capsule 25 mg, 50 mg	16	INVEGA HAFYERA INTRAMUSCULAR SUSPENSION
indomethacin oral suspension	16	PREFILLED SYRINGE 1560 MG/5ML
indomethacin rectal suppository 50 mg	16	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION
INFANRIX	96	PREFILLED SYRINGE 117 MG/0.75ML
INFLECTRA	96	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION
infliximab	96	PREFILLED SYRINGE 156 MG/ML
INGREZZA ORAL CAPSULE 40 MG	47	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION
INGREZZA ORAL CAPSULE 60 MG, 80 MG	47	PREFILLED SYRINGE 234 MG/1.5ML
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	47	

Drug Name	Drug Tier	Requirements/ Limits
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
XOLREMDI	4	S
ZARXIO	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
ZONTIVITY	3	QL (30 per 30 days); MO

Cardiovascular Agents

acebutolol hcl oral	1	MO
acetazolamide oral	1	MO
aliskiren fumarate	1	MO
ALTACE ORAL CAPSULE	3	MO
ALTOPREV	4	PA; QL (30 per 30 days); MO; S
amiloride hcl oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amiodarone hcl intravenous	1	B/D PA
amiodarone hcl oral	1	MO
amlodipine besy-benazepril hcl	1	QL (30 per 30 days); MO
amlodipine besylate oral	1	MO
amlodipine besylate-valsartan	1	QL (30 per 30 days); MO
amlodipine-atorvastatin	1	QL (30 per 30 days); MO
amlodipine-olmesartan	1	QL (30 per 30 days); MO
amlodipine-valsartan-hctz	1	QL (30 per 30 days); MO
ASPRUZYO SPRINKLE	3	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	3	QL (60 per 30 days); MO
ATACAND ORAL TABLET 32 MG	3	QL (30 per 30 days); MO
atenolol oral	1	MO
atenolol-chlorthalidone	1	MO
ATORVALIQ	3	QL (600 per 30 days); MO
atorvastatin calcium oral	1	QL (30 per 30 days); MO
AVAPRO	3	QL (30 per 30 days); MO
AZOR ORAL TABLET 10-20 MG, 5-20 MG, 5-40 MG	3	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril-hydrochlorothiazide	1	QL (30 per 30 days); MO
BENICAR HCT	3	ST; QL (30 per 30 days); MO
BENICAR ORAL TABLET 20 MG, 40 MG	3	ST; QL (30 per 30 days); MO
BENICAR ORAL TABLET 5 MG	3	ST; QL (60 per 30 days); MO
betaxolol hcl oral	1	MO
bisoprolol fumarate oral	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	
bumetanide oral	1	MO
BYSTOLIC	3	MO
CAMZYOS	4	LA; S
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	1	QL (30 per 30 days); MO
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (90 per 30 days); MO
captopril-hydrochlorothiazide	1	QL (60 per 30 days); MO
CARDIZEM LA	3	MO
CARTIA XT	1	MO
carvedilol	1	MO
carvedilol phosphate er	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine	1	QL (4 per 28 days); MO
clonidine hcl er oral tablet extended release 24 hour	3	MO
clonidine hcl oral	1	MO
colesevelam hcl	1	MO
colestipol hcl	1	MO
COREG	3	MO
COREG CR	3	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	3	PA; QL (60 per 30 days); MO
COZAAR ORAL TABLET 100 MG	3	QL (30 per 30 days); MO
COZAAR ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); MO
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
dichlorphenamide	4	PA; QL (120 per 30 days); S
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO
digox oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin injection	3	PA
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 120 mg	3	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	2	
diltiazem hcl oral	1	MO

HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	96	hydrocortisone valerate	64
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	96	hydrocortisone-acetic acid	114
HUMIRA PEN-PEDIATRIC UC START	96	hydromorphone hcl er oral tablet extended release 24 hour	15
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	96	hydromorphone hcl injection solution 0.25 mg/0.5ml	15
HUMIRA-PSORIASIS/UVEIT STARTER	96	hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	15
HUMULIN 70/30	73	hydromorphone hcl oral liquid	15
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	73	hydromorphone hcl oral tablet	15
HUMULIN N	73	hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	15
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	73	hydromorphone hcl pf injection solution 10 mg/ml, 2 mg/ml, 50 mg/5ml, 500 mg/50ml	16
HUMULIN R	73	hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	104
HUMULIN R U-500 (CONCENTRATED)	73	hydroxychloroquine sulfate oral tablet 200 mg	104
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	73	HYDROXYM EXTERNAL CREAM	64
hydralazine hcl injection	34	hydroxyurea oral	22
hydralazine hcl oral	34	hydroxyzine hcl intramuscular	117
hydrochlorothiazide oral	34	hydroxyzine hcl oral syrup	117
hydrochlorothiazide oral capsule 12.5 mg	10	hydroxyzine hcl oral tablet 10 mg, 25 mg	117
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	10	hydroxyzine hcl oral tablet 50 mg	117
hydrocodone bitartrate er oral capsule extended release 12 hour	15	hydroxyzine pamoate oral	118
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	15	HYFTOR	64
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	15	hyoscyamine sulfate oral elixir	80
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	15	hyoscyamine sulfate oral solution	80
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	15	hyoscyamine sulfate oral tablet	80
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	15	hyoscyamine sulfate oral tablet dispersible	80
hydrocortisone (perianal) external cream 1 %	63	hyoscyamine sulfate sublingual	80
hydrocortisone (perianal) external cream 2.5 %	63	HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	96
hydrocortisone ace-pramoxine external cream 1-1 %	79	HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	96
hydrocortisone butyr lipo base	63	HYPERRAB	96
hydrocortisone butyrate external cream	63	HYPERTET	96
hydrocortisone butyrate external lotion	63	HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	96
hydrocortisone butyrate external ointment	63	HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML	96
hydrocortisone butyrate external solution	63	HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 60 MG, 80 MG	16
hydrocortisone external cream 1 %, 2.5 %	63	HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG	16
hydrocortisone external lotion 2 %	64	HYZAAR	34
hydrocortisone external lotion 2.5 %	64	I	
hydrocortisone external ointment 1 %, 2.5 %	64	ibandronate sodium intravenous	73
hydrocortisone oral	79	ibandronate sodium oral	73
hydrocortisone rectal enema	79	IBRANCE	22
		IBSRELA	80
		IBU	16
		ibuprofen oral suspension	16
		ibuprofen oral tablet 400 mg, 600 mg, 800 mg	16

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

glycopyrrolate oral solution	79	heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	29
glycopyrrolate oral tablet 1 mg, 2 mg	79	heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	29
glycopyrrolate oral tablet 1.5 mg	79	heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	29
glycopyrrolate pf	79	heparin sodium (porcine) injection solution prefilled syringe	29
GLYDO EXTERNAL PREFILLED SYRINGE	15	heparin sodium (porcine) pf injection solution 1000 unit/ml	29
GLYXAMBI	73	heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	29
GOCOVRI	47	HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	96
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	79	HERCEPTIN HYLECTA	22
goprelto	15	HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	22
GRALISE ORAL TABLET 300 MG, 450 MG	47	HETLIOZ	47
GRALISE ORAL TABLET 600 MG	47	HETLIOZ LQ	47
GRALISE ORAL TABLET 750 MG, 900 MG	47	HIBERIX INJECTION	96
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	79	HIDEX 6-DAY	88
granisetron hcl oral	79	HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML ...	96
GRANIX	29	HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	96
GRASTEK	109	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML	96
griseofulvin microsize oral	104	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML	96
griseofulvin ultramicrosize	104	HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	47
guanfacine hcl er	47	HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	47
guanfacine hcl oral	34	HUMALOG INJECTION	73
GVOKE HYPOPEN 1-PACK	73	HUMALOG JUNIOR KWIKPEN	73
GVOKE HYPOPEN 2-PACK	73	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	73
GVOKE KIT	73	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	73
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	73	HUMALOG MIX 75/25	73
GYNAZOLE-1	84	HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	73
H		HUMALOG SUBCUTANEOUS SOLUTION	73
HAEGARDA	29	CARTRIDGE	73
HAILEY 1.5/30	88	HUMALOG TEMPO PEN	73
HAILEY 24 FE	88	HUMATIN	104
HAILEY FE 1.5/30	88	HUMATROPE INJECTION CARTRIDGE	88
HAILEY FE 1/20	88	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	96
halcinonide	63	HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	96
halobetasol propionate external cream	63		
halobetasol propionate external foam	63		
halobetasol propionate external ointment	63		
HALOETTE	88		
HALOG EXTERNAL OINTMENT	63		
HALOG EXTERNAL SOLUTION	63		
haloperidol decanoate intramuscular	47		
haloperidol lactate injection	47		
haloperidol lactate oral	47		
haloperidol oral	47		
HARVONI	104		
HAVRIX	95		
HEATHER	88		
HELIDAC THERAPY	79		
HEMADY	88		
HEMANGEOL	34		
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	96		

Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT	3	ST; QL (30 per 30 days); MO
DIOVAN ORAL TABLET 160 MG	3	QL (60 per 30 days); MO
DIOVAN ORAL TABLET 320 MG	3	QL (30 per 30 days); MO
DIOVAN ORAL TABLET 40 MG, 80 MG	3	QL (90 per 30 days); MO
disopyramide phosphate oral	1	PA; MO
DIURIL	3	MO
dobutamine-dextrose	3	
dofetilide	1	
doxazosin mesylate oral	1	MO
droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days); S
EDARBI	3	ST; QL (30 per 30 days); MO
EDARBYCLOR	3	QL (30 per 30 days); MO
enalapril maleate oral solution	3	MO
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide	1	QL (60 per 30 days); MO
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
eplerenone	1	MO
ethacrynic acid oral	3	MO
EVKEEZA	4	PA; S
EXFORGE	3	ST; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
EXFORGE HCT	3	ST; QL (30 per 30 days); MO
EZALLOR SPRINKLE	3	QL (30 per 30 days); MO
ezetimibe	1	QL (30 per 30 days); MO
ezetimibe-simvastatin	1	PA; QL (30 per 30 days); MO
felodipine er	1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate oral capsule	1	MO
fenofibrate oral tablet 120 mg, 40 mg	3	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibric acid	1	MO
FIBRICOR	3	MO
flecainide acetate	1	MO
flolipid	3	QL (150 per 30 days); MO
fluvastatin sodium	1	QL (60 per 30 days); MO
fluvastatin sodium er	1	QL (30 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
FUROSCIX	4	S
furosemide injection	1	
furosemide oral solution 10 mg/ml	1	MO
furosemide oral solution 8 mg/ml	1	MO

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

FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	46	FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	46
focinvez	79	FYCOMPA ORAL TABLET 2 MG	46
FOLIVANE-OB ORAL CAPSULE 85-1 MG	68	FYLNETRA	29
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	28	G	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	28	gabapentin (once-daily) oral tablet 300 mg	46
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	28	gabapentin (once-daily) oral tablet 600 mg	46
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	29	gabapentin oral capsule 100 mg	46
formoterol fumarate inhalation	117	gabapentin oral capsule 300 mg	46
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	72	gabapentin oral capsule 400 mg	46
FOSAMAX PLUS D	72	gabapentin oral solution	46
fosamprenavir calcium	103	gabapentin oral tablet 600 mg	46
fosaprepitant dimeglumine	79	gabapentin oral tablet 800 mg	46
fosfomycin tromethamine	103	GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML	46
fosinopril sodium	33	GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 50 MCG/ML	46
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	10	GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 40000 MCG/20ML	46
fosinopril sodium-hctz oral tablet 10-12.5 mg	33	GALAFOLD	83
fosinopril sodium-hctz oral tablet 20-12.5 mg	33	galantamine hydrobromide er	46
FOSRENOL ORAL PACKET	72	galantamine hydrobromide oral solution	46
FOTIVDA	21	galantamine hydrobromide oral tablet	47
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	29	GAMASTAN	95
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	29	GAMMAGARD INJECTION SOLUTION 1 GM/10ML	95
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 7500 UNIT/0.3ML	29	GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	95
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	29	GAMMAGARD S/D LESS IGA	95
FROVA	46	GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	95
frovatriptan succinate	46	GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	95
FRUZAQLA ORAL CAPSULE 1 MG	21	GAMUNEX-C	95
FRUZAQLA ORAL CAPSULE 5 MG	21	ganciclovir sodium intravenous solution	104
FULPHILA	29	ganciclovir sodium intravenous solution reconstituted	104
fulvestrant intramuscular solution prefilled syringe	21	GARDASIL 9	95
FUROSCIX	33	gatifloxacin ophthalmic	112
furosemide injection	33	GATTEX	79
furosemide oral solution 10 mg/ml	33	GAUZE STERILE PADS 2	109
furosemide oral solution 8 mg/ml	33	GAVILYTE-C	79
furosemide oral tablet	34	GAVILYTE-G	79
furosemide oral tablet 20 mg, 40 mg, 80 mg	10	GAVILYTE-N WITH FLAVOR PACK	79
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	104	GAVRETO	21
FYAVOLV	88	GAZYVA	21
FYCOMPA ORAL SUSPENSION	46	gefitinib	21
		GELNIQUE TRANSDERMAL GEL 10 %	84
		gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml	21

Drug Name	Drug Tier	Requirements/Limits
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO
losartan potassium-hctz	1	QL (30 per 30 days); MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	QL (30 per 30 days); MO
lovastatin oral	1	QL (60 per 30 days); MO
LOVAZA	3	MO
MATZIM LA	1	MO
metolazone	1	MO
metoprolol succinate er	1	MO
metoprolol tartrate intravenous solution 5 mg/5ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	MO
metoprolol-hydrochlorothiazide	1	MO
metyrosine	4	S
mexiletine hcl oral	1	MO
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-25 MG	3	ST; QL (30 per 30 days); MO
MICARDIS HCT ORAL TABLET 80-12.5 MG	3	ST; QL (60 per 30 days); MO
MICARDIS ORAL TABLET 20 MG, 40 MG	3	QL (30 per 30 days); MO
MICARDIS ORAL TABLET 80 MG	3	QL (60 per 30 days); MO
midodrine hcl	1	
milrinone lactate in dextrose	3	

Drug Name	Drug Tier	Requirements/Limits
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	3	
minoxidil oral	1	MO
moexipril hcl	1	MO
MULTAQ	2	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol hcl	1	MO
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	MO
NEXLETOL	3	PA; QL (30 per 30 days); MO
NEXLIZET	3	PA; QL (30 per 30 days); MO
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	MO
niacor	1	
nicardipine hcl intravenous	1	
nicardipine hcl oral	1	MO
nifedipine er	1	MO
nifedipine er osmotic release	1	MO
nifedipine oral	1	PA; MO
nimodipine oral	1	
nisoldipine er	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	MO; S

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

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.4 MG/HR	3	MO
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual solution</i>	1	MO
NITROSTAT	3	MO
NORLIQVA	3	MO
NORPACE CR	3	PA; MO
NORVASC	3	MO
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days); MO
<i>olmesartan medoxomil oral tablet 5 mg</i>	1	QL (60 per 30 days); MO
<i>olmesartan medoxomil-hctz</i>	1	QL (30 per 30 days); MO
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine hcl oral</i>	4	S
<i>pindolol</i>	1	MO
<i>pitavastatin calcium</i>	2	QL (30 per 30 days); MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium</i>	1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	1	MO
<i>prevalite</i>	1	MO
PROCARDIA XL	3	MO
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	3	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl intravenous</i>	1	
<i>propranolol hcl oral solution</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 60 mg</i>	1	MO
QBRELIS	4	QL (1200 per 30 days); MO; S
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	QL (60 per 30 days); MO
<i>quinidine gluconate er</i>	3	MO
<i>quinidine sulfate oral</i>	1	MO
<i>ramipril</i>	1	MO
<i>ranolazine er</i>	1	PA; QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
<i>rosuvastatin calcium oral</i>	1	QL (30 per 30 days); MO
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days); MO
SOANZ	3	MO

FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	21	<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i> 45
FIRVANQ	103	<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i> 45
FLAC	114	<i>fluoxetine hcl oral capsule 10 mg</i> 45
FLAREX	112	<i>fluoxetine hcl oral capsule 20 mg</i> 46
<i>flavoxate hcl</i>	84	<i>fluoxetine hcl oral capsule 40 mg</i> 46
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	95	<i>fluoxetine hcl oral capsule delayed release</i> 46
<i>flecainide acetate</i>	33	<i>fluoxetine hcl oral solution</i> 46
FLECTOR EXTERNAL	15	<i>fluoxetine hcl oral tablet 10 mg</i> 46
<i>flolipid</i>	33	<i>fluoxetine hcl oral tablet 20 mg</i> 46
FLOMAX	84	<i>fluoxetine hcl oral tablet 60 mg</i> 46
FLORIVA	68	<i>fluphenazine decanoate injection</i> 46
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT ...	117	<i>fluphenazine hcl injection</i> 46
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	117	<i>fluphenazine hcl oral</i> 46
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	117	<i>flurandrenolide external cream</i> 63
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	117	<i>flurandrenolide external lotion</i> 63
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	117	<i>flurazepam hcl</i> 46
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%</i>	103	<i>flurbiprofen oral tablet 100 mg</i> 15
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	103	<i>flurbiprofen sodium</i> 112
<i>fluconazole oral</i>	103	<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i> 117
<i>flucytosine oral</i>	103	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i> 117
<i>fludrocortisone acetate oral</i>	88	<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i> 117
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	117	<i>fluticasone propionate external</i> 63
<i>fluocinolone acetonide body</i>	63	<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i> 117
<i>fluocinolone acetonide external</i>	63	<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i> 117
<i>fluocinolone acetonide otic</i>	114	<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i> 117
<i>fluocinolone acetonide scalp</i>	63	<i>fluticasone propionate nasal</i> 117
<i>fluocinonide emulsified base</i>	63	<i>fluticasone-salmeterol inhalation aerosol</i> 117
<i>fluocinonide external cream 0.05 %</i>	63	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> 117
<i>fluocinonide external cream 0.1 %</i>	63	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> 117
<i>fluocinonide external gel</i>	63	<i>fluvastatin sodium</i> 33
<i>fluocinonide external ointment</i>	63	<i>fluvastatin sodium er</i> 33
<i>fluocinonide external solution</i>	63	<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i> 46
FLUORIDEX	63	<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i> 46
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	63	<i>fluvoxamine maleate oral tablet 100 mg</i> 46
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	63	<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i> 46
FLUORIMAX 5000	63	FML FORTE 112
FLUORIMAX 5000 SENSITIVE	63	FML LIQUIFILM 112
<i>fluoritab oral solution</i>	68	FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 35 MG, 40 MG, 5 MG 46
<i>fluorometholone ophthalmic</i>	112	
<i>fluorouracil external cream 0.5 %</i>	63	
<i>fluorouracil external cream 5 %</i>	63	
<i>fluorouracil external solution</i>	63	
<i>fluorouracil intravenous</i>	21	

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

everolimus oral tablet 0.5 mg, 1 mg	95	felodipine er	33
everolimus oral tablet 0.75 mg	95	FEMARA	21
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	21	FEMRING	88
everolimus oral tablet soluble	21	FEMYNOR	88
EVISTA	88	fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	33
EVKEEZA	33	fenofibrate oral capsule	33
EVOTAZ	103	fenofibrate oral tablet 120 mg, 40 mg	33
EVOXAC	63	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	33
EVRYSDI	45	fenofibric acid	33
EXELDERM	63	fenopropfen calcium oral capsule 400 mg	15
exemestane	21	fenopropfen calcium oral tablet	15
EXFORGE	33	FENSOLVI (6 MONTH)	88
EXFORGE HCT	33	fentanyl citrate (pf) injection solution 100 mcg/2ml, 50 mcg/ml	15
EXKIVITY	21	fentanyl citrate (pf) injection solution 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	15
EXSERVAN	45	fentanyl citrate buccal	15
EYLEA HD	112	fentanyl citrate injection solution prefilled syringe 100 mcg/2ml	15
EYLEA INTRAVITREAL SOLUTION	112	fentanyl citrate injection solution prefilled syringe 25 mcg/0.5ml	15
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	112	fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml	15
EYSUVIS	112	fentanyl citrate pf injection solution prefilled syringe 50 mcg/ml	15
EZALLOR SPRINKLE	33	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	15
ezetimibe	33	fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	15
ezetimibe-simvastatin	33	FERRIPROX ORAL SOLUTION	72
F		FERRIPROX ORAL TABLET 1000 MG	72
FABHALTA	109	FERRIPROX TWICE-A-DAY	72
FABIOR	63	fesoterodine fumarate er	84
FABRAZYME	83	FETZIMA	45
FALMINA	88	FETZIMA TITRATION	45
famciclovir oral tablet 125 mg, 250 mg	103	FEXMID	45
famciclovir oral tablet 500 mg	103	FIASP FLEXTOUCH	72
famotidine (pf)	79	FIASP INJECTION	72
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	79	FIASP PENFILL	72
famotidine oral suspension reconstituted	79	FIASP PUMPCART	72
famotidine oral tablet 20 mg, 40 mg	79	FIBRICOR	33
famotidine premixed	79	FILSPARI	84
FANAPT ORAL TABLET 1 MG	45	FILSUVEZ	63
FANAPT ORAL TABLET 10 MG, 12 MG	45	FINACEA EXTERNAL FOAM	63
FANAPT ORAL TABLET 2 MG	45	finasteride oral tablet 5 mg	84
FANAPT ORAL TABLET 4 MG	45	fingolimod hcl	45
FANAPT ORAL TABLET 6 MG	45	FINTEPLA	45
FANAPT ORAL TABLET 8 MG	45	FINZALA	88
FANAPT TITRATION PACK	45	FIORICET ORAL CAPSULE	45
FARXIGA	72	FIRDAPSE	45
FASENRA PEN	117	FIRMAGON (240 MG DOSE)	21
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	117		
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	117		
febuxostat	15		
felbamate oral suspension	45		
felbamate oral tablet	45		

Drug Name	Drug Tier	Requirements/Limits
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	1	MO
SORINE ORAL TABLET 80 MG	1	MO
sotalol hcl (af) oral tablet 120 mg, 160 mg	1	MO
sotalol hcl (af) oral tablet 80 mg	1	MO
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	1	MO
sotalol hcl oral tablet 80 mg	1	MO
SOTYLIZE	3	MO
spironolactone oral suspension	3	MO
spironolactone oral tablet 100 mg, 50 mg	1	MO
spironolactone oral tablet 25 mg	1	MO
spironolactone-hctz	1	MO
TEGSEDI	4	PA; QL (6 per 28 days); LA; S
TEKURNA	3	MO
telmisartan oral tablet 20 mg, 40 mg	1	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	1	QL (60 per 30 days); MO
telmisartan-amlodipine	1	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	1	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 80-12.5 mg	1	QL (60 per 30 days); MO
TENORMIN ORAL TABLET 25 MG, 50 MG	3	MO
terazosin hcl oral	1	MO
THALITONE	3	MO
TIADYL ER	1	MO

Drug Name	Drug Tier	Requirements/Limits
timolol maleate oral	1	MO
TOPROL XL	3	MO
toremide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil hcl er	1	QL (30 per 30 days); MO
triamterene oral	1	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	1	MO
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-5-12.5 MG	3	QL (30 per 30 days); MO
TRICOR	3	MO
valsartan oral solution	4	QL (240 per 30 days); MO; S
valsartan oral tablet 160 mg	1	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	1	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO
VASCEPA	2	MO
VECAMYL	3	MO
verapamil hcl er oral capsule extended release 24 hour	1	MO
verapamil hcl er oral tablet extended release 120 mg	1	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl intravenous	1	
verapamil hcl oral	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
VERQUVO	3	PA; MO
VYNDAMAX	4	PA; QL (30 per 30 days); LA; S
VYNDAQEL	4	PA; QL (120 per 30 days); S
VYTORIN	3	PA; QL (30 per 30 days); MO
WAINUA	4	PA; QL (0.8 per 28 days); LA; S
WELCHOL	3	MO
ZESTRIL	3	MO
ZETIA	3	QL (30 per 30 days); MO
ZIAC	3	MO
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (30 per 30 days); MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	4	PA; QL (30 per 30 days); MO; S
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	4	PA; QL (30 per 30 days); S
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ORAL TABLET 20 MG, 30 MG	3	PA; QL (30 per 30 days); MO
acamprosate calcium	1	MO
ADDERALL XR	3	PA; QL (30 per 30 days); MO
ADLARITY	3	ST; QL (4 per 28 days); MO
ADZENYS XR-ODT	3	PA; QL (30 per 30 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
AJOVY	2	PA; QL (1.5 per 30 days); MO
ALLZITAL	3	PA; QL (180 per 30 days)
almotriptan malate	1	QL (9 per 30 days)
alprazolam er	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
alprazolam oral	1	QL (90 per 30 days)
alprazolam xr	1	QL (90 per 30 days)
amantadine hcl oral capsule	1	MO
amantadine hcl oral solution	1	MO
amantadine hcl oral tablet	1	MO
AMBIEN	3	QL (30 per 30 days)
AMBIEN CR	3	QL (30 per 30 days)

epinastine hcl	112	erythromycin external gel	62
epinephrine (anaphylaxis)	116	erythromycin external solution	62
epinephrine injection solution 0.3 mg/0.3ml	116	erythromycin lactobionate	103
epinephrine injection solution auto-injector 0.15 mg/0.15ml	116	erythromycin ophthalmic	112
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	116	erythromycin oral	103
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	116	ESBRIET ORAL CAPSULE	117
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	116	ESBRIET ORAL TABLET 267 MG	117
EPITOL	45	ESBRIET ORAL TABLET 801 MG	117
eplerenone	33	escitalopram oxalate oral solution	45
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	28	escitalopram oxalate oral tablet 10 mg	45
epoprostenol sodium intravenous solution reconstituted 0.5 mg	116	escitalopram oxalate oral tablet 20 mg	45
epoprostenol sodium intravenous solution reconstituted 1.5 mg	116	escitalopram oxalate oral tablet 5 mg	45
EPRONTIA	45	ESGIC ORAL CAPSULE	45
EPSOLAY	62	esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	79
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	45	esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	79
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	45	esomeprazole sodium intravenous solution reconstituted 40 mg	79
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	45	ESTARYLLA	87
ERAXIS	103	estazolam	45
ERBITUX	21	ESTRACE VAGINAL	87
ergoloid mesylates oral	45	estradiol oral	87
ERGOMAR	45	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	87
ERGOTAMINE-CAFFEINE	45	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	87
ERIVEDGE	21	estradiol transdermal patch twice weekly	87
ERLEADA ORAL TABLET 240 MG	21	estradiol transdermal patch weekly	87
ERLEADA ORAL TABLET 60 MG	21	estradiol vaginal	87
erlotinib hcl oral tablet 100 mg, 150 mg	21	estradiol valerate intramuscular	87
erlotinib hcl oral tablet 25 mg	21	estradiol-norethindrone acet	87
ERMEZA	87	ESTRING	87
ERRIN	87	ESTROGEL	87
ERTACZO	62	eszopiclone	45
ertapenem sodium	103	ethacrynic acid oral	33
ery	62	ethambutol hcl oral	103
ERY-TAB	103	ethosuximide oral	45
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	103	ethynodiol diac-eth estradiol	88
ERYTHROCIN STEARATE ORAL TABLET 250 MG	103	etodolac er	14
erythromycin base oral	103	etodolac oral	14
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	103	etonogestrel-ethinyl estradiol	88
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	103	etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	21
erythromycin ethylsuccinate oral tablet	103	etravirine oral tablet 100 mg	103
		etravirine oral tablet 200 mg	103
		EUCRISA	63
		EULEXIN	21
		EUTHYROX	88
		EVAMIST	88
		EVENITY	72
		everolimus oral tablet 0.25 mg	95

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

EDARBI	33	enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	10
EDARBYCLOR	33	enalapril-hydrochlorothiazide	33
EDLUAR	44	enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	10
EDURANT	102	ENBRACE HR	68
efavirenz oral capsule 200 mg	102	ENBREL MINI	95
efavirenz oral capsule 50 mg	102	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	95
efavirenz oral tablet	103	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	95
efavirenz-emtricitab-tenofo df	103	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	95
efavirenz-lamivudine-tenofovir	103	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	95
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	68	ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	14
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	68	ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	95
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	44	ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	95
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	44	ENHERTU	21
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG	45	ENILLORING	87
EFUDEX EXTERNAL CREAM	62	enoxaparin sodium injection solution 300 mg/3ml	28
EGRIFTA SV	87	enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	28
ELESTRIN	87	enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	28
eletriptan hydrobromide	45	enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	28
ELIDEL	62	enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	28
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	21	enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	28
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	21	ENPRESSE-28	87
ELINEST	87	ENSKYCE ORAL TABLET 0.15-30 MG-MCG	87
ELIQUIS	28	ENSPRYNG	95
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	28	ENSTILAR	62
ELITEK	21	entacapone	45
ELIXOPHYLLIN	116	ENTADFI	84
ELMIRON	84	entecavir	103
ELURYNG	87	ENTRESTO ORAL CAPSULE SPRINKLE	33
ELYXYB	14	ENTRESTO ORAL TABLET 24-26 MG	33
EMCYT	21	ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	33
EMEND ORAL SUSPENSION RECONSTITUTED	79	enulose	79
EMFLAZA ORAL SUSPENSION	87	ENVARUSUS XR	95
EMGALITY	45	EOHILIA	79
EMGALITY (300 MG DOSE)	45	EPCLUSA ORAL PACKET 150-37.5 MG	103
EMPAVELI	109	EPCLUSA ORAL PACKET 200-50 MG	103
EMPLICITI	21	EPCLUSA ORAL TABLET 200-50 MG	103
EMSAM	45	EPCLUSA ORAL TABLET 400-100 MG	103
emtricitabine	103	EPIDIOLEX	45
emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg	103	EPIFOAM	62
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	103		
EMTRIVA ORAL SOLUTION	103		
EMVERM	103		
EMZAHH	87		
enalapril maleate oral solution	33		
enalapril maleate oral tablet	33		

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl oral	1	MO
amoxapine	1	PA; MO
amphet-dextroamphet 3-bead er	3	PA; QL (30 per 30 days); MO
amphetamine sulfate oral tablet 10 mg	3	PA; QL (180 per 30 days); MO
amphetamine sulfate oral tablet 5 mg	3	PA; QL (90 per 30 days); MO
amphetamine-dextroamphet er	1	PA; QL (30 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	1	PA; QL (60 per 30 days); MO
AMPYRA	4	PA; QL (60 per 30 days); LA; S
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	4	ST; S
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	4	QL (90 per 30 days); MO; S
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	4	QL (45 per 30 days); MO; S
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	4	QL (30 per 30 days); MO; S
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (60 per 30 days); LA; S
apomorphine hcl subcutaneous	4	PA; QL (60 per 30 days); S
APTIOM	4	ST; MO; S
ARICEPT	3	QL (30 per 30 days); MO
aripiprazole oral solution	1	QL (900 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1	MO
aripiprazole oral tablet 20 mg, 30 mg	1	QL (30 per 30 days); MO
aripiprazole oral tablet dispersible 10 mg	3	QL (90 per 30 days); MO
aripiprazole oral tablet dispersible 15 mg	3	QL (60 per 30 days); MO
ARISTADA INITIO	4	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	QL (3.2 per 28 days); MO; S
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (30 per 30 days); MO
armodafinil oral tablet 50 mg	1	PA; QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 10 mg	3	QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 2.5 mg	1	QL (240 per 30 days); MO
asenapine maleate sublingual tablet sublingual 5 mg	1	QL (120 per 30 days); MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	4	QL (90 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
ATIVAN ORAL TABLET 2 MG	4	QL (150 per 30 days); S
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days); MO
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days); MO
AUSTEDO	4	PA; QL (120 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	4	PA; QL (60 per 30 days); S
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 per 30 days); S
AUSTEDO XR PATIENT TITRATION	4	PA; S
AUVELITY	4	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
AZSTARYS	3	PA; QL (30 per 30 days); MO
BAC	1	PA; QL (180 per 30 days)
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml	3	B/D PA
baclofen intrathecal solution prefilled syringe	3	B/D PA
baclofen oral solution 10 mg/5ml	4	QL (1200 per 30 days); S
baclofen oral solution 5 mg/5ml	4	QL (2400 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
baclofen oral suspension	4	QL (480 per 30 days); S
baclofen oral tablet 10 mg, 15 mg, 5 mg	1	QL (90 per 30 days)
baclofen oral tablet 20 mg	1	QL (120 per 30 days)
BAFIERTAM	4	PA; QL (120 per 30 days); S
BELSOMRA	3	QL (30 per 30 days)
benztropine mesylate injection	1	PA
benztropine mesylate oral	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIUMVI	4	PA; QL (24 per 30 days); S
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	QL (60 per 30 days); MO; S
bromocriptine mesylate oral	1	MO
BUPAP ORAL TABLET 50-300 MG	3	PA; QL (180 per 30 days)
buprenorphine hcl injection	1	
buprenorphine hcl sublingual tablet sublingual 2 mg	1	QL (240 per 30 days); NEDS
buprenorphine hcl sublingual tablet sublingual 8 mg	1	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (60 per 30 days); NEDS

dipyridamole oral	28		doxycycline monohydrate oral tablet	102
disopyramide phosphate oral	33		doxylamine-pyridoxine	79
disulfiram oral	44		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	44
DIURIL	33		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	44
divalproex sodium er oral tablet extended release 24 hour	44		dronabinol	79
divalproex sodium oral capsule delayed release sprinkle	44		drospiren-eth estrad-levomefol	87
divalproex sodium oral tablet delayed release	44		drospirenone-ethinyl estradiol	87
dobutamine-dextrose	33		DROXIA	28
dofetilide	33		droxidopa oral capsule 100 mg	33
DOJOLVI	67		droxidopa oral capsule 200 mg, 300 mg	33
DOLISHALE	87		DUAKLIR PRESSAIR	116
donepezil hcl oral tablet 10 mg, 5 mg	44		DUAVEE	87
donepezil hcl oral tablet 23 mg	44		DULERA	116
donepezil hcl oral tablet dispersible	44		duloxetine hcl oral capsule delayed release particles 20 mg	44
DOPTELET	28		duloxetine hcl oral capsule delayed release particles 30 mg	44
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	102		duloxetine hcl oral capsule delayed release particles 40 mg	44
dorzolamide hcl ophthalmic	112		duloxetine hcl oral capsule delayed release particles 60 mg	44
dorzolamide hcl-timolol mal	112		DUOBRII	62
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	112		DUOPA ENTERAL	44
DOTTI	87		DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	62
DOVATO	102		DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	62
doxazosin mesylate oral	33		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	62
doxepin hcl external	62		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	62
doxepin hcl oral capsule	44		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	62
doxepin hcl oral concentrate	44		duramorph	14
doxepin hcl oral tablet	44		DURYSTA	112
doxercalciferol intravenous	72		dutasteride oral	84
doxercalciferol oral	72		dutasteride-tamsulosin hcl	84
doxorubicin hcl intravenous solution	21		DUVYZAT	109
doxorubicin hcl intravenous solution reconstituted	21		DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	44
doxorubicin hcl liposomal	21		DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG	44
DOXY 100	102		DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 5 MG	44
doxycycline	102		DYMISTA	116
doxycycline hyclate intravenous	102		DYSPORT	44
doxycycline hyclate oral capsule	102		E	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	102		E.E.S. 400 ORAL TABLET	102
doxycycline hyclate oral tablet 50 mg	102		ec-naproxen	14
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 80 mg	102		econazole nitrate external	62
doxycycline hyclate oral tablet delayed release 50 mg, 75 mg	102		edaravone	44
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	102			
doxycycline monohydrate oral capsule 150 mg	102			
doxycycline monohydrate oral suspension reconstituted	102			

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

dextroamphetamine sulfate er oral capsule	dicyclomine hcl intramuscular	79
extended release 24 hour 10 mg, 5 mg	dicyclomine hcl oral capsule	79
dextroamphetamine sulfate er oral capsule	dicyclomine hcl oral solution	79
extended release 24 hour 15 mg	dicyclomine hcl oral tablet	79
dextroamphetamine sulfate oral solution	DIFFERIN EXTERNAL LOTION	62
dextroamphetamine sulfate oral tablet 10 mg ...	DIFICID	102
dextroamphetamine sulfate oral tablet 15 mg, 2.5	diflorasone diacetate external	62
mg	diflunisal oral	14
dextroamphetamine sulfate oral tablet 20 mg, 30	difluprednate	112
mg	digox oral tablet 125 mcg	32
dextroamphetamine sulfate oral tablet 5 mg	digox oral tablet 250 mcg	32
dextroamphetamine sulfate oral tablet 7.5 mg ...	digoxin injection	32
dextrose 5%/electrolyte #48	digoxin oral solution	32
dextrose in lactated ringers	digoxin oral tablet 125 mcg	32
dextrose intravenous solution 10 %, 5 %, 50 %, 70	digoxin oral tablet 250 mcg	32
%	digoxin oral tablet 62.5 mcg	32
dextrose intravenous solution 250 mg/ml	dihydroergotamine mesylate injection	44
dextrose-sodium chloride intravenous solution 10-	dihydroergotamine mesylate nasal	44
0.2 %	DILANTIN ORAL CAPSULE	44
dextrose-sodium chloride intravenous solution 10-	DILAUDID INJECTION SOLUTION 0.2 MG/ML	14
0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9	dilt-xr	32
%	diltiazem hcl er beads	32
DEXYCU	diltiazem hcl er coated beads oral capsule	
DHIVY ORAL TABLET 25-100 MG	extended release 24 hour	32
DIACOMIT ORAL CAPSULE 250 MG	diltiazem hcl er oral capsule extended release 12	
DIACOMIT ORAL CAPSULE 500 MG	hour	32
DIACOMIT ORAL PACKET 250 MG	diltiazem hcl er oral capsule extended release 24	
DIACOMIT ORAL PACKET 500 MG	hour 120 mg, 180 mg, 240 mg	32
diazepam injection	diltiazem hcl er oral tablet extended release 24 hour	
DIAZEPAM INTENSOL	120 mg	32
diazepam oral concentrate	diltiazem hcl er oral tablet extended release 24 hour	
diazepam oral solution 5 mg/5ml	180 mg, 240 mg, 300 mg, 360 mg, 420 mg	32
diazepam oral tablet 10 mg	diltiazem hcl intravenous solution	32
diazepam oral tablet 2 mg	diltiazem hcl intravenous solution	
diazepam oral tablet 5 mg	reconstituted	32
diazepam rectal	diltiazem hcl oral	32
diazoxide oral	dimethyl fumarate oral capsule delayed release	
dichlorphenamide	120 mg	44
diclofenac epolamine external	dimethyl fumarate oral capsule delayed release	
diclofenac potassium oral capsule	240 mg	44
diclofenac potassium oral tablet 25 mg	dimethyl fumarate starter pack oral capsule	
diclofenac potassium oral tablet 50 mg	delayed release therapy pack	44
diclofenac potassium(migraine)	DIOVAN HCT	33
diclofenac sodium er	DIOVAN ORAL TABLET 160 MG	33
diclofenac sodium external gel 1 %	DIOVAN ORAL TABLET 320 MG	33
diclofenac sodium external gel 3 %	DIOVAN ORAL TABLET 40 MG, 80 MG	33
diclofenac sodium external solution 1.5 %	DIPENTUM	79
diclofenac sodium external solution 2 %	diphenhydramine hcl injection	116
diclofenac sodium ophthalmic	diphenhydramine hcl oral elixir	116
diclofenac sodium oral	diphenoxylate-atropine oral liquid	79
diclofenac-misoprostol oral tablet delayed	diphenoxylate-atropine oral tablet 2.5-0.025	
release	mg	79
dicloxacillin sodium	diphtheria-tetanus toxoids dt	95

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	1	QL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (120 per 30 days); MO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1	QL (30 per 30 days); MO
bupropion hcl oral tablet 100 mg	1	QL (135 per 30 days); MO
bupropion hcl oral tablet 75 mg	1	QL (180 per 30 days); MO
bupirone hcl oral	1	
butalbital-acetaminophen oral capsule	4	PA; QL (180 per 30 days); S
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	PA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
butalbital-apap-caffeine oral capsule	1	PA; QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	PA; QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule	1	PA; QL (180 per 30 days)
CAPLYTA	4	QL (30 per 30 days); MO; S
carbamazepine er	1	MO
carbamazepine oral	1	MO
CARBATROL	3	PA; MO
carbidopa oral	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
carisoprodol oral	1	
CELEXA ORAL TABLET 10 MG	3	QL (120 per 30 days); MO
CELEXA ORAL TABLET 20 MG	3	QL (60 per 30 days); MO
CELEXA ORAL TABLET 40 MG	3	QL (30 per 30 days); MO
chlordiazepoxide hcl	1	QL (120 per 30 days)
chlordiazepoxide-amitriptyline	1	PA; MO
chlorpromazine hcl injection	2	
chlorpromazine hcl oral concentrate	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 250 mg	4	PA; S
chlorzoxazone oral tablet 375 mg, 750 mg	3	PA
chlorzoxazone oral tablet 500 mg	1	PA
citalopram hydrobromide oral capsule	1	QL (30 per 30 days); MO
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension	1	PA; QL (480 per 30 days); MO
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	1	PA; MO
clonazepam oral tablet 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	1	QL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	1	QL (2400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet dispersible 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet dispersible 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 per 30 days); MO
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days); S
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	3	PA; QL (30 per 30 days); MO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	3	PA; QL (60 per 30 days); MO
COTEMPLA XR-ODT	3	PA; QL (60 per 30 days); MO
cyclobenzaprine hcl er	3	
cyclobenzaprine hcl oral	1	PA

DALVANCE	102	DEPO-ESTRADIOL	86
danazol oral	86	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	86
dantrolene sodium oral	43	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	86
dapsone external	62	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	86
dapsone oral	102	DERMACINRX LIDOGEL	14
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	95	DERMOTIC	114
daptomycin	102	DESCOVY	102
daptomycin-sodium chloride	102	desipramine hcl oral	43
darifenacin hydrobromide er	84	desloratadine	116
darunavir oral tablet 600 mg	102	desmopressin ace spray refrig	86
darunavir oral tablet 800 mg	102	desmopressin acetate injection	86
DARZALEX	21	desmopressin acetate oral	87
DARZALEX FASPRO	21	desmopressin acetate pf	87
DASETTA 1/35	86	desmopressin acetate spray	87
DASETTA 7/7/7	86	desogestrel-ethinyl estradiol	87
DAURISMO ORAL TABLET 100 MG	21	desonide external cream	62
DAURISMO ORAL TABLET 25 MG	21	desonide external gel	62
DAYBUE	43	desonide external lotion	62
DAYSEE	86	desonide external ointment	62
DAYVIGO	43	desoximetasone external cream	62
DEBLITANE	86	desoximetasone external gel	62
decitabine	21	desoximetasone external liquid	62
deferasirox granules oral packet 180 mg, 360 mg	71	desoximetasone external ointment	62
deferasirox granules oral packet 90 mg	71	desvenlafaxine er	43
deferasirox oral packet 180 mg, 360 mg	71	desvenlafaxine succinate er	43
deferasirox oral packet 90 mg	71	dexabliss	87
deferasirox oral tablet 180 mg, 360 mg	71	DEXAMETHASONE INTENSOL	87
deferasirox oral tablet 90 mg	71	dexamethasone oral elixir	87
deferasirox oral tablet soluble 125 mg	71	dexamethasone oral solution	87
deferasirox oral tablet soluble 250 mg, 500 mg	72	dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	87
deferiprone oral tablet 1000 mg	72	dexamethasone oral tablet 2 mg, 4 mg, 6 mg	87
deferiprone oral tablet 500 mg	72	dexamethasone oral tablet therapy pack	87
deferroxamine mesylate injection solution reconstituted 2 gm	72	dexamethasone sod phos +rfid	87
deferroxamine mesylate injection solution reconstituted 500 mg	72	dexamethasone sod phosphate pf injection solution	87
deflazacort oral suspension	86	dexamethasone sod phosphate pf injection solution prefilled syringe	87
deflazacort oral tablet 18 mg, 30 mg, 36 mg	86	dexamethasone sodium phosphate injection	87
deflazacort oral tablet 6 mg	86	dexamethasone sodium phosphate ophthalmic	112
DELESTROGEN	86	dexlansoprazole	79
DELSTRIGO	102	dexmethylphenidate hcl	43
DELYLA	86	dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 5 mg	43
demeclocycline hcl oral	102	dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	43
DEMEROL INJECTION SOLUTION 75 MG/ML	14	dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg, 40 mg	43
DENTA 5000 PLUS	62		
denta 5000 plus sensitive	62		
DENTAGEL	62		
DEPAKOTE	43		
DEPAKOTE ER	43		
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	43		

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

codeine sulfate oral tablet	14	CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG	32
colchicine oral	14	CRINONE	86
colchicine-probenecid	14	cromolyn sodium inhalation	116
COLCRYS	14	cromolyn sodium ophthalmic	112
colesevelam hcl	32	cromolyn sodium oral	83
colestipol hcl	32	CROTAN	62
colistimethate sodium (cba)	102	CRYSSELLE-28	86
COMBIPATCH	86	CRYSVITA	67
COMBIVENT RESPIMAT	116	CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/ 6ML	95
COMBOGESIC	14	CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	95
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	20	CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/ 10ML	95
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	20	CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML, 8 GM/40ML	95
COMETRIQ (60 MG DAILY DOSE)	20	CUVRIOR	71
COMPLERA	102	cyclobenzaprine hcl er	42
completenate	67	cyclobenzaprine hcl oral	42
COMPRO	78	CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	112
CONCEPT DHA	67	cyclopentolate hcl ophthalmic solution 0.5 %, 1 %	112
CONCEPT OB	67	cyclophosphamide injection solution reconstituted 1 gm	20
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	42	cyclophosphamide injection solution reconstituted 2 gm	20
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	42	cyclophosphamide intravenous solution 500 mg/ 2.5ml	20
constulose	78	cyclophosphamide oral capsule	20
COPIKTRA	20	cyclophosphamide oral tablet	21
CORDRAN EXTERNAL TAPE	62	cycloserine oral	102
COREG	32	CYCLOSET	71
COREG CR	32	cyclosporine modified	95
CORLANOR ORAL SOLUTION	32	cyclosporine ophthalmic	112
CORLANOR ORAL TABLET	32	cyclosporine oral capsule	95
CORTEF	78	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	43
CORTIFOAM EXTERNAL	78	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	43
cortisone acetate oral	86	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	43
CORTISPORIN-TC	114	cyproheptadine hcl oral syrup	116
CORTROPHIN	86	cyproheptadine hcl oral tablet	116
COSENTYX (300 MG DOSE)	94	CYRAMZA	21
COSENTYX INTRAVENOUS	94	CYRED EQ	86
COSENTYX SENSOREADY (300 MG)	94	CYSTADROPS	112
COSENTYX SENSOREADY PEN	94	CYSTAGON	83
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	94	CYSTARAN	112
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	94	CYTOMEL	86
COSENTYX UNOREADY	94	D	
COSOPT	111	dabigatran etexilate mesylate	28
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	112	dalfampridine er	43
COTELLIC	20	DALIRESP	116
COTEMPLA XR-ODT	42		
COZAAR ORAL TABLET 100 MG	32		
COZAAR ORAL TABLET 25 MG, 50 MG	32		
CREON	83		
CRESEMBA	102		

Drug Name	Drug Tier	Requirements/ Limits
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	3	QL (180 per 30 days); MO
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3	QL (120 per 30 days); MO
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	3	QL (60 per 30 days); MO
dalfampridine er	2	PA; QL (60 per 30 days)
dantrolene sodium oral	1	
DAYBUE	4	PA; QL (3600 per 30 days); S
DAYVIGO	3	QL (30 per 30 days)
DEPAKOTE	3	PA; MO
DEPAKOTE ER	3	PA; MO
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	PA; MO
desipramine hcl oral	1	PA; MO
desvenlafaxine er	3	QL (30 per 30 days); MO
desvenlafaxine succinate er	1	MO
dexmethylphenidate hcl	1	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 30 mg, 5 mg	2	QL (30 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	2	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg, 40 mg	1	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/ Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (60 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 per 30 days); MO
dextroamphetamine sulfate oral solution	1	QL (1920 per 30 days); MO
dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 per 30 days); MO
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg	3	QL (90 per 30 days); MO
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	3	QL (60 per 30 days); MO
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 per 30 days); MO
dextroamphetamine sulfate oral tablet 7.5 mg	3	QL (180 per 30 days); MO
DHIVY ORAL TABLET 25-100 MG	3	MO
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA; S
diazepam injection	1	
DIAZEPAM INTENSOL	1	QL (240 per 30 days)
diazepam oral concentrate	1	QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
diazepam oral tablet 2 mg	1	QL (600 per 30 days)
diazepam oral tablet 5 mg	1	QL (240 per 30 days)
diazepam rectal	1	
dihydroergotamine mesylate injection	3	PA
dihydroergotamine mesylate nasal	4	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE	3	PA; MO
dimethyl fumarate oral capsule delayed release 120 mg	4	PA; QL (14 per 7 days); S
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; QL (60 per 30 days); S
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA; S
disulfiram oral	1	MO
divalproex sodium er oral tablet extended release 24 hour	1	MO
divalproex sodium oral capsule delayed release sprinkle	1	MO
divalproex sodium oral tablet delayed release	1	MO
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet 23 mg	1	ST; QL (30 per 30 days); MO
donepezil hcl oral tablet dispersible	1	QL (30 per 30 days); MO
doxepin hcl oral capsule	1	PA; MO
doxepin hcl oral concentrate	1	PA; MO
doxepin hcl oral tablet	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 20 mg	1	QL (180 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (120 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 40 mg	1	QL (90 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 60 mg	1	QL (60 per 30 days); MO
DUOPA ENTERAL	4	PA; S
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL (240 per 30 days); MO
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG	3	PA; QL (30 per 30 days); MO
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 5 MG	3	PA; QL (45 per 30 days); MO
DYSPORT	3	PA
edaravone	4	S
EDLUAR	3	PA; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	3	QL (30 per 30 days); MO
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	3	QL (180 per 30 days); MO

CITRANATAL B-CALM	67
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	67
CITRANATAL MEDLEY	67
CLARAVIS	61
CLARINEX-D 12 HOUR	116
clarithromycin er	101
clarithromycin oral	101
clemastine fumarate oral syrup	116
clemastine fumarate oral tablet 2.68 mg	116
CLENPIQ	78
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/ 2ML	101
CLEOCIN VAGINAL SUPPOSITORY	84
CLIMARA	86
CLIMARA PRO	86
CLINDACIN	61
CLINDACIN ETZ EXTERNAL SWAB	61
CLINDACIN-P	61
clindamycin hcl oral	102
clindamycin palmitate hcl	102
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	61
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	61
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	61
clindamycin phosphate external foam	61
clindamycin phosphate external gel	61
clindamycin phosphate external lotion	61
clindamycin phosphate external solution	61
clindamycin phosphate external swab	61
clindamycin phosphate in d5w	102
clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9000 mg/60ml	102
clindamycin phosphate injection solution 900 mg/ 6ml	102
clindamycin phosphate vaginal	84
clindamycin-tretinoin	61
CLINDESSE	84
CLINIMIX E/DEXTROSE (2.75/5)	67
CLINIMIX E/DEXTROSE (4.25/10)	67
CLINIMIX E/DEXTROSE (4.25/5)	67
CLINIMIX E/DEXTROSE (5/15)	67
CLINIMIX E/DEXTROSE (5/20)	67
clinimix e/dextrose (8/10)	67
clinimix e/dextrose (8/14)	67
CLINIMIX/DEXTROSE (4.25/10)	67
CLINIMIX/DEXTROSE (4.25/5)	67
CLINIMIX/DEXTROSE (5/15)	67
CLINIMIX/DEXTROSE (5/20)	67
clinimix/dextrose (6/5)	67
clinimix/dextrose (8/10)	67

clinimix/dextrose (8/14)	67
CLINISOL SF	67
CLINOLIPID	67
CLINPRO 5000	61
clobazam oral suspension	42
clobazam oral tablet 10 mg	42
clobazam oral tablet 20 mg	42
clobetasol propionate e	61
clobetasol propionate emulsion	61
clobetasol propionate external cream	61
clobetasol propionate external foam	61
clobetasol propionate external gel	61
clobetasol propionate external liquid	61
clobetasol propionate external lotion	61
clobetasol propionate external ointment	61
clobetasol propionate external shampoo	61
clobetasol propionate external solution	62
clocortolone pivalate	62
CLODAN EXTERNAL SHAMPOO	62
clomipramine hcl oral	42
clonazepam oral tablet 0.5 mg	42
clonazepam oral tablet 1 mg	42
clonazepam oral tablet 2 mg	42
clonazepam oral tablet dispersible 0.125 mg	42
clonazepam oral tablet dispersible 0.25 mg	42
clonazepam oral tablet dispersible 0.5 mg	42
clonazepam oral tablet dispersible 1 mg	42
clonazepam oral tablet dispersible 2 mg	42
clonidine	32
clonidine hcl (analgesia)	109
clonidine hcl er oral tablet extended release 12 hour	42
clonidine hcl er oral tablet extended release 24 hour	32
clonidine hcl oral	32
clopidogrel bisulfate oral tablet 300 mg	28
clopidogrel bisulfate oral tablet 75 mg	28
clorazepate dipotassium	42
clotrimazole external cream	62
clotrimazole external solution	62
clotrimazole mouth/throat troche	62
clotrimazole-betamethasone	62
clozapine oral tablet 100 mg	42
clozapine oral tablet 200 mg	42
clozapine oral tablet 25 mg	42
clozapine oral tablet 50 mg	42
clozapine oral tablet dispersible 100 mg	42
clozapine oral tablet dispersible 12.5 mg	42
clozapine oral tablet dispersible 150 mg	42
clozapine oral tablet dispersible 200 mg	42
clozapine oral tablet dispersible 25 mg	42
COARTEM	102
cocaine hcl nasal	14

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

cefepime hcl intravenous solution 101	chlordiazepoxide-amitriptyline 41
cefepime hcl intravenous solution reconstituted 100 gm 101	chlordiazepoxide-clidinium 78
cefepime hcl intravenous solution reconstituted 2 gm 101	chlorhexidine gluconate mouth/throat 61
cefixime 101	chloroquine phosphate oral 101
cefotetan disodium injection solution reconstituted 1 gm, 2 gm 101	chlorpromazine hcl injection 41
cefoxitin sodium intravenous 101	chlorpromazine hcl oral concentrate 41
cefpodoxime proxetil 101	chlorpromazine hcl oral tablet 42
cefprozil 101	chlorthalidone oral tablet 25 mg, 50 mg 32
ceftazidime injection solution reconstituted 1 gm, 6 gm 101	chlorthalidone oral tablet 25 mg, 50 mg 10
ceftazidime intravenous 101	chlorzoxazone oral tablet 250 mg 42
ceftriaxone sodium in dextrose 101	chlorzoxazone oral tablet 375 mg, 750 mg 42
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg 101	chlorzoxazone oral tablet 500 mg 42
ceftriaxone sodium injection solution reconstituted 100 gm 101	CHOLBAM 83
ceftriaxone sodium intravenous 101	cholestyramine light 32
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml) 101	cholestyramine oral 32
cefuroxime axetil oral tablet 250 mg 101	chorionic gonadotropin intramuscular 86
cefuroxime axetil oral tablet 500 mg 101	CIBINQO 61
cefuroxime sodium injection solution reconstituted 750 mg 101	CICLODAN EXTERNAL SOLUTION 61
cefuroxime sodium intravenous solution reconstituted 1.5 gm 101	ciclopirox external 61
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 500 MG 14	ciclopirox olamine external cream 61
CELEBREX ORAL CAPSULE 400 MG 14	ciclopirox olamine external suspension 61
celecoxib oral capsule 100 mg, 200 mg, 500 mg 14	cidofovir intravenous 101
celecoxib oral capsule 400 mg 14	cilostazol 28
CELEXA ORAL TABLET 10 MG 41	CILOXAN OPHTHALMIC OINTMENT 111
CELEXA ORAL TABLET 20 MG 41	CIMDUO 101
CELEXA ORAL TABLET 40 MG 41	cimetidine hcl oral solution 300 mg/5ml 78
cephalexin oral capsule 250 mg, 500 mg 101	cimetidine oral tablet 200 mg 78
cephalexin oral capsule 750 mg 101	cimetidine oral tablet 300 mg, 400 mg, 800 mg 78
cephalexin oral suspension reconstituted 125 mg/5ml 101	cinacalcet hcl oral tablet 30 mg 71
cephalexin oral suspension reconstituted 250 mg/5ml 101	cinacalcet hcl oral tablet 60 mg 71
cephalexin oral tablet 101	cinacalcet hcl oral tablet 90 mg 71
CEQUA 111	CINQAIR 116
CERDELGA 83	CINRYZE 28
cetirizine hcl oral solution 116	CINVANTI 78
cevimeline hcl 61	CIPRO HC 114
CHARLOTTE 24 FE 86	CIPRO ORAL SUSPENSION RECONSTITUTED 101
CHATEAL EQ 86	CIPRODEX 114
CHEMET 71	ciprofloxacin hcl ophthalmic 111
CHENODAL 78	ciprofloxacin hcl oral tablet 250 mg, 500 mg 101
chlordiazepoxide hcl 41	ciprofloxacin hcl oral tablet 750 mg 101
	ciprofloxacin hcl otic 114
	ciprofloxacin in d5w 101
	ciprofloxacin oral 101
	ciprofloxacin-dexamethasone 114
	ciprofloxacin-fluocinolone pf 114
	cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml 20
	citalopram hydrobromide oral capsule 42
	citalopram hydrobromide oral solution 42
	citalopram hydrobromide oral tablet 10 mg 42
	citalopram hydrobromide oral tablet 20 mg 42
	citalopram hydrobromide oral tablet 40 mg 42
	CITRANATAL 90 DHA ORAL 90-1 & 300 MG 67

Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG	3	QL (90 per 30 days); MO
eletriptan hydrobromide	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	4	PA; QL (30 per 30 days); MO; S
entacapone	1	MO
EPIDIOLEX	4	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	PA; MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3	QL (240 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
ergoloid mesylates oral	1	PA; MO
ERGOMAR	4	S
ergotamine-caffeine	1	
escitalopram oxalate oral solution	1	QL (600 per 30 days); MO
escitalopram oxalate oral tablet 10 mg	1	QL (60 per 30 days); MO
escitalopram oxalate oral tablet 20 mg	1	QL (30 per 30 days); MO
escitalopram oxalate oral tablet 5 mg	1	QL (120 per 30 days); MO
ESGIC ORAL CAPSULE	1	PA; QL (180 per 30 days)
estazolam	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
eszopiclone	1	QL (30 per 30 days)
ethosuximide oral	1	MO
EVRYSDI	4	PA; QL (160 per 24 days); S
EXSERVAN	4	LA; S
FANAPT ORAL TABLET 1 MG	4	PA; QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	4	PA; QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	4	PA; QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	4	PA; QL (180 per 30 days); S
FANAPT ORAL TABLET 6 MG	4	PA; QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 per 30 days); S
FANAPT TITRATION PACK	3	PA
felbamate oral suspension	4	MO; S
felbamate oral tablet	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
FEXMID	3	PA
fingolimod hcl	3	PA; QL (30 per 30 days)
FINTEPLA	4	PA; LA; S
FIORICET ORAL CAPSULE	3	PA; QL (180 per 30 days)
FIRDAPSE	4	PA; QL (240 per 30 days); LA; S
fluoxetine hcl (padded) oral tablet 10 mg	1	QL (45 per 30 days); MO
fluoxetine hcl (padded) oral tablet 20 mg	3	QL (120 per 30 days); MO
fluoxetine hcl oral capsule 10 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl oral capsule 20 mg	1	QL (120 per 30 days); MO
fluoxetine hcl oral capsule 40 mg	1	QL (60 per 30 days); MO
fluoxetine hcl oral capsule delayed release	1	QL (4 per 28 days); MO
fluoxetine hcl oral solution	1	QL (600 per 30 days); MO
fluoxetine hcl oral tablet 10 mg	1	MO
fluoxetine hcl oral tablet 20 mg	1	QL (120 per 30 days); MO
fluoxetine hcl oral tablet 60 mg	3	QL (30 per 30 days); MO
fluphenazine decanoate injection	1	
fluphenazine hcl injection	1	
fluphenazine hcl oral	1	MO
flurazepam hcl	1	QL (30 per 30 days)
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	1	QL (90 per 30 days); MO
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	1	QL (60 per 30 days); MO
fluvoxamine maleate oral tablet 100 mg	1	QL (90 per 30 days); MO
fluvoxamine maleate oral tablet 25 mg, 50 mg	1	MO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	PA; QL (30 per 30 days); MO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	3	PA; QL (60 per 30 days); MO
FROVA	3	ST; QL (12 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
frovatriptan succinate	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	4	PA; QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); MO
gabapentin (once-daily) oral tablet 300 mg	3	QL (30 per 30 days); MO
gabapentin (once-daily) oral tablet 600 mg	3	QL (90 per 30 days); MO
gabapentin oral capsule 100 mg	1	QL (1080 per 30 days); MO
gabapentin oral capsule 300 mg	1	QL (360 per 30 days); MO
gabapentin oral capsule 400 mg	1	QL (270 per 30 days); MO
gabapentin oral solution	1	QL (2160 per 30 days); MO
gabapentin oral tablet 600 mg	1	QL (180 per 30 days); MO
gabapentin oral tablet 800 mg	1	QL (120 per 30 days); MO
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML	3	B/D PA
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 50 MCG/ML	3	B/D PA
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 40000 MCG/20ML	4	B/D PA; S
galantamine hydrobromide er	1	QL (30 per 30 days); MO
galantamine hydrobromide oral solution	1	QL (200 per 30 days); MO

BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	71
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	71
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	82
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	83
BYLVAY ORAL CAPSULE 1200 MCG	83
BYLVAY ORAL CAPSULE 400 MCG	83
BYSTOLIC	31
C	
c-nate dha	67
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	100
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	100
cabergoline	86
CABLIVI	28
CABOMETYX	20
CABTREO	61
calcipotriene external cream	61
calcipotriene external ointment	61
calcipotriene external solution	61
calcipotriene-betameth diprop external ointment	61
calcipotriene-betameth diprop external suspension	61
calcitonin (salmon) injection	71
calcitonin (salmon) nasal	71
CALCITRENE	61
calcitriol external	61
calcitriol intravenous solution 1 mcg/ml	71
calcitriol oral	71
calcium acetate (phos binder)	71
calcium acetate oral tablet 667 mg	71
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML	14
CALQUENCE	20
CAMBIA	14
CAMILA	86
CAMRESE	86
CAMRESE LO	86
CAMZYOS	31
CANASA	78
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	31
candesartan cilexetil oral tablet 32 mg	31
candesartan cilexetil-hctz oral tablet 16-12.5 mg	31
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	32
CAPLYTA	41

CAPRELSA ORAL TABLET 100 MG	20
CAPRELSA ORAL TABLET 300 MG	20
captopril oral tablet 100 mg	32
captopril oral tablet 12.5 mg, 25 mg, 50 mg	32
captopril-hydrochlorothiazide	32
CARAFATE	78
CARBAGLU ORAL TABLET SOLUBLE	67
carbamazepine er	41
carbamazepine oral	41
CARBATROL	41
carbidopa oral	41
carbidopa-levodopa	41
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	41
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	41
carbinoxamine maleate oral solution	116
carbinoxamine maleate oral tablet 4 mg	116
carbinoxamine maleate oral tablet 6 mg	116
carboplatin intravenous solution	20
CARDIZEM LA	32
CARDURA XL	84
carglumic acid oral tablet soluble	67
carisoprodol oral	41
carteolol hcl	111
CARTIA XT	32
carvedilol	32
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	10
carvedilol phosphate er	32
caspofungin acetate	100
CAYSTON	116
cefaclor er	100
cefaclor oral capsule	100
cefaclor oral suspension reconstituted 250 mg/5ml	100
cefadroxil	100
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	100
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	100
cefazolin sodium intravenous solution reconstituted 1 gm	100
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	100
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	100
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	100
cefdinir	100
cefepime hcl injection solution reconstituted 1 gm	101

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	4	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
JORNAY PM	3	PA; QL (30 per 30 days); MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	4	PA; QL (180 per 30 days); MO; S
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	PA; QL (120 per 30 days); MO; S
KESIMPTA	4	PA; QL (1.2 per 30 days); S
KLONOPIN ORAL TABLET 0.5 MG	3	PA; QL (1200 per 30 days)
KLONOPIN ORAL TABLET 1 MG	3	PA; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
KLONOPIN ORAL TABLET 2 MG	3	PA; QL (300 per 30 days)
KLOXXADO	3	
<i>lacosamide intravenous</i>	4	S
<i>lacosamide oral solution</i>	3	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	3	QL (60 per 30 days); MO
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA
LAMICTAL ORAL TABLET	4	PA; MO; S
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG	3	PA
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	4	PA; S
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	3	
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet chewable</i>	1	MO
<i>lamotrigine oral tablet dispersible</i>	1	MO
<i>lamotrigine starter kit-blue</i>	3	
<i>lamotrigine starter kit-green</i>	4	S
<i>lamotrigine starter kit-orange</i>	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	PA; QL (30 per 30 days); MO; S

<i>azithromycin intravenous</i>	100	<i>benazepril hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg
<i>azithromycin oral packet</i>	100	<i>benazepril-hydrochlorothiazide</i>
<i>azithromycin oral suspension reconstituted</i>	100	<i>benazepril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	100	<i>bendamustine hcl</i>
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	100	BENDEKA
AZOPT	111	BENICAR HCT
AZOR ORAL TABLET 10-20 MG, 5-20 MG, 5-40 MG	31	BENICAR ORAL TABLET 20 MG, 40 MG
AZSTARYS	40	BENICAR ORAL TABLET 5 MG
<i>aztreonam</i>	100	BENLYSTA
AZULFIDINE	78	<i>benzhydrocodone-acetaminophen</i>
AZULFIDINE EN-TABS	78	<i>benznidazole</i>
AZURETTE	86	<i>benzoyl peroxide-erythromycin</i>
B		<i>benztropine mesylate injection</i>
BAC	40	<i>benztropine mesylate oral</i>
<i>bacitra-neomycin-polymyxin-hc</i>	111	BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE
<i>bacitracin ophthalmic</i>	111	<i>bepotastine besilate</i>
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	111	BERINERT
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml</i>	40	BESIVANCE
<i>baclofen intrathecal solution prefilled syringe</i>	40	BESREMI
<i>baclofen oral solution 10 mg/5ml</i>	40	BETADINE OPHTHALMIC PREP
<i>baclofen oral solution 5 mg/5ml</i>	40	<i>betaine</i>
<i>baclofen oral suspension</i>	40	<i>betamethasone dipropionate aug</i>
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	40	<i>betamethasone dipropionate external</i>
<i>baclofen oral tablet 20 mg</i>	40	<i>betamethasone valerate external</i>
BAFIERTAM	40	BETASERON SUBCUTANEOUS KIT
<i>balsalazide disodium</i>	78	<i>betaxolol hcl ophthalmic</i>
BALVERSA ORAL TABLET 3 MG	20	<i>betaxolol hcl oral</i>
BALVERSA ORAL TABLET 4 MG	20	<i>bethanechol chloride oral</i>
BALVERSA ORAL TABLET 5 MG	20	BETIMOL
BALZIVA	86	BETOPTIC-S
BAQSIMI ONE PACK	71	BEVESPI AEROSPHERE
BAQSIMI TWO PACK	71	<i>bexarotene external</i>
BARACLUDGE ORAL SOLUTION	100	<i>bexarotene oral</i>
BASAGLAR KWIKPEN	71	BEXSERO
BASAGLAR TEMPO PEN	71	BEYFORTUS
BAVENCIO	20	<i>bicalutamide</i>
BAXDELA	100	BICILLIN C-R
<i>bcg vaccine injection solution reconstituted</i>	94	BICILLIN C-R 900/300
BD PEN	109	BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE
BD PEN MINI	109	BIJUVA
BECONASE AQ	115	BIKTARVY ORAL TABLET 30-120-15 MG
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 75 MCG	13	BIKTARVY ORAL TABLET 50-200-25 MG
BELBUCA BUCCAL FILM 450 MCG, 600 MCG, 750 MCG, 900 MCG	13	<i>bimatoprost ophthalmic</i>
<i>belladonna alkaloids-opium</i>	13	BIMZELX
BELSOMRA	40	BINOSTO
<i>benazepril hcl oral</i>	31	<i>bis subcit-metronid-tetracycl</i>
		<i>bismuth/metronidaz/tetracyclin</i>
		<i>bisoprolol fumarate oral</i>
		<i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg

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

armodafinil oral tablet 150 mg, 200 mg, 250 mg	39	atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	10
armodafinil oral tablet 50 mg	39	atovaquone oral	100
ARMONAIR DIGIHALER	115	atovaquone-proguanil hcl	100
ARMOUR THYROID	86	atropine sulfate intravenous solution	109
ARNUITY ELLIPTA	115	atropine sulfate ophthalmic ointment	111
ASCENIV	94	atropine sulfate ophthalmic solution 1 %	111
ASCOMP-CODEINE	13	ATROVENT HFA	115
asenapine maleate sublingual tablet sublingual 10 mg	39	AUBRA EQ	86
asenapine maleate sublingual tablet sublingual 2.5 mg	39	AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	100
asenapine maleate sublingual tablet sublingual 5 mg	39	AUGTYRO	20
ASHLYNA	86	AUROVELA 1.5/30	86
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	115	AUROVELA 1/20	86
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	115	AUROVELA 24 FE	86
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	115	AUROVELA FE 1.5/30	86
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	115	AUROVELA FE 1/20	86
ASPIRIN-dipyridamole er	28	AURYXIA	71
ASPRUZYO SPRINKLE	31	AUSTEDO	40
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	94	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	40
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	94	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	40
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	31	AUSTEDO XR PATIENT TITRATION	40
ATACAND ORAL TABLET 32 MG	31	AUTOPEN	109
atazanavir sulfate oral capsule 150 mg, 200 mg	100	AUVELITY	40
atazanavir sulfate oral capsule 300 mg	100	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.3 MG/0.3ML	115
atenolol oral	31	AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	115
atenolol oral tablet 100 mg, 25 mg, 50 mg	10	AVAPRO	31
atenolol-chlorthalidone	31	AVASTIN	20
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	10	AVEED	86
ATIVAN ORAL TABLET 0.5 MG, 1 MG	39	AVIANE	86
ATIVAN ORAL TABLET 2 MG	40	AVODART	84
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	40	AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	40
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	40	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	40
ATORVALIQ	31	AVSOLA	94
atorvastatin calcium oral	31	AVYCAZ	100
		AYUNA	86
		AYVAKIT	20
		azacitidine	20
		AZASAN	94
		AZASITE	111
		azathioprine oral tablet 100 mg, 75 mg	94
		azathioprine oral tablet 50 mg	94
		azelaic acid external	60
		azelastine hcl nasal	115
		azelastine hcl ophthalmic	111
		azelastine-fluticasone	115
		AZELEX	60

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); MO; S
levetiracetam er oral tablet extended release 24 hour 500 mg	1	QL (180 per 30 days); MO
levetiracetam er oral tablet extended release 24 hour 750 mg	1	QL (120 per 30 days); MO
levetiracetam intravenous	1	
levetiracetam oral	1	MO
LEXAPRO ORAL TABLET 10 MG	3	QL (60 per 30 days); MO
LEXAPRO ORAL TABLET 20 MG	3	QL (30 per 30 days); MO
LEXAPRO ORAL TABLET 5 MG	3	QL (120 per 30 days); MO
LIBERVANT	3	QL (10 per 30 days)
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML	3	B/D PA
LIORESAL INTRATHECAL SOLUTION 10 MG/5ML	4	B/D PA; S
lisdexamfetamine dimesylate	3	PA; QL (30 per 30 days); MO
lithium	2	MO
lithium carbonate er	1	MO
lithium carbonate oral capsule 150 mg, 300 mg	1	MO
lithium carbonate oral capsule 600 mg	1	MO
lithium carbonate oral tablet	1	MO
lofexidine hcl	4	QL (224 per 14 days); S
lorazepam injection	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
lorazepam oral concentrate	1	QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG	3	QL (30 per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG	3	QL (60 per 30 days)
LORZONE	3	PA
loxapine succinate oral	1	MO
LUCEMYRA	4	QL (224 per 14 days); S
LUMRYZ	4	PA; QL (30 per 30 days); S
LUNESTA	3	ST; QL (30 per 30 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	3	QL (60 per 30 days); MO
LYBALVI	4	PA; QL (30 per 30 days); MO; S
LYRICA ORAL CAPSULE 150 MG, 25 MG, 50 MG, 75 MG	3	MO
LYRICA ORAL CAPSULE 200 MG	4	QL (90 per 30 days); MO; S
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	QL (60 per 30 days); MO; S
LYVISPAN ORAL PACKET 10 MG, 5 MG	3	QL (90 per 30 days)
LYVISPAN ORAL PACKET 20 MG	3	QL (120 per 30 days)
MARPLAN	3	MO
MAVENCLAD (10 TABS)	4	PA; QL (20 per 322 days); S

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

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (4 TABS)	4	PA; QL (8 per 322 days); S
MAVENCLAD (5 TABS)	4	PA; QL (10 per 322 days); S
MAVENCLAD (6 TABS)	4	PA; QL (12 per 322 days); S
MAVENCLAD (7 TABS)	4	PA; QL (14 per 322 days); S
MAVENCLAD (8 TABS)	4	PA; QL (16 per 322 days); S
MAVENCLAD (9 TABS)	4	PA; QL (18 per 322 days); S
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL (12 per 30 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 per 30 days); LA; S
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA
memantine hcl er	1	PA; QL (30 per 30 days); MO
memantine hcl oral solution 2 mg/ml	1	PA; QL (300 per 30 days); MO
memantine hcl oral tablet 10 mg	1	PA; QL (60 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO
meprobamate	1	PA
METADATE CD	3	PA; QL (30 per 30 days); MO
metaxalone	1	PA

Drug Name	Drug Tier	Requirements/Limits
methamphetamine hcl	3	PA; QL (150 per 30 days); MO
methocarbamol injection solution 1000 mg/10ml	3	
methocarbamol oral tablet 1000 mg	4	S
methocarbamol oral tablet 500 mg, 750 mg	1	
methsuximide	3	MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg, 72 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (xr)	3	PA; QL (30 per 30 days); MO
methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (900 per 30 days); MO

amoxapine	39	APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG
amoxicill-clarithro-lansopraz oral therapy pack	78	APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE
amoxicillin oral capsule	99	apomorphine hcl subcutaneous
amoxicillin oral suspension reconstituted	99	APONVIE
amoxicillin oral tablet	99	apraclonidine hcl
amoxicillin oral tablet chewable 125 mg, 250 mg	99	aprepitant oral
amoxicillin-pot clavulanate er	99	aprepitant oral capsule 125 mg
amoxicillin-pot clavulanate oral	99	aprepitant oral capsule 40 mg
amphet-dextroamphet 3-bead er	39	aprepitant oral capsule 80 & 125 mg
amphetamine sulfate oral tablet 10 mg	39	aprepitant oral capsule 80 mg
amphetamine sulfate oral tablet 5 mg	39	APRI
amphetamine-dextroamphet er	39	APTIOM
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	39	APTIVUS ORAL CAPSULE
amphetamine-dextroamphetamine oral tablet 30 mg	39	ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG
amphotericin b intravenous	99	ARANELLE
amphotericin b liposome	99	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML
ampicillin oral capsule 500 mg	99	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	99	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML
ampicillin sodium intravenous	99	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	99	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML
ampicillin-sulbactam sodium intravenous	99	ARAVA ORAL TABLET 20 MG
AMPYRA	39	ARAZLO
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	39	ARCALYST
AMVUTTRA	82	ARESTIN
AMZEEQ	60	AREXVY
anagrelide hcl	27	arformoterol tartrate
anastrozole oral	20	ARICEPT
ANDRODERM TRANSDERMAL PATCH 24 HOUR	85	ARIKAYCE
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	86	ARIMIDEX
ANGELIQ	86	aripiprazole oral solution
ANNOVERA	86	aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	115	aripiprazole oral tablet 20 mg, 30 mg
ANZEMET ORAL TABLET 50 MG	78	aripiprazole oral tablet dispersible 10 mg
APADAZ	13	aripiprazole oral tablet dispersible 15 mg
apap-caff-dihydrocodeine oral capsule	13	ARISTADA INITIO
APEXICON E	60	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML
APIDRA	71	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	71	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	39	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	39	

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

AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT	115	alprazolam oral	38
AIRSUPRA	115	alprazolam xr	38
AJOVY	38	ALREX	111
ak-poly-bac	111	ALTABAX	60
AKEEGA	19	ALTACE ORAL CAPSULE	31
AKLIEF	60	ALTAVERA	85
AKYNZEO (READY-TO-USE)	78	ALTOPREV	31
AKYNZEO (TO-BE-DILUTED)	78	ALTRENO	60
AKYNZEO INTRAVENOUS	78	ALUNBRIG ORAL TABLET 180 MG	19
AKYNZEO ORAL	78	ALUNBRIG ORAL TABLET 30 MG	19
ALA SCALP	60	ALUNBRIG ORAL TABLET 90 MG	19
ala-cort external cream	60	ALUNBRIG ORAL TABLET THERAPY PACK	19
albendazole oral	99	ALVAIZ	27
albuterol sulfate hfa	115	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	115
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	115	ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	115
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	115	alyacen 1/35	85
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	115	alyacen 7/7/7	85
albuterol sulfate oral syrup	115	ALYGLO	94
albuterol sulfate oral tablet	115	ALYMSYS	19
alclometasone dipropionate	60	ALYQ	115
ALCOHOL SWABS	109	amantadine hcl oral capsule	38
ALECENSA	19	amantadine hcl oral solution	38
alendronate sodium oral solution	71	amantadine hcl oral tablet	38
alendronate sodium oral tablet 10 mg	71	AMBIEN	38
alendronate sodium oral tablet 35 mg, 70 mg	71	AMBIEN CR	38
alendronate sodium oral tablet 10 mg, 5 mg	11	ambrisentan	115
alendronate sodium oral tablet 35 mg, 70 mg	11	amcinonide external cream	60
alfuzosin hcl er	84	amcinonide external ointment	60
aliskiren fumarate	31	AMETHIA	85
ALKINDI SPRINKLE	85	AMETHYST	85
allopurinol oral tablet 100 mg, 300 mg	13	amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	99
allopurinol oral tablet 200 mg	13	amiloride hcl oral	31
ALLZITAL	38	amiloride-hydrochlorothiazide	31
almotriptan malate	38	aminocaproic acid oral solution	27
ALOCRIAL	111	aminocaproic acid oral tablet	27
alogliptin benzoate oral tablet 12.5 mg	71	amiodarone hcl intravenous	31
alogliptin benzoate oral tablet 25 mg	71	amiodarone hcl oral	31
alogliptin benzoate oral tablet 6.25 mg	71	AMITIZA	78
alogliptin-metformin hcl	71	amitriptyline hcl oral	39
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	71	amlodipine besy-benazepril hcl	31
ALOMIDE	111	amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	10
alosetron hcl oral tablet 0.5 mg	78	amlodipine besylate oral	31
alosetron hcl oral tablet 1 mg	78	amlodipine besylate-valsartan	31
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	111	amlodipine-atorvastatin	31
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	111	amlodipine-olmesartan	31
alprazolam er	38	amlodipine-valsartan-hctz	31
ALPRAZOLAM INTENSOL	38	ammonium lactate external	60
		AMNESTEEM	60

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (1800 per 30 days); MO
methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
methylphenidate hcl oral tablet chewable 10 mg	3	PA; QL (180 per 30 days); MO
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	3	PA; QL (90 per 30 days); MO
methylphenidate patch	3	QL (30 per 30 days); MO
midazolam hcl oral	1	
MIGERGOT	4	S
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days); MO
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days); MO
molindone hcl	1	MO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	QL (30 per 30 days); MO; S
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	QL (60 per 30 days); MO; S
MYDAYIS	3	PA; QL (30 per 30 days); MO
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
MYOBLOC INTRAMUSCULAR SOLUTION 2500 UNIT/0.5ML, 5000 UNIT/ML	3	PA
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	2	
naltrexone hcl oral	1	
NAMENDA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
naratriptan hcl	1	QL (9 per 30 days)
NAYZILAM	3	PA
nefazodone hcl	1	MO
NEUPRO	3	QL (30 per 30 days); MO
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
NORGESIC	3	PA
nortriptyline hcl oral capsule 10 mg, 25 mg	1	MO
nortriptyline hcl oral capsule 50 mg, 75 mg	1	MO
nortriptyline hcl oral solution	1	MO
NOURIANZ ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
NOURIANZ ORAL TABLET 40 MG	4	PA; QL (30 per 30 days); S
NUEDEXTA	4	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA; S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
NURTEC	4	PA; QL (16 per 30 days); S
OCREVUS	4	PA; LA; S
<i>olanzapine intramuscular</i>	1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	MO
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	1	MO
<i>olanzapine oral tablet dispersible 20 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (90 per 30 days); MO
ONGENTYS	3	PA; QL (30 per 30 days); MO
ONZETRA XSAIL	4	QL (8 per 30 days); S
OPVEE	3	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate injection</i>	3	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	4	PA; S
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	4	S
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG	3	
<i>oxazepam</i>	1	QL (120 per 30 days)
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	PA; QL (480 per 30 days); MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	PA; QL (240 per 30 days); MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	4	PA; QL (120 per 30 days); MO; S
OZOBAX DS	4	QL (1200 per 30 days); S
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	3	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	3	QL (900 per 30 days); MO

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

Index of Drugs

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

A	<i>acyclovir external ointment</i>	60	
<i>abacavir sulfate oral solution</i>	99	<i>acyclovir oral</i>	99
<i>abacavir sulfate oral tablet</i>	99	<i>acyclovir sodium intravenous solution</i>	99
<i>abacavir sulfate-lamivudine</i>	99	ADACEL	94
ABELCET	99	ADAKVEO	27
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	38	<i>adapalene external cream</i>	60
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	38	<i>adapalene external gel</i>	60
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	38	<i>adapalene external pad</i>	60
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	38	<i>adapalene external solution</i>	60
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	38	<i>adapalene-benzoyl peroxide external gel</i>	60
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	38	<i>adapalene-benzoyl peroxide external pad</i>	60
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	38	ADBRY	60
ABILIFY ORAL TABLET 20 MG, 30 MG	38	ADCIRCA	114
<i>abiraterone acetate oral tablet 250 mg</i>	19	ADDERALL XR	38
<i>abiraterone acetate oral tablet 500 mg</i>	19	<i>adefovir dipivoxil</i>	99
ABRAXANE	19	ADEMPAS	114
ABRYSCO	94	ADLARITY	38
ABSORICA LD	60	ADMELOG INJECTION	70
<i>acamprosate calcium</i>	38	ADMELOG SOLOSTAR	70
<i>acarbose oral</i>	70	ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	19
ACCUTANE	60	ADTHYZA	85
<i>acebutolol hcl oral</i>	31	ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	114
<i>acetaminophen-codeine oral solution</i>	13	ADVAIR HFA	114
<i>acetaminophen-codeine oral tablet</i>	13	ADZENYS XR-ODT	38
<i>acetazolamide er</i>	111	AEMCOLO	99
<i>acetazolamide oral</i>	31	AFIRMELLE	85
<i>acetic acid irrigation</i>	109	AFREZZA INHALATION POWDER 12 UNIT	70
<i>acetic acid otic</i>	114	AFREZZA INHALATION POWDER 4 UNIT	70
<i>acetylcysteine inhalation</i>	114	AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT	70
<i>acetylcysteine intravenous</i>	109	AFREZZA INHALATION POWDER 8 UNIT, 90 X 8 UNIT & 90X12 UNIT	70
ACIPHEX	78	AFREZZA INHALATION POWDER 90 X 4 UNIT & 90X8 UNIT	71
<i>acitretin</i>	60	AGAMREE	109
ACTHAR	85	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	38
ACTHAR GEL	85	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	38
ACTHIB	94		
ACTIMMUNE	94		
<i>acyclovir external cream</i>	60		

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	B/D PA; QL (224 per 28 days); S
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	4	PA; QL (120 per 30 days); LA; S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
<i>treprostinil</i>	4	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	4	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	4	PA; QL (81.2 per 30 days); S
TYVASO DPI MAINTENANCE KIT	4	PA; LA; S
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	4	PA; LA; S
TYVASO REFILL KIT	4	PA; QL (81.2 per 30 days); S
TYVASO STARTER KIT	4	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	4	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	4	PA; LA; S
VENTAVIS	4	PA; QL (270 per 30 days); S
WINREVAIR	4	PA; S
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/</i>	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>act, 250-50 mcg/act, 500-50 mcg/act</i>		
XHANCE	3	ST; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (8 per 28 days); LA; S
XOPENEX HFA	3	QL (45 per 30 days); MO
YUPELRI	4	B/D PA; QL (90 per 30 days); MO; S
<i>zafirlukast</i>	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days)
<i>zileuton er</i>	4	MO; S
ZYFLO	4	PA; MO; S

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days); MO
<i>paroxetine mesylate</i>	3	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	3	QL (30 per 30 days); MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	3	QL (60 per 30 days); MO
<i>perphenazine oral</i>	1	MO
<i>perphenazine-amitriptyline</i>	1	PA; MO
PERSERIS	4	QL (1 per 28 days); MO; S
<i>phenelzine sulfate oral</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	PA; MO
PHENYTOIN INFATABS	1	MO
<i>phenytoin oral</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>pimozide</i>	1	MO
PLEGRIDY	4	PA; QL (1 per 28 days); S
PLEGRIDY STARTER PACK	4	PA; QL (1 per 180 days); S
PONVORY	4	PA; QL (30 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
PONVORY STARTER PACK	4	PA; S
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	MO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	3	PA; QL (60 per 30 days); MO
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days); MO
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days); MO
<i>pregabalin oral solution</i>	1	QL (900 per 30 days); MO
<i>primidone oral</i>	1	MO
PRISTIQ	3	MO
PROCENTRA	3	QL (1920 per 30 days); MO
<i>protriptyline hcl</i>	1	PA; MO
PROVIGIL ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); MO; S
PROVIGIL ORAL TABLET 200 MG	4	PA; QL (60 per 30 days); MO; S
PROZAC ORAL CAPSULE 10 MG	4	MO; S
PROZAC ORAL CAPSULE 20 MG	4	QL (120 per 30 days); MO; S
PROZAC ORAL CAPSULE 40 MG	4	QL (60 per 30 days); MO; S
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet</i>	1	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	PA; QL (30 per 30 days); MO
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	PA; QL (60 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	QL (30 per 30 days); MO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days); MO
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days); MO
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days); MO
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days); MO
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days); MO
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days); MO
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days); MO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	3	PA; QL (30 per 30 days); MO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	3	PA; QL (60 per 30 days); MO
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	PA; QL (360 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
QULIPTA	4	PA; QL (30 per 30 days); MO; S
QUVIVIQ	3	QL (30 per 30 days)
RADICAVA	4	LA; S
RADICAVA ORS	4	S
RADICAVA ORS STARTER KIT	4	S
<i>ramelteon</i>	1	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	1	MO
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (6 per 28 days); S
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8.4 per 365 days); S
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 28 days); S
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (8.4 per 365 days); S
REGONOL INTRAVENOUS	2	
RELEXXII	1	PA; QL (30 per 30 days); MO
RELYVRIO	4	S
REXULTI	4	PA; QL (30 per 30 days); MO; S
<i>riluzole</i>	1	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	MO
PROAIR RESPICLICK	2	MO
<i>promethazine vc</i>	3	
<i>promethazine-phenylephrine</i>	3	
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	B/D PA; S
QNASL	3	ST; QL (11 per 30 days)
QNASL CHILDRENS	3	ST; QL (7 per 30 days)
QUZYTIR	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	4	PA; LA; S
<i>roflumilast</i>	3	PA; QL (30 per 30 days); MO
RYALTRIS	3	QL (29 per 30 days)
RYCLORA ORAL SOLUTION	3	PA
RYVENT	3	PA
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate intravenous</i>	4	PA; QL (1125 per 30 days); S
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; QL (720 per 30 days); S
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (360 per 30 days)
SINGULAIR ORAL TABLET	3	MO
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
STRIVERDI RESPIMAT	3	QL (4 per 30 days); MO
SYMBICORT	2	QL (30.6 per 30 days); MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	4	PA; QL (56 per 28 days); LA; S
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	4	PA; QL (56 per 28 days); S
<i>tadalafil (pah)</i>	4	PA; QL (60 per 30 days); S
TADLIQ	4	PA; QL (300 per 30 days); S
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	MO
TEZSPIRE	4	PA; QL (1.91 per 28 days); S
THEO-24	2	MO
<i>theophylline er</i>	1	MO
<i>theophylline oral</i>	1	MO
<i>tiotropium bromide monohydrate</i>	2	QL (30 per 30 days); MO
TOBI PODHALER	4	QL (224 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate oral	1	QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 per 30 days); MO
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium bromide nasal	1	QL (30 per 30 days); MO
ipratropium-albuterol	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL PACKET	3	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; QL (60 per 30 days); S
LETAIRIS	4	PA; QL (30 per 30 days); LA; S
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	B/D PA; QL (270 per 30 days); MO
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	1	B/D PA; QL (540 per 30 days); MO
levalbuterol tartrate	1	QL (45 per 30 days); MO
levocetirizine dihydrochloride oral solution	1	QL (300 per 30 days)
levocetirizine dihydrochloride oral tablet	1	QL (30 per 30 days)
LIQREV	4	PA; QL (120 per 20 days); S
mometasone furoate nasal	1	
montelukast sodium oral	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3 per 28 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); LA; S
OFEV	4	PA; QL (60 per 30 days); S
OHTUVAYRE	4	B/D PA; QL (150 per 30 days); S
olopatadine hcl nasal	1	QL (31 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)
OPSUMIT	4	PA; QL (30 per 30 days); LA; S
OPSYNVI	4	PA; QL (30 per 30 days); S
ORENITRAM MONTH 1	3	PA
ORENITRAM MONTH 2	3	PA
ORENITRAM MONTH 3	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA; S
ORKAMBI ORAL PACKET	4	PA; QL (60 per 30 days); S
ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S
pirfenidone oral capsule	4	PA; QL (270 per 30 days); S
pirfenidone oral tablet 267 mg	4	PA; QL (270 per 30 days); S
pirfenidone oral tablet 534 mg, 801 mg	4	PA; QL (90 per 30 days); S

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Drug Name	Drug Tier	Requirements/Limits
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	4	QL (2 per 28 days); S
risperidone oral solution	1	QL (480 per 30 days); MO
risperidone oral tablet 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet 3 mg, 4 mg	1	QL (120 per 30 days); MO
risperidone oral tablet dispersible 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet dispersible 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet dispersible 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet dispersible 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet dispersible 3 mg	1	QL (150 per 30 days); MO
risperidone oral tablet dispersible 4 mg	1	QL (120 per 30 days); MO
RITALIN	3	PA; QL (90 per 30 days); MO
rivastigmine	1	QL (30 per 30 days); MO
rivastigmine tartrate	1	QL (60 per 30 days); MO
rizatriptan benzoate	1	QL (12 per 30 days)
ropinirole hcl	1	MO
ropinirole hcl er	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ROWEEPRA ORAL TABLET 500 MG	1	MO
rufinamide oral suspension	4	PA; QL (2400 per 30 days); MO; S
rufinamide oral tablet 200 mg	3	PA; QL (480 per 30 days); MO
rufinamide oral tablet 400 mg	4	PA; QL (240 per 30 days); MO; S
RYTARY	3	ST; MO
SAVELLA	3	PA; QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	PA
SECUADO	4	PA; QL (30 per 30 days); MO; S
selegiline hcl oral	1	MO
sertraline hcl oral capsule	3	QL (30 per 30 days); MO
sertraline hcl oral concentrate	1	QL (300 per 30 days); MO
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO
SILENOR	3	PA; QL (30 per 30 days)
SKYCLARYS	4	PA; QL (90 per 30 days); S
sodium oxybate	4	PA; QL (540 per 30 days); LA; S
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING	3	PA; QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE 1000 MG, 250 MG, 500 MG		
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days); NEDS
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (480 per 30 days); NEDS
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (240 per 30 days); NEDS
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	QL (120 per 30 days); NEDS
SUBVENITE	1	PA; MO
SUBVENITE STARTER KIT-BLUE	3	PA
SUBVENITE STARTER KIT-GREEN	3	PA
SUBVENITE STARTER KIT-ORANGE	3	PA
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	QL (6 per 30 days)
<i>sumatriptan-naproxen sodium</i>	3	QL (9 per 30 days)
SUNOSI	3	PA; QL (30 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO; S

Drug Name	Drug Tier	Requirements/Limits
TANLOR	4	S
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG	4	PA; QL (60 per 30 days); S
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG	4	PA; QL (30 per 30 days); S
<i>tasimelteon</i>	4	PA; QL (30 per 30 days); S
TEGLUTIK	4	S
TEGRETOL-XR	3	PA; MO
<i>temazepam</i>	1	QL (30 per 30 days)
TENCON ORAL TABLET 50-325 MG	1	PA; QL (180 per 30 days)
<i>teriflunomide</i>	4	PA; QL (30 per 30 days); S
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 per 30 days); S
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 per 30 days); S
<i>thioridazine hcl oral</i>	1	MO
<i>thiothixene oral</i>	1	MO
<i>tiagabine hcl</i>	1	MO
TIGLUTIK	4	S
<i>tizanidine hcl oral</i>	1	
<i>tolcapone</i>	4	PA; QL (180 per 30 days); MO; S
TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG	4	PA; MO; S
TOPAMAX ORAL TABLET 25 MG	3	PA; MO
<i>topiramate er oral capsule er 24 hour sprinkle</i>	3	MO
<i>topiramate er oral capsule extended release 24 hour 100 mg</i>	4	QL (30 per 30 days); MO; S

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL CAPSULE	4	PA; QL (270 per 30 days); S
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 per 30 days); S
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 per 30 days); S
FASENRA PEN	4	PA; QL (1 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (0.5 per 28 days); S
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	4	PA; QL (1 per 28 days); LA; S
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (60 per 30 days); MO
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (240 per 30 days); MO
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 per 30 days); MO
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	QL (24 per 30 days); MO
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (11 per 30 days); MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	2	QL (60 per 30 days); MO
<i>fluticasone propionate diskus inhalation</i>	2	QL (60 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>		
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (240 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	2	QL (12 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (24 per 30 days); MO
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	2	QL (11 per 30 days); MO
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	2	QL (12 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (60 per 30 days); MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 per 30 days); MO
<i>formoterol fumarate inhalation</i>	3	B/D PA; QL (120 per 30 days); MO
<i>hydroxyzine hcl intramuscular</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	QL (2880 per 28 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	1	QL (120 per 30 days)
<i>hydroxyzine hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
brey-na	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BRONCHITOL	4	PA; LA; S
BRONCHITOL TOLERANCE TEST	4	PA; LA; S
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	B/D PA; QL (120 per 30 days); MO
budesonide inhalation suspension 1 mg/2ml	1	B/D PA; QL (60 per 30 days); MO
budesonide-formoterol fumarate	1	QL (30.6 per 30 days); MO
carbinoxamine maleate oral solution	1	PA
carbinoxamine maleate oral tablet 4 mg	1	PA
carbinoxamine maleate oral tablet 6 mg	4	PA; S
CAYSTON	4	PA; LA; S
cetirizine hcl oral solution	1	
CINQAIR	4	PA; LA; S
CLARINEX-D 12 HOUR	3	
clemastine fumarate oral syrup	3	PA
clemastine fumarate oral tablet 2.68 mg	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
cromolyn sodium inhalation	1	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
cyproheptadine hcl oral syrup	1	PA
cyproheptadine hcl oral tablet	1	
DALIRESP	3	PA; QL (30 per 30 days); MO
desloratadine	1	
diphenhydramine hcl injection	1	
diphenhydramine hcl oral elixir	3	PA
DUAKLIR PRESSAIR	3	QL (1 per 30 days); MO
DULERA	3	QL (13 per 30 days); MO
DYMISTA	2	QL (23 per 28 days)
ELIXOPHYLLIN	2	MO
epinephrine (anaphylaxis)	1	
epinephrine injection solution 0.3 mg/0.3ml	1	QL (2 per 28 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	QL (2 per 28 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 per 28 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL (2 per 28 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL (2 per 28 days)
epoprostenol sodium intravenous solution reconstituted 0.5 mg	3	LA
epoprostenol sodium intravenous solution reconstituted 1.5 mg	4	LA; S

Drug Name	Drug Tier	Requirements/Limits
topiramate er oral capsule extended release 24 hour 200 mg	4	QL (60 per 30 days); MO; S
topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	3	QL (30 per 30 days); MO
topiramate oral	1	MO
TOSYMRA	3	
tranylcypromine sulfate	1	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone hcl oral tablet 300 mg	1	MO
TREXIMET ORAL TABLET 85-500 MG	4	QL (9 per 30 days); S
triazolam	1	QL (30 per 30 days)
trifluoperazine hcl oral	1	MO
trihexyphenidyl hcl oral solution	1	PA; MO
trihexyphenidyl hcl oral tablet	1	MO
TRILEPTAL ORAL TABLET	4	PA; MO; S
trimipramine maleate oral	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO; S
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	4	PA; QL (60 per 30 days); MO; S
UBRELVY ORAL TABLET 100 MG	4	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	4	PA; QL (20 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 28 days); S
VALIUM ORAL TABLET 10 MG	3	QL (120 per 30 days)
VALIUM ORAL TABLET 2 MG	3	QL (600 per 30 days)
VALIUM ORAL TABLET 5 MG	3	QL (240 per 30 days)
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	1	
valproic acid oral capsule	1	MO
valproic acid oral solution 250 mg/5ml	1	MO
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
varenicline tartrate (starter)	3	PA

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Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate oral tablet 0.5 mg	3	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	3	PA; QL (56 per 28 days)
varenicline tartrate(continue)	3	PA; QL (56 per 28 days)
venlafaxine besylate er	3	QL (60 per 30 days); MO
venlafaxine hcl	1	QL (90 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	1	MO
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
VERSACLOZ	3	QL (600 per 30 days)
vigabatrin oral packet	4	PA; QL (150 per 25 days); LA; S
vigabatrin oral tablet	4	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL PACKET	4	PA; QL (150 per 25 days); LA; S
VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S
VIGPODER	4	PA; QL (150 per 25 days); S

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
vilazodone hcl	3	QL (30 per 30 days); MO
VIVITROL	4	S
VRAYLAR ORAL CAPSULE	4	PA; QL (30 per 30 days); MO; S
VUMERITY	4	PA; QL (120 per 30 days); LA; S
VYVANSE	3	PA; QL (30 per 30 days); MO
WAKIX	4	PA; QL (60 per 30 days); S
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	3	QL (60 per 30 days); MO
XADAGO	4	MO; S
XANAX	3	QL (90 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	PA; QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	4	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	4	PA; QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	PA; QL (56 per 365 days); S
XELSTRYM	3	QL (30 per 30 days); MO
XEOMIN INTRAMUSCULAR SOLUTION	2	PA

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

Drug Name	Drug Tier	Requirements/Limits
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT	3	QL (1 per 30 days); MO
AIRSUPRA	3	QL (32.1 per 30 days)
albuterol sulfate hfa	1	MO
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	B/D PA; QL (360 per 30 days); MO
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	B/D PA; MO
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	B/D PA; QL (60 per 30 days); MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	3	QL (14 per 30 days); MO
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	3	QL (7 per 30 days); MO
ALYQ	4	PA; QL (60 per 30 days); S
ambrisentan	4	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
arformoterol tartrate	3	B/D PA; QL (120 per 30 days); MO
ARMONAIR DIGIHALER	3	QL (1 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 per 30 days); MO
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (2 per 28 days); MO
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (1 per 30 days); MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 per 30 days); MO
ASMANEX HFA	3	QL (13 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.3 MG/0.3ML	3	QL (2 per 28 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	4	QL (2 per 28 days); S
azelastine hcl nasal	1	QL (30 per 25 days)
azelastine-fluticasone	1	QL (23 per 28 days)
BECONASE AQ	3	ST; QL (50 per 30 days)
BEVESPI AEROSPHERE	3	ST; QL (11 per 30 days); MO
bosentan	4	PA; QL (60 per 30 days); LA; S

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophthalmic solution 0.5 %	1	MO
timolol maleate pf ophthalmic solution 0.25 %	3	MO
timolol maleate pf ophthalmic solution 0.5 %	1	MO
TIMOPTIC OCUDOSE	3	MO
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	
TRAVATAN Z	3	MO
travoprost (bak free)	1	MO
TRIESENCE	3	
TYRVAYA	3	PA; MO
VERKAZIA	4	QL (120 per 30 days); MO; S
VEVYE	3	PA; MO
VIGAMOX	3	
VUITY	3	MO
VYZULTA	3	MO
XALATAN	3	MO
XDEMVEY	4	LA; S
XELPROS	3	MO
XIIDRA	2	QL (60 per 30 days); MO
XIPERE	3	
YUTIQ	4	S

Drug Name	Drug Tier	Requirements/Limits
ZERVIATE	3	
ZYLET	2	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
CIPRODEX	2	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-fluocinolone pf	2	
CORTISPORIN-TC	3	
DERMOTIC	3	
FLAC	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
OTOVEL	3	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhalation	1	B/D PA
ADCIRCA	4	PA; QL (60 per 30 days); S
ADEMPAS	4	PA; QL (90 per 30 days); LA; S
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 per 30 days); MO
ADVAIR HFA	2	QL (12 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
RECONSTITUTED 100 UNIT, 50 UNIT		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
XYREM	4	PA; QL (540 per 30 days); LA; S
XYWAV	4	PA; QL (540 per 30 days); LA; S
zaleplon oral capsule 10 mg	1	QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	QL (30 per 30 days)
ZANAFLEX ORAL CAPSULE	3	ST
ZARONTIN ORAL CAPSULE	3	PA; MO
ZAVZPRET	4	QL (8 per 30 days); S
ZELAPAR	4	MO; S
ZEMBRACE SYMTOUCH	4	QL (4 per 30 days); S
ZENZEDI ORAL TABLET 10 MG	1	QL (180 per 30 days); MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG	3	QL (90 per 30 days); MO
ZENZEDI ORAL TABLET 20 MG, 30 MG	3	QL (60 per 30 days); MO
ZENZEDI ORAL TABLET 5 MG	1	QL (90 per 30 days); MO
ZENZEDI ORAL TABLET 7.5 MG	3	QL (180 per 30 days); MO
ZEPOSIA	4	PA; QL (30 per 30 days); LA; S
ZEPOSIA 7-DAY STARTER PACK	4	PA; LA; S
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY	4	PA; S

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

Drug Name	Drug Tier	Requirements/Limits
PACK 0.23MG &0.46MG 0.92MG(21)		
ZIMHI	3	QL (1 per 28 days)
ziprasidone hcl oral capsule 20 mg	1	QL (240 per 30 days); MO
ziprasidone hcl oral capsule 40 mg	1	QL (120 per 30 days); MO
ziprasidone hcl oral capsule 60 mg, 80 mg	1	QL (60 per 30 days); MO
ziprasidone mesylate	3	QL (6 per 3 days)
zolmitriptan nasal solution 5 mg	1	
zolmitriptan oral	1	QL (9 per 30 days)
ZOLOFT ORAL TABLET 100 MG	3	QL (60 per 30 days); MO
ZOLOFT ORAL TABLET 25 MG	3	QL (240 per 30 days); MO
ZOLOFT ORAL TABLET 50 MG	3	QL (120 per 30 days); MO
zolpidem tartrate er	1	QL (30 per 30 days)
zolpidem tartrate oral capsule	3	QL (30 per 30 days)
zolpidem tartrate oral tablet	1	QL (30 per 30 days)
zolpidem tartrate sublingual	3	PA; QL (30 per 30 days)
ZONISADE	3	PA; MO
zonisamide oral	1	MO
ZTALMY	4	QL (1100 per 30 days); S
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	QL (690 per 30 days); NEDS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	3	QL (360 per 30 days); NEDS

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	3	QL (30 per 30 days); NEDS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG	3	QL (120 per 30 days); NEDS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	3	QL (90 per 30 days); NEDS
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	3	QL (60 per 30 days); NEDS
ZURZUVAE	4	S
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 5 MG, 7.5 MG	3	PA; MO
ZYPREXA ORAL TABLET 20 MG	3	PA; QL (30 per 30 days); MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
Dermatological Agents		
ABSORICA LD	4	S
ACCUTANE	1	
acitretin	3	PA
acyclovir external cream	1	QL (5 per 30 days)
acyclovir external ointment	1	PA; QL (30 per 30 days)
adapalene external cream	1	PA
adapalene external gel	1	PA
adapalene external pad	4	PA; S
adapalene external solution	4	PA; S

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Drug Name	Drug Tier	Requirements/Limits
adapalene-benzoyl peroxide external gel	3	PA
adapalene-benzoyl peroxide external pad	4	PA; S
ADBRY	4	PA; QL (6 per 28 days); S
AKLIEF	3	
ALA SCALP	3	
ala-cort external cream	1	
alclometasone dipropionate	1	
ALTABAX	3	
ALTRENO	3	PA; QL (45 per 30 days)
amcinonide external cream	1	
amcinonide external ointment	2	
ammonium lactate external	1	
AMNESTEEM	1	
AMZEEQ	3	
APEXICON E	2	QL (60 per 30 days)
ARAZLO	3	PA
ARESTIN	4	S
azelaic acid external	1	
AZELEX	3	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
bexarotene external	4	PA; QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML	4	PA; S
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
methazolamide oral	1	MO
MIEBO	4	QL (12 per 30 days); S
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	2	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
OXERVATE	4	PA; S
OZURDEX INTRAVITREAL	3	PA
phenylephrine hcl ophthalmic solution 10 % 2.5 %	3	
PHOSPHOLINE IODIDE	4	S
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	MO
POLYCIN	1	

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Drug Name	Drug Tier	Requirements/Limits
polymyxin b-trimethoprim	1	
PRED FORTE	3	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	2	
proparacaine hcl ophthalmic	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
sulfacetamide sodium ophthalmic	1	
sulfacetamide-prednisolone ophthalmic solution	1	
SYFOVRE	4	S
tafluprost (pf)	3	MO
TEPEZZA	4	S
tetracaine hcl ophthalmic	3	
timolol maleate (once-daily)	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
timolol maleate ophthalmic gel forming solution	1	MO
timolol maleate ophthalmic solution 0.25 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	MO
cromolyn sodium ophthalmic	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	3	MO
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %	1	MO
cyclosporine ophthalmic	2	QL (60 per 30 days); MO
CYSTADROPS	4	PA; LA; S
CYSTARAN	4	LA; S
dexamethasone sodium phosphate ophthalmic	1	
DEXYCU	4	S
diclofenac sodium ophthalmic	1	
difluprednate	2	
dorzolamide hcl ophthalmic	1	MO
dorzolamide hcl-timolol mal	1	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	MO
DURYSTA	4	S
epinastine hcl	1	
erythromycin ophthalmic	1	QL (3.5 per 30 days)
EYLEA HD	4	PA; S
EYLEA INTRAVITREAL SOLUTION	4	PA; LA; S
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; S
EYSUVIS	3	
FLAREX	3	

Drug Name	Drug Tier	Requirements/Limits
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
GENTAK OPHTHALMIC OINTMENT	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
IYUZEH	3	MO
ketorolac tromethamine ophthalmic	1	
LACRISERT	3	QL (60 per 30 days)
latanoprost ophthalmic	1	MO
levobunolol hcl ophthalmic solution 0.5 %	1	MO
levofloxacin ophthalmic	1	
LOTEMAX	3	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML	4	PA; LA; S

Drug Name	Drug Tier	Requirements/Limits
brimonidine tartrate external	3	
BRYHALI	3	ST
CABTREGO	4	S
calcipotriene external cream	1	QL (120 per 30 days)
calcipotriene external ointment	1	QL (120 per 30 days)
calcipotriene external solution	1	QL (60 per 30 days)
calcipotriene-betameth diprop external ointment	1	QL (400 per 28 days)
calcipotriene-betameth diprop external suspension	3	QL (420 per 28 days)
CALCITRENE	1	QL (120 per 30 days)
calcitriol external	1	QL (800 per 28 days)
cevimeline hcl	1	MO
chlorhexidine gluconate mouth/throat	1	
CIBINQO	4	PA; QL (30 per 30 days); S
CICLODAN EXTERNAL SOLUTION	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	QL (90 per 30 days)
ciclopirox olamine external suspension	1	
CLARAVIS	1	
CLINDACIN	1	QL (100 per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	1	
CLINDACIN-P	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	1	QL (50 per 30 days)
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	3	
clindamycin phosphate external foam	1	QL (100 per 30 days)
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	QL (120 per 30 days)
clindamycin phosphate external solution	1	QL (120 per 30 days)
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	PA
CLINPRO 5000	3	MO
clobetasol propionate e	1	QL (120 per 30 days)
clobetasol propionate emulsion	1	QL (100 per 30 days)
clobetasol propionate external cream	1	QL (120 per 30 days)
clobetasol propionate external foam	1	QL (100 per 30 days)
clobetasol propionate external gel	1	QL (60 per 30 days)
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	QL (120 per 30 days)
clobetasol propionate external shampoo	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external solution</i>	1	QL (50 per 30 days)
<i>clocortolone pivalate</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)
<i>clotrimazole-betamethasone</i>	1	QL (120 per 30 days)
CORDRAN EXTERNAL TAPE	3	
CROTAN	3	
<i>dapsone external</i>	2	
DENTA 5000 PLUS	1	MO
<i>denta 5000 plus sensitive</i>	3	
DENTAGEL	1	MO
<i>desonide external cream</i>	1	
<i>desonide external gel</i>	4	S
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream</i>	1	QL (100 per 30 days)
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external liquid</i>	2	
<i>desoximetasone external ointment</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 per 30 days)
DIFFERIN EXTERNAL LOTION	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate external</i>	1	QL (60 per 30 days)
<i>doxepin hcl external</i>	3	PA; QL (45 per 30 days)
DUOBRII	4	PA; S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
EFUDEX EXTERNAL CREAM	3	QL (40 per 28 days)
ELIDEL	3	PA; QL (100 per 30 days)
ENSTILAR	4	QL (420 per 28 days); S
EPIFOAM	3	
EPSOLAY	3	
ERTACZO	4	S
<i>ery</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	4	PA; LA; S
<i>sorbitol irrigation solution 3 %</i>	3	
SPEVIGO SUBCUTANEOUS	4	PA; QL (4 per 28 days); S
<i>sterile water for irrigation</i>	2	
SYNAGIS	4	PA; S
TIS-U-SOL	1	
V-GO 20 KIT 20 UNIT/24HR	3	
V-GO 30 KIT 30 UNIT/24HR	3	
V-GO 40 KIT 40 UNIT/24HR	3	
VEOZAH	3	MO
VISTOGARD	4	S
VOYDEYA	4	PA; S
XIAFLEX	4	PA; S
ZILBRYSQ	4	LA; S
Ophthalmic Agents		
<i>acetazolamide er</i>	1	MO
<i>ak-poly-bac</i>	1	
ALOCRIL	3	
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	MO
ALREX	3	
<i>apraclonidine hcl</i>	1	
<i>atropine sulfate ophthalmic ointment</i>	2	MO
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
AZASITE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	3	MO
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	4	PA; S
<i>bepotastine besilate</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
<i>betaxolol hcl ophthalmic</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	3	MO
<i>bimatoprost ophthalmic</i>	1	MO
<i>brimonidine tartrate ophthalmic</i>	1	MO
<i>brimonidine tartrate-timolol</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>bromfenac sodium (once-daily)</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 % , 0.075 %</i>	3	
BROMSITE	3	
<i>carteolol hcl</i>	1	MO
CEQUA	3	PA; MO
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
COSOPT	3	MO

Drug Name	Drug Tier	Requirements/Limits
INPEN 100-PINK-LILLY-HUMALOG	4	S
INPEN 100-PINK-NOVOLOG-FIASP	2	
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE	1	QL (200 per 30 days); MO
KOSELUGO	4	PA; S
<i>lactated ringers irrigation</i>	1	
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
METHERGINE ORAL	4	S
<i>methylergonovine maleate oral</i>	4	S
<i>neomycin-polymyxin b gu</i>	1	
NOVOPEN ECHO	2	
ODACTRA	3	PA; QL (30 per 30 days); MO
OMNIPOD 5 G6 INTRO (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO	3	
OMNIPOD POD PALS	3	
ORALAIR	3	PA; QL (30 per 30 days)
PALFORZIA (12 MG DAILY DOSE)	3	PA
PALFORZIA (120 MG DAILY DOSE)	3	PA
PALFORZIA (160 MG DAILY DOSE)	3	PA
PALFORZIA (20 MG DAILY DOSE)	3	PA
PALFORZIA (200 MG DAILY DOSE)	3	PA
PALFORZIA (240 MG DAILY DOSE)	3	PA
PALFORZIA (3 MG DAILY DOSE)	3	PA
PALFORZIA (300 MG MAINTENANCE)	4	PA; S
PALFORZIA (300 MG TITRATION)	3	PA
PALFORZIA (40 MG DAILY DOSE)	3	PA
PALFORZIA (6 MG DAILY DOSE)	3	PA
PALFORZIA (80 MG DAILY DOSE)	3	PA
PALFORZIA INITIAL ESCALATION	3	PA
PHYSIOLYTE	3	
PRIALT	3	
RAGWITEK	3	PA; QL (30 per 30 days); MO
REBYOTA	4	PA; S
RENACIDIN	3	
<i>ringers irrigation</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
EUCRISA	3	
EVOXAC	3	MO
EXELDERM	3	
FABIOR	3	PA
FILSUVEZ	4	S
FINACEA EXTERNAL FOAM	3	
<i>fluocinolone acetonide body</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	1	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	1	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
FLUORIDEX	3	MO
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	MO
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000	3	MO
FLUORIMAX 5000 SENSITIVE	3	
<i>fluorouracil external cream 0.5 %</i>	3	QL (30 per 28 days)
<i>fluorouracil external cream 5 %</i>	1	QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil external solution</i>	1	QL (10 per 28 days)
<i>flurandrenolide external cream</i>	4	S
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external</i>	1	
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>halcinonide</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external foam</i>	3	ST
<i>halobetasol propionate external ointment</i>	1	
HALOG EXTERNAL OINTMENT	3	
HALOG EXTERNAL SOLUTION	3	
<i>hydrocortisone (perianal) external cream 1 %</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone butyr lipo base</i>	4	S
<i>hydrocortisone butyrate external cream</i>	1	
<i>hydrocortisone butyrate external lotion</i>	3	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone external lotion 2 %	3	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
HYDROXYM EXTERNAL CREAM	4	S
HYFTOR	4	S
imiquimod external cream 3.75 %	3	QL (15 per 28 days)
imiquimod external cream 5 %	1	QL (24 per 28 days)
imiquimod pump	3	QL (15 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	4	S
ivermectin external cream	2	
JUBLIA	3	PA
JUST RIGHT 5000 DENTAL PASTE	1	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	1	QL (100 per 30 days)
KLAYESTA	1	
KLISYRI	4	S
KOURZEQ	1	
LEVULAN KERASTICK	3	
LEXETTE	4	ST; S

Drug Name	Drug Tier	Requirements/Limits
luliconazole	3	
mafenide acetate external	1	
malathion external	1	
methoxsalen rapid	4	S
METROGEL EXTERNAL GEL	3	
metronidazole external	1	
miconazole-zinc oxide-petrolat	3	
mometasone furoate external	1	
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
MYCOZYL HC EXTERNAL GEL	4	S
MYCOZYL HC EXTERNAL LIQUID	3	
MYORISAN	1	
naftifine hcl external cream	1	
naftifine hcl external gel 2 %	3	
NAFTIN EXTERNAL GEL 1 %	3	
NEO-SYNALAR EXTERNAL CREAM	3	
NEUAC EXTERNAL GEL	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NORITATE	4	S
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
VIREAD ORAL POWDER	4	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	4	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
VIVJOA	4	S
voriconazole intravenous	3	PA
voriconazole oral suspension reconstituted	4	PA; QL (300 per 30 days); S
voriconazole oral tablet 200 mg	4	PA; QL (60 per 30 days); S
voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
VOSEVI	4	PA; QL (30 per 30 days); S
XENLETA	4	S
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
ZEPATIER	4	PA; QL (30 per 30 days); S
ZERBAXA	4	S
zidovudine oral capsule	1	QL (180 per 30 days)
zidovudine oral syrup	1	QL (1920 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
zidovudine oral tablet	1	QL (60 per 30 days)
ZINPLAVA	4	PA; S
ZIRGAN	3	
ZOSYN INTRAVENOUS SOLUTION	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	4	S
Miscellaneous Therapeutic Agents		
acetic acid irrigation	1	
acetylcysteine intravenous	1	
AGAMREE	4	PA; LA; S
ALCOHOL SWABS	1	MO
atropine sulfate intravenous solution	3	
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
BEYFORTUS	3	PA
clonidine hcl (analgesia)	3	
DUVYZAT	4	PA; S
EMPAVELI	4	S
FABHALTA	4	PA; S
GAUZE STERILE PADS 2	1	MO
GRASTEK	3	PA; QL (30 per 30 days); MO
IGALMI	3	QL (30 per 30 days)
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	4	S
INPEN 100-GREY-NOVOLOG-FIASP	4	S

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD	4	QL (360 per 30 days); S	<i>gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>		
<i>tobramycin sulfate injection solution</i>	1		<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	2	
<i>tobramycin sulfate injection solution reconstituted</i>	4	S	<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>		
<i>tolsura</i>	4	PA; S	<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg</i>	2	
TRECTOR	3		<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg</i>	1	
<i>trifluridine ophthalmic</i>	1		<i>vancomycin hcl intravenous solution reconstituted 1.75 gm, 2 gm</i>	3	
<i>trimethoprim oral</i>	1		<i>vancomycin hcl oral capsule 125 mg</i>	1	PA; QL (240 per 30 days)
TRIUMEQ	4	QL (30 per 30 days); S	<i>vancomycin hcl oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
TRIUMEQ PD	4	QL (180 per 30 days); S	<i>vancomycin hcl oral solution reconstituted</i>	3	PA; QL (1200 per 30 days)
TRIZIVIR	4	QL (60 per 30 days); S	VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	4	S
TROGARZO	4	PA; QL (23.94 per 28 days); LA; S	VEMLIDY	4	PA; QL (30 per 30 days); S
TYBOST	2	QL (30 per 30 days)	VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
UROGESIC-BLUE	3		VIBRAMYCIN ORAL CAPSULE	3	
VABOMERE	4	S			
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 per 30 days)			
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 per 30 days)			
<i>valganciclovir hcl oral solution reconstituted</i>	4	S			
<i>valganciclovir hcl oral tablet</i>	2				
VALTRESX ORAL TABLET 1 GM	3	ST; QL (90 per 30 days)			
VALTRESX ORAL TABLET 500 MG	3	ST; QL (60 per 30 days)			
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5</i>	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NYSTOP	1		PROCTOZONE-HC EXTERNAL	1	
OPZELURA	4	PA; S	QBREXZA	3	
ORALONE	1		QUTENZA	4	S
<i>oxiconazole nitrate</i>	3	QL (60 per 30 days)	RECTIV	3	QL (30 per 30 days)
OXISTAT EXTERNAL LOTION	3		REGRANEX	4	PA; S
PANDEL	3		RETIN-A EXTERNAL CREAM	3	PA; QL (45 per 30 days)
PANRETIN	4	S	RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3	PA; QL (50 per 30 days)
<i>penciclovir</i>	3	QL (5 per 30 days)	RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	4	PA; QL (50 per 30 days); S
PERIOGARD	1		<i>salicylic acid external ointment</i>	4	S
<i>permethrin external cream</i>	1		<i>salicylic acid external shampoo</i>	3	
<i>pilocarpine hcl oral</i>	1	MO	<i>salicylic acid external solution 26 %</i>	3	
<i>pimecrolimus</i>	1	PA; QL (100 per 30 days)	<i>salicylic acid wart remover</i>	3	
PODOCON-25	3		SANTYL	3	QL (30 per 30 days)
<i>podofilox external gel</i>	3		<i>selenium sulfide external lotion</i>	1	
<i>podofilox external solution</i>	1		<i>selenium sulfide external shampoo 2.25 %</i>	3	
PREVIDENT	3	MO	SERNIVO	3	
PREVIDENT 5000 BOOSTER PLUS	3	MO	<i>sf</i>	1	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO	<i>sf 5000 plus</i>	1	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3		SILVADENE	3	
PREVIDENT 5000 KIDS	3	MO	<i>silver nitrate external solution 0.5 %</i>	3	
PREVIDENT 5000 ORTHO DEFENSE	3	MO	<i>silver sulfadiazine external</i>	1	
PREVIDENT 5000 PLUS	3	MO	<i>sod fluoride-potassium nitrate</i>	1	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3		<i>sodium fluoride 5000 enamel dental gel</i>	1	
PROCTO-MED HC EXTERNAL	1				
PROCTOSOL HC EXTERNAL	1				

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Drug Name	Drug Tier	Requirements/Limits
sodium fluoride 5000 plus	1	MO
sodium fluoride 5000 ppm dental cream	1	MO
sodium fluoride 5000 ppm dental gel	1	MO
sodium fluoride 5000 ppm dental paste	3	MO
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	MO
sodium fluoride dental gel 1.1 %	1	MO
sodium fluoride mouth/throat	1	MO
SOOLANTRA	3	
SORILUX	3	QL (120 per 30 days)
spinosad	3	
SSD (SILVER SULFADIAZINE)	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	3	
SULFACLEANSE 8/4	3	
SULFAMYLON EXTERNAL CREAM	3	
tacrolimus external ointment	1	PA; QL (100 per 30 days)
tavaborole	3	PA; QL (10 per 30 days)
tazarotene external cream 0.1 %	1	PA
tazarotene external foam	3	PA
tazarotene external gel	3	PA

Drug Name	Drug Tier	Requirements/Limits
TAZORAC EXTERNAL CREAM 0.05 %	3	PA
TEXACORT	3	
TOLAK	3	ST; QL (40 per 28 days)
TOVET EXTERNAL FOAM	3	QL (100 per 30 days)
tretinoin external	1	PA; QL (45 per 30 days)
tretinoin microsphere external gel 0.04 %, 0.1 %	2	PA; QL (50 per 30 days)
tretinoin microsphere external gel 0.08 %	3	PA; QL (50 per 30 days)
tretinoin microsphere pump	3	PA; QL (50 per 30 days)
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	QL (454 per 30 days)
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	3	
triamcinolone acetonide mouth/throat	1	
triamcinolone in absorbase	3	
TRIANEX	3	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
TWYNEO	3	
ULTRAVATE EXTERNAL LOTION	3	
VALCHLOR	4	PA; LA; S
VERDESO	3	

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

Drug Name	Drug Tier	Requirements/Limits
pyrimethamine oral	4	PA; S
quinine sulfate oral	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
REZZAYO	4	S
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rifabutin	1	
rifampin intravenous	3	
rifampin oral	1	
rimantadine hcl	1	
ritonavir	1	QL (360 per 30 days)
RUKOBIA	4	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	4	QL (60 per 30 days); S
SEYSARA	4	S
SIRTURO	4	PA; LA; S
SIVEXTRO INTRAVENOUS	4	PA; S
SIVEXTRO ORAL	4	PA; QL (6 per 28 days); S
sofosbuvir-velpatasvir	4	PA; QL (30 per 30 days); S
SOLOSEC	3	
SOVALDI	4	PA; QL (30 per 30 days); S
SOVUNA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
streptomycin sulfate intramuscular	4	S
STRIBILD	4	QL (30 per 30 days); S
sulfadiazine oral	4	S
sulfamethoxazole-trimethoprim intravenous	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SUNLENCA ORAL	4	LA; S
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SYMTUZA	4	QL (30 per 30 days); S
TARGADOX	3	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	1	
TEFLARO	4	S
tenofovir disoproxil fumarate	1	QL (30 per 30 days)
terbinafine hcl oral	1	
tetracycline hcl oral capsule	1	
tetracycline hcl oral tablet	3	
tigecycline	4	S
tinidazole oral	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macro	1	
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NOXAFIL ORAL PACKET	4	PA; MO; S
NUZYRA INTRAVENOUS	4	S
NUZYRA ORAL	4	PA; S
nystatin oral tablet	1	
ODEFSEY	4	QL (30 per 30 days); S
ofloxacin oral tablet 300 mg, 400 mg	1	
ORACEA	3	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 per 365 days)
oxacillin sodium in dextrose intravenous solution 1 gm/50ml	2	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	S
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous	3	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
penicillin g pot in dextrose	3	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN	1	
PIFELTRO	4	QL (30 per 30 days); S
piperacillin sodium-tazobactam	1	
PLAQUENIL	3	MO
polymyxin b sulfate injection	1	
posaconazole intravenous	4	MO; S
posaconazole oral	4	PA; MO; S
praziquantel oral	1	
pretomanid	3	
PREVYMIS INTRAVENOUS	4	PA; S
PREVYMIS ORAL	4	PA; QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 per 30 days); S
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrazinamide oral	1	

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

Drug Name	Drug Tier	Requirements/Limits
VEREGEN	4	S
VTAMA	4	PA; QL (60 per 30 days); S
WINLEVI	3	
XERESE	4	QL (5 per 30 days); S
YCANTH	4	S
ZENATANE	1	
ZILXI	3	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; QL (60 per 30 days)
ZORYVE EXTERNAL FOAM	3	PA; QL (60 per 30 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	4	QL (7.5 per 28 days); S
Electrolytes / Minerals / Metals / Vitamins		
c-nate dha	3	
CARBAGLU ORAL TABLET SOLUBLE	4	PA; LA; S
carglumic acid oral tablet soluble	4	PA; LA; S
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3	
CITRANATAL B-CALM	3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3	
CITRANATAL MEDLEY	3	
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA

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

Drug Name	Drug Tier	Requirements/Limits
clinimix e/dextrose (8/10)	2	B/D PA
clinimix e/dextrose (8/14)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
clinimix/dextrose (6/5)	2	B/D PA
clinimix/dextrose (8/10)	2	B/D PA
clinimix/dextrose (8/14)	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
completenate	3	
CONCEPT DHA	3	
CONCEPT OB	3	
CRYSVITA	4	S
dextrose 5%/electrolyte #48	2	
dextrose in lactated ringers	1	
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	1	
dextrose intravenous solution 250 mg/ml	2	
dextrose-sodium chloride intravenous solution 10-0.2 %	2	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	1	
DOJOLVI	4	LA; S

Drug Name	Drug Tier	Requirements/Limits
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
ENBRACE HR	3	
FLORIVA	3	
fluoritab oral solution	3	MO
FOLIVANE-OB ORAL CAPSULE 85-1 MG	3	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 %	3	B/D PA
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	1	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	1	
kcl-lactated ringers-d5w	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON ORAL PACKET 20 MEQ	3	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	1	MO
lactated ringers intravenous	1	
levocarnitine intravenous	3	B/D PA
levocarnitine oral solution	1	B/D PA; MO
levocarnitine oral tablet	2	B/D PA; MO
levocarnitine sf	1	B/D PA; MO
m-natal plus	3	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	2	
multi-vitamin/fluoride oral solution	3	
multi-vitamin/fluoride/iron	3	
multiple electro type 1 ph 5.5	2	
multiple electro type 1 ph 7.4	2	
multivitamin w/fluoride	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	3	
neonatal 19	3	
neonatal complete oral tablet 29-1 mg	3	
neonatal fe	3	
NEONATAL PLUS	3	

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Drug Name	Drug Tier	Requirements/Limits
levofloxacin intravenous	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)
lincomycin hcl injection	1	
linezolid in sodium chloride	3	
linezolid intravenous solution 600 mg/300ml	1	
linezolid oral suspension reconstituted	4	PA; QL (1800 per 30 days); S
linezolid oral tablet	3	PA; QL (56 per 28 days)
LIVTENCITY	4	PA; S
lopinavir-ritonavir oral solution	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	3	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	3	QL (120 per 30 days)
maraviroc	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	4	PA; QL (90 per 30 days); S
me/naphos/mb/hyo1	1	
mefloquine hcl	1	MO
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral	1	

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Drug Name	Drug Tier	Requirements/Limits
micafungin sodium	4	S
micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%	4	S
micafungin sodium-nacl intravenous solution 50-0.9 mg/50ml-%	3	
MINOCIN INTRAVENOUS	4	S
minocycline hcl er oral tablet extended release 24 hour 105 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	3	
minocycline hcl er oral tablet extended release 24 hour 115 mg	4	S
minocycline hcl oral	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl intravenous	3	
moxifloxacin hcl oral	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	3	
nafcillin sodium intravenous solution reconstituted 10 gm	4	S
neomycin sulfate oral	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension	1	QL (1200 per 30 days)
nevirapine oral tablet	1	QL (60 per 30 days)
nitazoxanide oral	3	QL (6 per 30 days)
nitrofurantoin	4	S

Drug Name	Drug Tier	Requirements/Limits
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S
<i>ganciclovir sodium intravenous solution</i>	3	B/D PA
<i>ganciclovir sodium intravenous solution reconstituted</i>	4	B/D PA; S
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate injection</i>	1	
GENVOYA	4	QL (30 per 30 days); S
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
HARVONI	4	PA; QL (28 per 28 days); S
HUMATIN	4	S
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	3	MO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	4	S
INTELENCE ORAL TABLET 100 MG	4	QL (120 per 30 days); S
INTELENCE ORAL TABLET 200 MG	4	QL (60 per 30 days); S
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD	4	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral syrup</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>itraconazole oral capsule</i>	1	PA
<i>itraconazole oral solution</i>	3	PA
<i>ivermectin oral</i>	1	PA
JULUCA	4	QL (30 per 30 days); S
<i>ketoconazole oral</i>	1	
KRINTAFEL	3	
LAGEVRIO	4	QL (40 per 90 days); S
<i>lamivudine oral solution</i>	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	1	QL (30 per 30 days)
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days)
LAMPIT	3	
<i>ledipasvir-sofosbuvir</i>	4	PA; QL (28 per 28 days); S
<i>levofloxacin in d5w</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NESTABS	3	
NESTABS ONE	3	
NIVA-PLUS	3	
NUTRILIPID	3	B/D PA
OB COMPLETE ONE	3	
OB COMPLETE ORAL TABLET	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OMEGAVEN	3	B/D PA
PERIKABIVEN	3	B/D PA
PLENAMINE	3	B/D PA
<i>pnv prenatal plus multivitamin</i>	3	
<i>pnv-dha</i>	1	
<i>pnv-dha+docusate</i>	3	
<i>pnv-omega</i>	3	
POLY-VI-FLOR	3	
POLY-VI-FLOR/IRON	3	
<i>potassium chloride cryser</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	3	
<i>potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/50ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral packet</i>	3	MO
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
<i>prenaissance</i>	3	
<i>prenaissance plus</i>	3	
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>prenatal plus</i>	3	
<i>prenatal plus vitamin/mineral</i>	3	
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	1	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	1	
<i>prenatal without a w/ ferrous fumarate-l methylfolate-fa-dha oral capsule 27-0.6-0.4-300 mg</i>	3	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3		TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
PRENATE PIXIE	3		TRAVASOL	2	B/D PA
PRENATE RESTORE	3		TRI-VI-FLOR	3	
<i>prenatvite complete</i>	3		<i>tri-vite/fluoride</i>	3	
<i>prenatvite plus</i>	3		<i>trinatal rx 1</i>	3	
PRIMACARE ORAL CAPSULE	3		<i>tristart dha</i>	3	
PROSOL	2	B/D PA	TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
PROVIDA OB	3		<i>virt-nate dha</i>	3	
QUFLORA FE	3		VITAFOL GUMMIES	3	
QUFLORA FE PEDIATRIC	3		VITAFOL STRIPS	3	
QUFLORA PEDIATRIC	3		VITAFOL ULTRA	3	
<i>ringers</i>	1		VITAFOL-NANO	3	
<i>se-natal 19</i>	3		VITAFOL-OB	3	
SELECT-OB	3		VITAFOL-ONE	3	
SMOFLIPID	3	B/D PA	<i>wescap-c dha</i>	3	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>	1		<i>wesnate dha</i>	3	
<i>sodium chloride (pf)</i>	1		<i>westab plus</i>	3	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1		<i>westgel dha</i>	3	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>	1		Endocrine And Metabolic Disorder Agents		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	3	MO	<i>acarbose oral</i>	1	QL (90 per 30 days); MO
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	MO	ADMELOG INJECTION	3	ST; MO
<i>sodium fluoride oral tablet chewable</i>	1	MO	ADMELOG SOLOSTAR	3	ST; MO
TARON-C DHA ORAL CAPSULE 35-1 MG	3		AFREZZA INHALATION POWDER 12 UNIT	4	PA; QL (270 per 30 days); MO; S
<i>thrivite rx</i>	3		AFREZZA INHALATION POWDER 4 UNIT	3	PA; QL (540 per 30 days); MO
			AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT	4	PA; QL (360 per 365 days); MO; S
			AFREZZA INHALATION POWDER 8 UNIT, 90 X 8 UNIT & 90X12 UNIT	4	PA; QL (360 per 30 days); MO; S

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral tablet</i>	3	QL (30 per 30 days)	<i>reconstituted 200 mg/ 5ml</i>		
<i>efavirenz-emtricitab-tenofo df</i>	3	QL (30 per 30 days)	<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/ 5ml</i>	3	
<i>efavirenz-lamivudine-tenofovir</i>	3	QL (30 per 30 days)	<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>emtricitabine</i>	1	QL (30 per 30 days)	<i>erythromycin lactobionate</i>	3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	3	QL (30 per 30 days)	<i>erythromycin oral</i>	1	
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	4	QL (30 per 30 days); S	<i>ethambutol hcl oral</i>	1	
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)	<i>etravirine oral tablet 100 mg</i>	3	QL (120 per 30 days)
EMVERM	4	S	<i>etravirine oral tablet 200 mg</i>	3	QL (60 per 30 days)
<i>entecavir</i>	1	PA	EVOTAZ	4	QL (30 per 30 days); S
EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S	<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S	<i>famciclovir oral tablet 500 mg</i>	1	QL (21 per 7 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S	FIRVANQ	3	QL (1200 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S	<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/ 50ml-%</i>	3	
ERAXIS	4	PA; S	<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/ 100ml-%, 400-0.9 mg/ 200ml-%</i>	1	
<i>ertapenem sodium</i>	3		<i>fluconazole oral</i>	1	
ERY-TAB	1		<i>flucytosine oral</i>	4	S
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3		<i>fosamprenavir calcium</i>	3	QL (120 per 30 days)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1		<i>fosfomycin tromethamine</i>	1	
<i>erythromycin base oral</i>	1				
<i>erythromycin ethylsuccinate oral suspension</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml	1	
clindamycin phosphate injection solution 900 mg/6ml	3	
COARTEM	3	
colistimethate sodium (cba)	1	
COMPLERA	4	QL (30 per 30 days); S
CRESEMBA	4	PA; S
cycloserine oral	3	
DALVANCE	4	S
dapsone oral	1	MO
daptomycin	4	S
daptomycin-sodium chloride	3	
darunavir oral tablet 600 mg	3	QL (60 per 30 days)
darunavir oral tablet 800 mg	4	QL (60 per 30 days); S
DELSTRIGO	4	QL (30 per 30 days); S
demeclocycline hcl oral	1	
DESCOVY	4	QL (30 per 30 days); S
dicloxacillin sodium	1	
DIFICID	4	PA; S
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	

Drug Name	Drug Tier	Requirements/Limits
DOVATO	4	QL (30 per 30 days); S
DOXY 100	1	
doxycycline	3	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	3	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 80 mg	3	
doxycycline hyclate oral tablet delayed release 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 150 mg	3	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	1	
EDURANT	4	QL (30 per 30 days); S
efavirenz oral capsule 200 mg	1	QL (120 per 30 days)
efavirenz oral capsule 50 mg	1	QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AFREZZA INHALATION POWDER 90 X 4 UNIT & 90X8 UNIT	4	PA; QL (540 per 30 days); MO; S
alendronate sodium oral solution	1	QL (300 per 28 days); MO
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO
alogliptin benzoate oral tablet 12.5 mg	1	PA; QL (60 per 30 days); MO
alogliptin benzoate oral tablet 25 mg	1	PA; QL (30 per 30 days); MO
alogliptin benzoate oral tablet 6.25 mg	1	PA; QL (120 per 30 days); MO
alogliptin-metformin hcl	1	PA; QL (60 per 30 days); MO
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	1	PA; QL (30 per 30 days); MO
APIDRA	3	ST; MO
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; MO
AURYXIA	4	PA; MO; S
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
BASAGLAR KWIKPEN	3	ST; QL (30 per 30 days); MO
BASAGLAR TEMPO PEN	3	ST; QL (30 per 30 days); MO
BINOSTO	3	QL (4 per 28 days); MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)
calcitonin (salmon) injection	4	B/D PA; S
calcitonin (salmon) nasal	1	QL (4 per 30 days); MO
calcitriol intravenous solution 1 mcg/ml	1	B/D PA
calcitriol oral	1	B/D PA; MO
calcium acetate (phos binder)	1	MO
calcium acetate oral tablet 667 mg	1	MO
CHEMET	3	
cinacalcet hcl oral tablet 30 mg	1	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 60 mg	3	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	4	B/D PA; QL (120 per 30 days); S
CUVRIOR	4	S
CYCLOSET	3	ST; QL (180 per 30 days); MO
deferasirox granules oral packet 180 mg, 360 mg	4	PA; S
deferasirox granules oral packet 90 mg	3	PA
deferasirox oral packet 180 mg, 360 mg	4	PA; S
deferasirox oral packet 90 mg	3	PA
deferasirox oral tablet 180 mg, 360 mg	4	PA; S
deferasirox oral tablet 90 mg	2	PA
deferasirox oral tablet soluble 125 mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
deferasirox oral tablet soluble 250 mg, 500 mg	4	PA; S
deferiprone oral tablet 1000 mg	4	PA; S
deferiprone oral tablet 500 mg	4	PA; LA; S
deferoxamine mesylate injection solution reconstituted 2 gm	3	B/D PA
deferoxamine mesylate injection solution reconstituted 500 mg	3	
diazoxide oral	3	MO
doxercalciferol intravenous	1	B/D PA
doxercalciferol oral	3	B/D PA; MO
EVENITY	4	PA; QL (2.34 per 28 days); S
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	4	PA; LA; S
FERRIPROX ORAL TABLET 1000 MG	4	PA; LA; S
FERRIPROX TWICE-A-DAY	4	PA; LA; S
FIASP FLEXTOUCH	3	ST; MO
FIASP INJECTION	3	ST; MO
FIASP PENFILL	3	ST; MO
FIASP PUMPCART	3	ST; MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	PA; QL (3 per 28 days); S
FOSAMAX PLUS D	3	ST; QL (4 per 28 days); MO
FOSRENOL ORAL PACKET	4	MO; S
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO
glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO
glipizide oral tablet 2.5 mg	1	MO
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO
glipizide xl oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	2	
glucagon emergency injection kit	2	
glucagon emergency injection solution reconstituted	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	3	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml	1	
cephalexin oral suspension reconstituted 250 mg/5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	4	B/D PA; S
CIMDUO	4	QL (30 per 30 days); S
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	1	
ciprofloxacin oral	3	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML	3	

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Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate oral capsule 150 mg, 200 mg	3	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	3	QL (30 per 30 days)
atovaquone oral	3	PA
atovaquone-proguanil hcl	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVYCAZ	4	S
azithromycin intravenous	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	1	
BARACLUDE ORAL SOLUTION	4	PA; S
BAXDELA	4	S
benznidazole	3	
BICILLIN C-R	2	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	4	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (30 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	4	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	4	QL (6 per 28 days); S
caspofungin acetate	3	B/D PA
cefaclor er	2	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/ 5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2	
cefdinir	1	

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

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	3	QL (120 per 30 days); MO
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	4	QL (60 per 30 days); MO; S
glyburide micronized oral tablet 1.5 mg	1	QL (240 per 30 days); MO
glyburide micronized oral tablet 3 mg	1	QL (120 per 30 days); MO
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO
glyburide oral tablet 1.25 mg	1	QL (480 per 30 days); MO
glyburide oral tablet 2.5 mg	1	QL (240 per 30 days); MO
glyburide oral tablet 5 mg	1	QL (120 per 30 days); MO
glyburide-metformin oral tablet 1.25-250 mg	1	QL (240 per 30 days); MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUSPENSION PEN-INJECTOR		
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
HUMALOG TEMPO PEN	4	MO; S
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	4	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; MO; S
ibandronate sodium intravenous	1	B/D PA
ibandronate sodium oral	1	QL (1 per 28 days); MO
insulin asp prot & asp flexpen	3	ST; MO
insulin aspart flexpen	3	ST; MO
insulin aspart injection	3	ST; MO
insulin aspart penfill	3	ST; MO
insulin aspart prot & aspart	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
insulin degludec	3	ST; QL (30 per 30 days); MO
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml	3	ST; QL (30 per 30 days); MO
insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml	2	ST; QL (18 per 30 days); MO
insulin glargine max solostar	3	ST; QL (12 per 30 days); MO
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	3	ST; QL (13.5 per 30 days); MO
insulin glargine-yfgn	3	ST; QL (30 per 30 days); MO
insulin lispro (1 unit dial)	2	MO
insulin lispro injection	2	MO
insulin lispro junior kwikpen	2	MO
insulin lispro prot & lispro	2	MO
INVOKAMET	3	QL (60 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO
JANUMET	2	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO
JANUVIA	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE	2	QL (30 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
JYNARQUE ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
JYNARQUE ORAL TABLET THERAPY PACK	4	PA; QL (56 per 28 days); LA; S
KERENDIA	2	QL (30 per 30 days); MO
KIONEX ORAL SUSPENSION	1	
lanthanum carbonate	3	ST; MO
LANTUS	2	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO
liraglutide	1	PA; QL (9 per 30 days)
LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
LYUMJEV	2	MO
LYUMJEV KWIKPEN	2	MO
LYUMJEV TEMPO PEN	4	MO; S
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	3	QL (60 per 30 days); MO
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	3	QL (120 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
XATMEP	3	ST
XELJANZ ORAL SOLUTION	4	PA; QL (240 per 24 days); S
XELJANZ ORAL TABLET	4	PA; QL (60 per 30 days); S
XELJANZ XR	4	PA; QL (30 per 30 days); S
XEMBIFY	4	PA; S
YF-VAX	2	
ZYMFENTRA (1 PEN)	4	PA; QL (2 per 28 days); S
ZYMFENTRA (2 PEN)	4	PA; QL (2 per 28 days); S
ZYMFENTRA (2 SYRINGE)	4	PA; QL (2 per 28 days); S

Infectious Disease Agents

abacavir sulfate oral solution	1	QL (960 per 30 days)
abacavir sulfate oral tablet	1	QL (60 per 30 days)
abacavir sulfate-lamivudine	1	QL (30 per 30 days)
ABELCET	3	B/D PA
acyclovir oral	1	MO
acyclovir sodium intravenous solution	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
adefovir dipivoxil	1	PA
AEMCOLO	3	PA; QL (12 per 3 days)
albendazole oral	3	
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	1	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er	1	
amoxicillin-pot clavulanate oral	1	
amphotericin b intravenous	1	B/D PA
amphotericin b liposome	4	B/D PA; S
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1	
ampicillin sodium intravenous	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous	1	
APTIVUS ORAL CAPSULE	4	QL (120 per 30 days); S
ARIKAYCE	4	LA; S

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PENBRAYA	2		RECONSTITUTED 50 MCG/ 0.5ML		
PENTACEL	2		<i>sirolimus oral solution</i>	3	B/D PA
PREHEVBRIO	2	B/D PA	<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	1	B/D PA
PRIORIX	2		<i>sirolimus oral tablet 2 mg</i>	3	B/D PA
PRIVIGEN	4	PA; S	SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S
PROGRAF INTRAVENOUS	4	B/D PA; S	SKYRIZI PEN	4	PA; QL (6 per 365 days); S
PROGRAF ORAL	3	B/D PA	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
PROQUAD	2		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
SUBCUTANEOUS SUSPENSION RECONSTITUTED			SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S
QUADRACEL	2		STELARA INTRAVENOUS	4	PA; LA; S
RABAVERT	2		STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL (1 per 28 days); LA; S
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3		STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 28 days); S
RECOMBIVAX HB	2	B/D PA	<i>tacrolimus oral</i>	1	B/D PA
REMICADE	4	PA; S	TAVNEOS	4	PA; S
RENFLEXIS	4	PA; LA; S	TDVAX	2	
REZUROCK	4	PA; LA; S	TENIVAC	2	
RIDAURA	4	MO; S	TICOVAC	2	
RINVOQ	4	PA; QL (30 per 30 days); S	TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 per 28 days); S
RINVOQ LQ	4	PA; QL (360 per 30 days); S	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (2 per 28 days); S
ROTARIX	2				
ROTATEQ ORAL SOLUTION	2				
SANDIMMUNE ORAL SOLUTION	3	B/D PA			
SHINGRIX INTRAMUSCULAR SUSPENSION	2				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	3	QL (60 per 30 days); MO	NOVOLIN R	3	ST; MO
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	3	QL (120 per 30 days); MO	NOVOLIN R FLEXPEN	3	ST; MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days); MO	NOVOLIN R FLEXPEN RELION	3	ST; MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days); MO	NOVOLIN R RELION	3	ST; MO
<i>metformin hcl oral solution</i>	3	QL (946 per 30 days); MO	NOVOLOG 70/30 FLEXPEN RELION	3	ST; MO
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days); MO	NOVOLOG FLEXPEN RELION	3	ST; MO
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days); MO	NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; MO
<i>metformin hcl oral tablet 625 mg</i>	4	QL (120 per 30 days); MO; S	NOVOLOG INJECTION	3	ST; MO
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days); MO	NOVOLOG MIX 70/30	3	ST; MO
<i>miglitol</i>	1	QL (90 per 30 days); MO	NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; MO
MOUNJARO	2	PA; QL (2 per 28 days)	NOVOLOG MIX 70/30 RELION	3	ST; MO
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 per 30 days); MO	NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; MO
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 per 30 days); MO	NOVOLOG RELION INJECTION	3	ST; MO
NOVOLIN 70/30	3	ST; MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days)
NOVOLIN 70/30 FLEXPEN	3	ST; MO	OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
NOVOLIN 70/30 FLEXPEN RELION	3	ST; MO	OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
NOVOLIN 70/30 RELION	3	ST; MO	OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)
NOVOLIN N	3	ST; MO			
NOVOLIN N FLEXPEN	3	ST; MO			
NOVOLIN N FLEXPEN RELION	3	ST; MO			
NOVOLIN N RELION	3	ST; MO			

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Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	2	B/D PA
<i>paricalcitol intravenous</i>	3	B/D PA
<i>paricalcitol oral</i>	1	B/D PA; MO
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days); MO
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days); MO
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 per 30 days); MO
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
QTERN	3	PA; QL (30 per 30 days); MO
RAYALDEE	4	QL (60 per 30 days); MO; S
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 per 30 days); MO
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 per 30 days); MO
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days); MO
REZVOGLAR KWIKPEN	3	ST; QL (30 per 30 days); MO
<i>risedronate sodium oral tablet 150 mg</i>	1	ST; QL (1 per 28 days); MO
<i>risedronate sodium oral tablet 30 mg</i>	1	ST; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	ST; QL (4 per 28 days); MO

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium oral tablet 5 mg</i>	1	ST; QL (30 per 30 days); MO
<i>risedronate sodium oral tablet delayed release</i>	1	ST; QL (4 per 28 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 per 30 days); S
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 per 30 days); S
<i>saxagliptin hcl oral tablet 2.5 mg</i>	3	PA; QL (60 per 30 days); MO
<i>saxagliptin hcl oral tablet 5 mg</i>	3	PA; QL (30 per 30 days); MO
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	3	PA; QL (60 per 30 days); MO
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	3	PA; QL (30 per 30 days); MO
SEGLUROMET	3	PA; QL (60 per 30 days); MO
SEMGLEE (YFGN)	3	QL (30 per 30 days); MO
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	B/D PA; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	3	B/D PA; QL (120 per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	3	QL (540 per 30 days); MO
<i>sevelamer carbonate oral packet 2.4 gm</i>	3	QL (180 per 30 days); MO
<i>sevelamer carbonate oral tablet</i>	1	QL (540 per 30 days); MO
<i>sevelamer hcl oral tablet 400 mg</i>	1	ST; MO

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
<i>leflunomide oral</i>	1	QL (30 per 30 days); MO
LITFULO	4	PA; QL (30 per 30 days); S
LUPKYNIS	4	PA; LA; S
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	1	
<i>methotrexate sodium oral</i>	1	
MRESVIA	2	
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	B/D PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA
<i>mycophenolate sodium</i>	1	B/D PA
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
MYHIBBIN	4	B/D PA; S
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	4	S
NULOJIX	4	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	4	PA; S
OMVOH INTRAVENOUS	4	PA; QL (15 per 28 days); S
OMVOH SUBCUTANEOUS	4	PA; QL (2 per 28 days); S
OTEZLA ORAL TABLET	4	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	4	PA; S
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	
PANZYGA	4	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	S

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Drug Name	Drug Tier	Requirements/Limits
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
HIBERIX INJECTION	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML	3	PA; LA
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; LA; S
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML	3	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2 GM/10ML, 4 GM/20ML	4	PA; S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 days); S

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UEVIT STARTER	4	PA; QL (6 per 365 days); S
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	4	S
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML	4	S
HYPERRAB	4	S
HYPERTET	3	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	4	PA; S
HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML	3	PA
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
IMURAN	3	B/D PA
INFANRIX	2	
INFLECTRA	4	PA; LA; S
<i>infliximab</i>	4	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JOENJA	4	PA; QL (60 per 30 days); S
JYLAMVO	3	ST
JYNNEOS	2	B/D PA
<i>kedrab injection</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl oral tablet 800 mg</i>	3	ST; MO
<i>sitagliptin</i>	3	QL (30 per 30 days); MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOHONOS	4	S
SOLIQUA	2	QL (15 per 25 days); MO
SPS	1	
STEGLATRO	3	PA; QL (30 per 30 days); MO
STEGLUJAN	3	PA; QL (30 per 30 days); MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (11 per 30 days); MO; S
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
<i>teriparatide</i>	4	PA; QL (3 per 28 days); S
<i>teriparatide (recombinant)</i>	4	PA; QL (3 per 28 days); S
<i>tolvaptan oral tablet 15 mg</i>	4	PA; QL (30 per 30 days); S
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 per 30 days); S
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
<i>trientine hcl</i>	4	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY	2	PA; QL (2 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days); S
VELPHORO	4	QL (180 per 30 days); MO; S
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	4	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
XULTOPHY	2	QL (15 per 25 days); MO
ZEGALOGUE	3	
ZITUVIO	3	QL (30 per 30 days); MO
zoledronic acid intravenous concentrate	1	PA
zoledronic acid intravenous solution	1	PA
Gastrointestinal Agents		
ACIPHEX	3	QL (30 per 30 days); MO
AKYNZEO (READY-TO-USE)	4	S
AKYNZEO (TO-BE-DILUTED)	4	S
AKYNZEO INTRAVENOUS	4	S
AKYNZEO ORAL	3	QL (5 per 30 days)
alosetron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
alosetron hcl oral tablet 1 mg	4	PA; QL (60 per 30 days); MO; S
AMITIZA	3	QL (60 per 30 days); MO
amoxicill-clarithro-lansopraz oral therapy pack	3	
ANZEMET ORAL TABLET 50 MG	3	B/D PA
APONVIE	3	
aprepitant oral	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 125 mg	4	B/D PA; QL (5 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
aprepitant oral capsule 40 mg	1	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 80 mg	1	B/D PA; QL (10 per 30 days)
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide disodium	1	
bis subcit-metronid-tetracyc	4	S
bismuth/metronidaz/tetracyclin	4	S
BONJESTA	3	PA; QL (60 per 30 days)
budesonide er oral tablet extended release 24 hour	3	PA
budesonide oral	1	
budesonide rectal	3	
CANASA	4	S
CARAFATE	3	MO
CHENODAL	4	PA; S
chlordiazepoxide-clidinium	3	PA
cimetidine hcl oral solution 300 mg/5ml	1	MO
cimetidine oral tablet 200 mg	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	MO
CINVANTI	3	
CLENPIQ	3	
COMPRO	1	
constulose	1	MO
CORTEF	3	
CORTIFOAM EXTERNAL	3	

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

Drug Name	Drug Tier	Requirements/Limits
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML	3	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML	4	PA; S
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML	3	PA; LA
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML, 4 GM/20ML, 8 GM/40ML	4	PA; LA; S
cyclosporine modified	1	B/D PA
cyclosporine oral capsule	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
diphtheria-tetanus toxoids dt	2	
ENBREL MINI	4	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA

Drug Name	Drug Tier	Requirements/Limits
ENSPRYNG	4	PA; QL (3 per 28 days); S
ENVARUS XR	3	B/D PA
everolimus oral tablet 0.25 mg	1	B/D PA
everolimus oral tablet 0.5 mg, 1 mg	4	B/D PA; S
everolimus oral tablet 0.75 mg	3	B/D PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	4	PA; S
GAMASTAN	3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	3	PA
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	4	PA; S
GAMMAGARD S/D LESS IGA	4	PA; S
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	PA; S
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	4	PA; S
GAMUNEX-C	4	PA; S
GARDASIL 9	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
GENGRAF ORAL SOLUTION	1	B/D PA
HAVRIX	2	

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

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT	3	PA; QL (8 per 28 days); MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XULANE	1	MO
XYOSTED	3	PA; MO
yuvafem	1	MO
ZAFEMY	1	MO
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	4	PA; S
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	3	PA
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	4	PA; LA; S
ADACEL	2	
ALYGLO	4	PA; S
ARAVA ORAL TABLET 20 MG	4	QL (30 per 30 days); MO; S
ARCALYST	4	PA; S
AREXVY	2	
ASCENIV	4	PA; S
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D PA

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	B/D PA; S
AVSOLA	4	PA; S
AZASAN	3	B/D PA
azathioprine oral tablet 100 mg, 75 mg	3	B/D PA
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	2	
BENLYSTA	4	PA; S
BEXSERO	2	
BIMZELX	4	PA; QL (2 per 28 days); S
BIVIGAM	4	PA; S
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE)	4	PA; QL (8 per 28 days); LA; S
COSENTYX INTRAVENOUS	4	PA; S
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S
COSENTYX UNOREADY	4	PA; QL (8 per 28 days); S

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Drug Name	Drug Tier	Requirements/Limits
dexlansoprazole	3	ST; QL (30 per 30 days); MO
dicyclomine hcl intramuscular	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
DIPENTUM	4	MO; S
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
doxylamine-pyridoxine	3	PA; QL (120 per 30 days)
dronabinol	1	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
EOHILIA	3	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	ST; QL (30 per 30 days); MO
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	3	ST; QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed	1	
focinvez	3	
fosaprepitant dimeglumine	3	
GATTEX	4	PA; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
GIMOTI	4	S
GLYCATE	4	S
glycopyrrolate injection solution	1	
glycopyrrolate oral solution	3	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate oral tablet 1.5 mg	4	S
glycopyrrolate pf	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	1	B/D PA; QL (30 per 30 days)
HELIDAC THERAPY	4	S
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone oral	1	
hydrocortisone rectal enema	1	

Drug Name	Drug Tier	Requirements/Limits
hyoscyamine sulfate oral elixir	3	MO
hyoscyamine sulfate oral solution	3	MO
hyoscyamine sulfate oral tablet	1	MO
hyoscyamine sulfate oral tablet dispersible	1	MO
hyoscyamine sulfate sublingual	1	MO
IBSRELA	4	QL (60 per 30 days); MO; S
IQIRVO	4	PA; QL (30 per 30 days); S
KONVOMEF	3	QL (600 per 30 days)
KRISTALOSE	3	ST; MO
lactulose encephalopathy	1	MO
lactulose oral packet	4	ST; MO; S
lactulose oral solution	1	MO
lansoprazole oral capsule delayed release 15 mg	1	MO
lansoprazole oral capsule delayed release 30 mg	1	QL (30 per 30 days); MO
lansoprazole oral tablet delayed release dispersible 15 mg	3	MO
lansoprazole oral tablet delayed release dispersible 30 mg	3	QL (30 per 30 days); MO
LEVSIN ORAL TABLET	3	MO
LIALDA	3	MO
LINZESS	2	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	

Drug Name	Drug Tier	Requirements/Limits
LOTRONEX	4	PA; QL (60 per 30 days); MO; S
lubiprostone	1	QL (60 per 30 days); MO
MARINOL ORAL CAPSULE 10 MG	4	B/D PA; QL (120 per 30 days); S
MARINOL ORAL CAPSULE 5 MG	3	B/D PA; QL (120 per 30 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet 50 mg	3	
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
methscopolamine bromide oral	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
misoprostol oral	1	MO
MOTEGRITY	3	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/Limits
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	3	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
TAYSOFY	3	MO
TESTOPEL	3	
testosterone cypionate intramuscular solution 100 mg/ml	1	PA; MO
testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)	1	MO
testosterone enanthate intramuscular solution	1	PA; MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL (150 per 30 days); MO
testosterone transdermal gel 10 mg/act (2%)	1	PA; QL (120 per 30 days); MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	1	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	1	PA; QL (180 per 30 days); MO
THYQUIDITY	3	MO
TILIA FE	1	MO
TIROSINT ORAL CAPSULE 200 MCG, 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL	2	MO
TLANDO	3	MO
TRI FEMYNOR	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIPTODUR	4	PA; S
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYBLUME ORAL TABLET CHEWABLE	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VAGIFEM VAGINAL TABLET 10 MCG	3	MO
vasopressin +rfid	3	
vasopressin intravenous solution	3	
VASOSTRICT INTRAVENOUS SOLUTION 20-5 UT/100ML-%, 40-5 UT/100ML-%	3	
VELIVET	1	MO
VESTURA	1	MO
VIENVA	1	MO
viorele	1	MO

Drug Name	Drug Tier	Requirements/Limits
prednisolone oral tablet	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
PREDNISON INTENSOL	2	
prednisone oral solution	1	
prednisone oral tablet 1 mg	1	
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	1	
prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)	1	
PREGNYL	3	PA
PREMARIN INJECTION	3	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
progesterone intramuscular	3	
progesterone oral	1	MO
PROMETRIUM	3	MO
propylthiouracil oral	1	MO
raloxifene hcl	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RECORLEV	4	PA; QL (240 per 30 days); S
RIVELSA	1	MO

Drug Name	Drug Tier	Requirements/Limits
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	4	PA; LA; S
SANDOSTATIN LAR DEPOT	4	PA; S
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; LA; S
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	4	PA; LA; S
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL (1 per 28 days); LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SKYTROFA	4	PA; S
SLYND	3	MO
SOGROYA	4	PA; S
SOLU-CORTEF	3	
SOLU-MEDROL (PF)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	3	
SOMATULINE DEPOT	4	PA; S
SOMAVERT	4	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	4	PA; S
SYNTHROID	2	MO
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	1	

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

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN	3	
MOVANTIK	2	QL (30 per 30 days)
MYALEPT	4	PA; LA; S
MYTESI	4	S
na sulfate-k sulfate-mg sulf	2	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST; QL (30 per 30 days); MO
NEXIUM ORAL PACKET 2.5 MG, 5 MG	3	ST; QL (30 per 30 days); MO
nizatidine oral capsule	1	MO
NULEV	3	MO
OCALIVA	4	PA; QL (30 per 30 days); LA; S
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	3	QL (30 per 30 days); MO
omeprazole-sodium bicarbonate oral capsule 40-1100 mg	4	QL (30 per 30 days); MO; S
omeprazole-sodium bicarbonate oral packet	4	QL (30 per 30 days); MO; S
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
opium	1	
oscimin oral tablet	3	MO
oscimin sublingual	3	MO
palonosetron hcl	3	
pantoprazole sodium intravenous	1	
pantoprazole sodium oral packet	1	MO
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ascorbic acid	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	4	MO; S
PLENVU	3	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	3	MO
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	3	QL (30 per 30 days); MO
PRILOSEC ORAL PACKET	3	MO
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM HC EXTERNAL	3	
<i>promethazine hcl injection</i>	1	
<i>promethazine hcl oral solution</i>	1	
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	PA
PROMETHEGAN	1	PA
PROTONIX ORAL TABLET DELAYED RELEASE	3	MO
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL (30 per 30 days); MO
RELISTOR ORAL	4	PA; QL (90 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
RELTONE	4	MO; S
SANCUSO	4	PA; QL (4 per 28 days); S
<i>scopolamine</i>	1	QL (10 per 28 days)
SFROWASA	3	
<i>sucrafate oral</i>	1	MO
SUFLAVE	3	
<i>sulfasalazine oral</i>	1	MO
SUPREP BOWEL PREP KIT	2	
SUSTOL	3	
SUTAB	3	
SYMPROIC	3	ST

Drug Name	Drug Tier	Requirements/Limits
SYNDROS	4	B/D PA; S
TALICIA	3	
TIGAN INTRAMUSCULAR	3	
<i>trimethobenzamide hcl oral</i>	1	
TRULANCE	3	QL (30 per 30 days); MO
UCERIS ORAL	4	PA; S
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	MO; S
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI (180 MG DOSE)	3	B/D PA; QL (4 per 28 days)
VELSIPITY	4	PA; QL (30 per 30 days); S
VIBERZI	4	PA; MO; S
VOQUEZNA	3	QL (30 per 30 days); MO
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
VOWST	4	PA; QL (12 per 30 days); S
XERMELO	4	PA; QL (90 per 30 days); LA; S
XPHOZAH	4	PA; MO; S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AMVUTTRA	4	PA; S
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	4	PA; LA; S
<i>betaine</i>	4	LA; S
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	4	PA; QL (1080 per 30 days); S

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate oral</i>	1	MO
<i>norethindrone oral</i>	1	MO
<i>norethindrone-eth estradiol</i>	1	PA; MO
<i>norgestim-eth estrad triphasic</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
NORLYDA	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7	1	MO
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	4	PA; S
NP THYROID	1	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
NYMYO	1	MO
OCELLA	1	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 1000 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; S
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	4	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; LA; S
ORIAHNN	4	S
ORILISSA ORAL TABLET 150 MG	4	PA; QL (30 per 30 days); S
ORILISSA ORAL TABLET 200 MG	4	PA; QL (60 per 30 days); S
ORSYTHIA	1	MO
OSPHENA	2	MO
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 per 30 days)
PHEXXI	3	
PHILITH	1	MO
PIMTREA	1	MO
PORTIA-28	1	MO
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
MEDROL ORAL TABLET THERAPY PACK	3	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	MO
<i>megestrol acetate oral suspension 625 mg/5ml</i>	3	PA; MO
MENEST	3	PA; MO
MENOSTAR	3	PA; QL (4 per 28 days); MO
MERZEE	3	MO
<i>methimazole oral</i>	1	MO
<i>methitest</i>	4	MO; S
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	3	
<i>methyltestosterone oral</i>	4	MO; S
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; LA; S
MILI	1	MO
MILLIPRED ORAL TABLET	2	

Drug Name	Drug Tier	Requirements/Limits
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
MYCAPSSA	4	PA; QL (112 per 28 days); LA; S
MYFEMBREE	4	S
NATAZIA	3	MO
NATESTO	3	QL (21.96 per 30 days); MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NEXTSTELLIS	3	MO
NGENLA	4	PA; S
NIKKI	1	MO
<i>niva thyroid</i>	3	PA; MO
NOCDURNA	3	MO
NORA-BE	1	MO
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; S
<i>norelgestromin-eth estradiol</i>	1	MO
<i>norethin ace-eth estrad-fe oral capsule</i>	3	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	MO
<i>norethin-eth estradiol-fe</i>	1	MO
<i>norethindron-ethinyl estrad-fe</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	4	PA; QL (360 per 30 days); S
BYLVAY ORAL CAPSULE 1200 MCG	4	PA; QL (180 per 30 days); S
BYLVAY ORAL CAPSULE 400 MCG	4	PA; QL (540 per 30 days); S
CERDELGA	4	PA; S
CHOLBAM	4	PA; QL (120 per 30 days); S
CREON	2	MO
<i>cromolyn sodium oral</i>	1	MO
CYSTAGON	2	PA; LA
FABRAZYME	4	PA; LA; S
GALAFOLD	4	PA; LA; S
GIVLAARI	4	PA; S
GLASSIA	4	PA; LA; S
JAVYGTOR	4	PA; S
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; S
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA; S
LUMIZYME	4	PA; LA; S
<i>miglustat</i>	4	PA; LA; S
NAGLAZYME	4	PA; LA; S
<i>nitisinone</i>	4	PA; S
NITYR	4	PA; LA; S
OLPRUVA (2 GM DOSE)	4	PA; S
OLPRUVA (3 GM DOSE)	4	PA; S
OLPRUVA (4 GM DOSE)	4	PA; S
OLPRUVA (5 GM DOSE)	4	PA; S
OLPRUVA (6 GM DOSE)	4	PA; S
OLPRUVA (6.67 GM DOSE)	4	PA; S
OPFOLDA	3	PA
ORFADIN ORAL SUSPENSION	4	PA; LA; S

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Drug Name	Drug Tier	Requirements/Limits
OXLUMO	3	PA
PALYNZIQ	4	PA; LA; S
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	4	ST; MO; S
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT	4	ST; MO; S
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	3	ST; MO
PHEBURANE	4	PA; LA; S
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	3	LA
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	4	LA; S
PROCYSBI ORAL PACKET	4	LA; S
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; LA; S
RAVICTI	4	PA; QL (525 per 30 days); LA; S
RIVFLOZA	4	PA; MO; S
RYPLAZIM	4	S
<i>sapropterin dihydrochloride oral packet</i>	4	PA; S
<i>sapropterin dihydrochloride oral tablet</i>	4	PA; S

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; S
sodium phenylbutyrate oral tablet	4	PA; S
STRENSIQ	4	PA; LA; S
SUCRAID	4	PA; LA; S
VIJOICE ORAL PACKET	4	PA; QL (28 per 28 days); S
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	4	PA; QL (28 per 28 days); LA; S
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	4	PA; QL (56 per 28 days); LA; S
VIMIZIM	4	PA; S
VIOKACE ORAL TABLET 10440-39150 UNIT	3	MO
VIOKACE ORAL TABLET 20880-78300 UNIT	4	MO; S
VOXZOGO	4	PA; S
VPRIV	4	PA; S
XENPOZYME	4	PA; S
XURIDEN	4	PA; QL (120 per 30 days); S
YARGESA	4	PA; S
ZEMAIRA	4	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	4	MO; S
ZOKINVY	4	PA; QL (120 per 30 days); S

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
alfuzosin hcl er	1	MO
AVODART	3	QL (30 per 30 days); MO
bethanechol chloride oral	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
darifenacin hydrobromide er	1	QL (30 per 30 days); MO
dutasteride oral	1	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	1	QL (30 per 30 days); MO
ELMIRON	4	S
ENTADFI	3	QL (30 per 30 days)
fesoterodine fumarate er	2	QL (30 per 30 days); MO
FILSPARI	4	PA; QL (30 per 30 days); S
finasteride oral tablet 5 mg	1	MO
flavoxate hcl	1	MO
FLOMAX	3	MO
GELNIQUE TRANSDERMAL GEL 10 %	3	ST; QL (30 per 30 days); MO
GEMTESA	3	QL (30 per 30 days); MO
GYNAZOLE-1	3	
LITHOSTAT	3	MO
metronidazole vaginal	1	
miconazole 3 vaginal suppository	1	

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

Drug Name	Drug Tier	Requirements/Limits
KYLEENA	2	
lanreotide acetate	4	PA; S
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
LEVO-T	1	MO
LEVONEST	1	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	MO
levonorgest-eth est & eth est	1	MO
levonorgest-eth estrad 91-day	1	MO
levonorgest-eth estradiol-iron	3	MO
levonorgestrel-ethinyl estrad	1	MO
LEVORA 0.15/30 (28)	1	MO
levothyroxine sodium intravenous solution 100 mcg/5ml	3	
levothyroxine sodium intravenous solution 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml	4	S
levothyroxine sodium intravenous solution reconstituted 100 mcg	3	
levothyroxine sodium oral capsule	2	MO
levothyroxine sodium oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
liothyronine sodium intravenous	4	S
liothyronine sodium oral	1	MO
LO LOESTRIN FE	2	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN 1/20 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	3	PA; QL (1 per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA; QL (1 per 28 days); S
LUPRON DEPOT-PED (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT-PED (6-MONTH)	4	PA; QL (1 per 168 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYLLANA	3	PA; QL (8 per 28 days); MO
LYZA	1	MO
marlissa	1	MO
MEDROL ORAL TABLET 2 MG	2	

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diac-eth estradiol	1	MO
etonogestrel-ethinyl estradiol	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
EVISTA	3	QL (30 per 30 days); MO
FALMINA	1	MO
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FENSOLVI (6 MONTH)	4	PA; S
FINZALA	1	MO
fludrocortisone acetate oral	1	MO
FYAVOLV	1	PA; MO
GEMMILY	3	MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	4	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; S
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO
HEMADY	3	
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	4	PA; S
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	4	PA; LA; S
INTRAROSA	3	QL (30 per 30 days); MO
INTROVALE	1	MO
ISIBLOOM	1	MO
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; QL (120 per 30 days); LA; S
JAIMIESS	1	MO
JASMIEL	1	MO
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	MO
JATENZO ORAL CAPSULE 237 MG	4	MO; S
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO
JOYEAUX	3	MO
JULEBER	1	MO
JUNEL 1.5/30	1	MO
JUNEL 1/20	1	MO
JUNEL FE 1.5/30	1	MO
JUNEL FE 1/20	1	MO
JUNEL FE 24	1	MO
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KENALOG-10	3	
KENALOG-40	3	
KENALOG-80	3	
KURVELO	1	MO

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Drug Name	Drug Tier	Requirements/Limits
mirabegron er	3	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days); MO
NUVESSA	3	
ORACIT	3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1	QL (60 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1	QL (30 per 30 days); MO
oxybutynin chloride oral solution	1	QL (600 per 30 days); MO
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
penicillamine oral	4	S
potassium citrate er	1	
potassium citrate-citric acid oral solution	3	
RAPAFLO	3	MO
RIMSO-50	3	
silodosin	1	MO
sod citrate-citric acid	3	
solifenacin succinate	1	QL (30 per 30 days); MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 per 30 days); MO
tamsulosin hcl	1	MO
TARPEYO	4	S

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Drug Name	Drug Tier	Requirements/Limits
terconazole	1	
tiopronin oral	4	PA; S
tolterodine tartrate	1	QL (60 per 30 days); MO
tolterodine tartrate er	1	QL (30 per 30 days); MO
TOVIAZ	2	QL (30 per 30 days); MO
tricitrates	3	
tropium chloride	1	QL (60 per 30 days); MO
tropium chloride er	1	QL (30 per 30 days); MO
UROXATRAL	3	MO
VANDAZOLE	1	
VESICARE	3	ST; QL (30 per 30 days); MO
VESICARE LS	3	ST; QL (300 per 30 days); MO
XACIATO	3	
ZEMDRI	4	S
Hormonal Agents		
ACTHAR	4	PA; LA; S
ACTHAR GEL	4	PA; S
ADTHYZA	3	PA; MO
AFIRMELLE	1	MO
ALKINDI SPRINKLE	4	S
ALTAVERA	1	MO
alyacen 1/35	1	MO
alyacen 7/7/7	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; QL (150 per 30 days); MO	CLIMARA PRO	2	PA; QL (4 per 28 days); MO
ANGELIQ	3	PA; MO	COMBIPATCH	2	PA; QL (8 per 28 days); MO
ANNOVERA	3	MO	<i>cortisone acetate oral</i>	3	
APRI	1	MO	CORTROPHIN	4	PA; S
ARANELLE	1	MO	CRINONE	3	PA
ARMOUR THYROID	2	PA; MO	CRYSSELLE-28	1	MO
ASHLYNA	1	MO	CYRED EQ	1	MO
AUBRA EQ	1	MO	CYTOMEL	3	MO
AUROVELA 1.5/30	1	MO	<i>danazol oral</i>	1	
AUROVELA 1/20	1	MO	DASETTA 1/35	1	MO
AUROVELA 24 FE	1	MO	DASETTA 7/7/7	1	MO
AUROVELA FE 1.5/30	1	MO	DAYSEE	1	MO
AUROVELA FE 1/20	1	MO	DEBLITANE	1	MO
AVEED	3	PA; LA	<i>deflazacort oral suspension</i>	4	PA; S
AVIANE	1	MO	<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>	4	PA; LA; S
AYUNA	1	MO	<i>deflazacort oral tablet 6 mg</i>	3	PA; LA
AZURETTE	1	MO	DELESTROGEN	3	
BALZIVA	1	MO	DELYLA	1	MO
BIJUVA	2	PA; MO	DEPO-ESTRADIOL	2	
BLISOVI 24 FE	1	MO	DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
BLISOVI FE 1.5/30	1	MO	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
BLISOVI FE 1/20	1	MO	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
<i>briellyn</i>	1	MO	<i>desmopressin ace spray refrig</i>	1	MO
<i>cabergoline</i>	1		<i>desmopressin acetate injection</i>	1	
CAMILA	1	MO			
CAMRESE	1	MO			
CAMRESE LO	1	MO			
CHARLOTTE 24 FE	1	MO			
CHATEAL EQ	1	MO			
<i>chorionic gonadotropin intramuscular</i>	3	PA			
CLIMARA	3	PA; QL (4 per 28 days); MO			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate oral</i>	1	MO	DUAVEE	3	PA; QL (30 per 30 days); MO
<i>desmopressin acetate pf</i>	1		EGRIFTA SV	4	PA; LA; S
<i>desmopressin acetate spray</i>	1	MO	ELESTRIN	3	PA; MO
<i>desogestrel-ethinyl estradiol</i>	1	MO	ELINEST	1	MO
<i>dexabliss</i>	3		ELURYNG	1	MO
DEXAMETHASONE INTENSOL	2		EMFLAZA ORAL SUSPENSION	4	PA; S
<i>dexamethasone oral elixir</i>	1		EMZAHH	1	MO
<i>dexamethasone oral solution</i>	1		ENILLORING	1	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1		ENPRESSE-28	1	MO
<i>dexamethasone oral tablet 2 mg, 4 mg, 6 mg</i>	1		ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>dexamethasone oral tablet therapy pack</i>	1		ERMEZA	3	MO
<i>dexamethasone sod phos +rfid</i>	1		ERRIN	1	MO
<i>dexamethasone sod phosphate pf injection solution</i>	1		ESTARYLLA	1	MO
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	3		ESTRACE VAGINAL	3	MO
<i>dexamethasone sodium phosphate injection</i>	1		<i>estradiol oral</i>	1	MO
DOLISHALE	1	MO	<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	2	PA; MO
DOTTI	1	PA; QL (8 per 28 days); MO	<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	3	PA; MO
<i>drospiren-eth estrad-levomefol</i>	1	MO	<i>estradiol transdermal patch twice weekly</i>	1	PA; QL (8 per 28 days); MO
<i>drospirenone-ethinyl estradiol</i>	1	MO	<i>estradiol transdermal patch weekly</i>	1	PA; QL (4 per 28 days); MO
			<i>estradiol vaginal</i>	1	MO
			<i>estradiol valerate intramuscular</i>	1	
			<i>estradiol-norethindrone acet</i>	1	PA; MO
			ESTRING	3	QL (1 per 90 days); MO
			ESTROGEL	3	PA; MO

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