



Blue Cross Community MMAI  
(Medicare-Medicaid Plan)<sup>SM</sup>

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(Medicare-Medicaid Plan)<sup>SM</sup>

# 2022 List of Covered Drugs (FORMULARY)

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

HPMS Approved Formulary File ID: 00022277

Effective January 2022

For more recent information or other questions, contact us at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.

Or visit <http://www.bcbsil.com/mmai>

Updated on 11/11/2021



# Blue Cross Community MMAI<sup>SM</sup> | 2022 List of Covered Drugs (Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Blue Cross Community MMAI. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Blue Cross Community MMAI. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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**Blue Cross Community MMAI 2022 LIST OF COVERED DRUGS**

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## A. Disclaimers

This is a list of drugs that members can get in Blue Cross Community MMAI.

- Blue Cross Community MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al **1-877-723-7702** (TTY **711**). Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 9:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- You can request to always have your materials sent to you in the language and/or format (such as large print, braille, or audio) that you need. Call **1-877-723-7702** (TTY **711**). Once requested, Member Services will always send you materials in your chosen language and/or format until you request to have it changed. This service is free.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702** (TTY **711** ). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

## Blue Cross Community MMAI 2022 LIST OF COVERED DRUGS

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-7702 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-723-7702 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-723-7702 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-723-7702 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: 711) 번으로 전화해 주십시오

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-723-7702 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-723-7702 (رقم هاتف الصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-723-7702 (телетайп: 711).

धु ना: જો તમેજરાતી બોલતા હો, તો નિ:લુકુ ભાષા સહાય સેવાઓ તમારા માટેઉપલબ્ધ છે. ફોન કરો 1-877-723-7702 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-723-7702 تماس بگیرید. (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-723-7702 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-723-7702 (TTY: 711).

ध्यान दें: यदि आप हद्दी बोलते हैं तो आपके लद्दिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-723-7702 (TTY: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-723-7702 (ATS : 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-723-7702 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-723-7702 (TTY: 711).

## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

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### **B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)**

The drugs on the *List of Covered Drugs* that starts on page xi are the drugs covered by Blue Cross Community MMAI. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Blue Cross Community MMAI will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, and
  - you fill the prescription at a Blue Cross Community MMAI network pharmacy.
- Blue Cross Community MMAI may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at <http://www.bcbsil.com/mmai> or call Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

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### **B2. Does the Drug List ever change?**

Yes, and Blue Cross Community MMAI must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from Blue Cross Community MMAI before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**



If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Blue Cross Community MMAI's up to date Drug List online at <http://www.bcbsil.com/mmai>.
- You can also call Member Services to check the current Drug List at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

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### **B3. What happens when there is a change to the Drug List?**

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name current drug and add the new generic drug, but your cost for the new drug will be the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe, or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. If you are taking the drug, you should talk to your doctor about next steps. Your doctor will determine the best treatment plan for you. Do not stop taking your medicine. Contact your pharmacist or doctor to talk about treatment options.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

**When these changes happen, we will:**

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.

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**B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example,

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Blue Cross Community MMAI before you fill your prescription. Blue Cross Community MMAI may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Blue Cross Community MMAI limits the amount of a drug you can get.
- **Step therapy:** Sometimes Blue Cross Community MMAI requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-71. You can also get more information by visiting our website at <http://www.bcbsil.com/mmai>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to question B10-B12 for more information about exceptions.

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**B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?**

The table of drugs on page xi has a column labeled "Necessary actions, restrictions, or limits on use."

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

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## **B6. What happens if Blue Cross Community MMAI changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?**

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about the drugs on the Drug List change.

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## **B7. How can I find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it in the index that begins on Page 72.

To search by **medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page xiv. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That is where you will find drugs that treat heart conditions.

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## **B8. What if the drug I want to take is not on the Drug List?**

If you don't find your drug on the Drug List, call Member Services at **1-877-723-7702** (TTY **711**), seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. The call is free. If you learn that Blue Cross Community MMAI will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to question B10-B12 for more information about exceptions.

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## **B9. What if I am a new Blue Cross Community MMAI member and can't find my drug on the Drug List or have a problem getting my drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Blue Cross Community MMAI. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702** (TTY **711**). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

## Blue Cross Community MMAI 2022 LIST OF COVERED DRUGS

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Blue Cross Community MMAI, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Blue Cross Community MMAI member.
- This is in addition to the temporary supply during the first 90 days you are a member of Blue Cross Community MMAI.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to go home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a refill upon admission or discharge. A one-time override of the “refill too soon” edits are provided for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member’s Part D benefit, and such members are allowed to access a refill upon admission or discharge.

To ask for a temporary supply, call Member Services. (Phone numbers are printed on the back cover of this booklet).

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. The sections below tell you more about these options.

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### **B10. Can I ask for an exception to cover my drug?**

Yes. You can ask Blue Cross Community MMAI to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

- For example, Blue Cross Community MMAI may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

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### **B11. How can I ask for an exception?**

To ask for an exception, call your care coordinator or Member Services at **1-877-723-7702 (TTY 711)**. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

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### **B12. How long does it take to get an exception?**

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Blue Cross Community MMAI covers both brand name drugs and generic drugs.

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### **B14. What are OTC drugs?**

OTC stands for "over-the-counter". Blue Cross Community MMAI covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Blue Cross Community MMAI Drug List to find out what OTC drugs are covered.

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### **B15. Does Blue Cross Community MMAI cover non-drug OTC products?**

Blue Cross Community MMAI covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include syringes, pen needles, etc.

You can read the Blue Cross Community MMAI Drug List to find out what non-drug OTC products are covered.

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### **B16. What is my copay?**

As a Blue Cross Community MMAI member, you have no copays for prescription and OTC drugs as long as you follow Blue Cross Community MMAI rules.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

## **B17. What are drug tiers?**

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Generic.
- Tier 2 drugs are Brand.
- Tier 3 drugs are Non-Medicare OTC Drugs.

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## C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Blue Cross Community MMAI. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 72. The index alphabetically lists all drugs covered by Blue Cross Community MMAI.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Blue Cross Community MMAI has any rules for covering your drug.

### KEY

Uppercase = BRAND NAME

Lowercase italics = generics

Tier 1 = Generic

Tier 2 = Brand

Tier 3 = Non-Medicare OTC Drugs

BD = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

\* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holiday, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

# = High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

MC = Medicaid covered drug; different appeal rules may apply.

† = High cost drug, consider Split Fill (2-week supply) for copay management if intolerant or change in therapy.

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**Blue Cross Community MMAI 2022 LIST OF COVERED DRUGS**

<b>2022 DOSAGE FORM ABBREVIATION KEY</b>			
<b>act</b>	actuation	<b>ad</b>	adsorbed
<b>adjuv</b>	adjuvant	<b>aepb</b>	aerosol powder blister
<b>aer, aero</b>	aerosol	<b>afib/afI</b>	atrial fibrillation/atrial flutter
<b>app</b>	applicator	<b>ba, br act, breath act, breath activ</b>	breath activated
<b>bau</b>	bioequivalent allergy unit	<b>cap, caps</b>	capsules
<b>cart</b>	cartridge	<b>cd</b>	continuous delivery
<b>chew tab</b>	chewable tablets	<b>cpcr</b>	controlled release capsule
<b>conc</b>	concentrate	<b>conj</b>	conjugate, conjugated
<b>crm</b>	cream	<b>crys</b>	crystals
<b>deter</b>	deterrent	<b>disint, disintegr</b>	disintegrating
<b>dr</b>	delayed-release	<b>ec</b>	enteric coated
<b>el, elu</b>	enzyme-linked immunosorbent assay	<b>emul</b>	emulsion
<b>er, extended, extended rel, xr</b>	extended release	<b>ext</b>	extract
<b>gm</b>	gram	<b>gu</b>	genitourinary
<b>hr</b>	hour	<b>ig</b>	immunoglobulin
<b>im</b>	intramuscular	<b>inh, inhal</b>	inhalation
<b>inj</b>	injection	<b>ir</b>	index of reactivity
<b>iv</b>	intravenous	<b>l</b>	liter
<b>la</b>	long acting	<b>lipo</b>	lipophilic
<b>lf, lfu</b>	flocculation units	<b>liq, liqd</b>	liquid
<b>mcg</b>	microgram	<b>meq</b>	milliequivalent
<b>misc</b>	miscellaneous	<b>mg</b>	milligram
<b>ml</b>	milliliter	<b>mu</b>	million units
<b>nebu</b>	nebules	<b>oc</b>	oral contraceptive
<b>oin, oint</b>	ointment	<b>omv</b>	outer membrane vesicles
<b>op, ophth</b>	ophthalmic	<b>osm</b>	osmotic
<b>pah</b>	pulmonary arterial hypertension	<b>pak</b>	pack

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2022 DOSAGE FORM ABBREVIATION KEY			
<b>pf</b>	preservative-free	<b>pfu</b>	plaque forming units
<b>pow, powd</b>	powder	<b>pmdd</b>	premenstrual dysphoric disorder
<b>pref, prefill</b>	prefilled	<b>pttw</b>	patch twice weekly
<b>ptwk</b>	patch weekly	<b>recomb</b>	recombinant
<b>refrig</b>	refrigerate	<b>sl</b>	sublingual
<b>sol, soln</b>	solution	<b>sqcm</b>	square centimeter
<b>supp, suppos</b>	suppositories	<b>sus, susp</b>	suspension
<b>syr</b>	syringe	<b>tab, tabs</b>	tablets
<b>tocr</b>	controlled release tablet	<b>tbdp</b>	dispersible tablet
<b>tbec</b>	enteric coated tablet	<b>tbpk</b>	tablet pack
<b>td</b>	transdermal	<b>ther</b>	therapy
<b>tl</b>	translingual	<b>unt</b>	unit
<b>va</b>	vaginal	<b>vac</b>	vaccine

**Note:** The “MC” next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage)

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holiday, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

## C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents. That is where you will find drugs that treat heart conditions.

### Cardiovascular Agents

Name of drug	Drug Tier Level	Necessary Actions, restrictions or limits on use
<i>linezolid for susp 100 mg/5ml</i>	1	PA
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (3 syringes/30 days)

## D. Index of Covered Drugs

**If you have questions**, please call Blue Cross Community MMAI at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information, visit <http://www.bcbsil.com/mmai>.**

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Analgesics</b>		
<i>acetaminophen chew tab 80 mg</i>	3	MC
<i>acetaminophen liquid 160 mg/5ml</i>	3	MC
<i>acetaminophen soln 160 mg/5ml</i>	3	MC
<i>acetaminophen suppos 120 mg</i>	3	MC
<i>acetaminophen susp 160 mg/5ml</i>	3	MC
<i>acetaminophen tab 325 mg, 500 mg</i>	3	MC
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tablets/30 days)
ADVIL - ibuprofen tab 200 mg	3	MC
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	3	MC
<i>aspirin chew tab 81 mg</i>	3	MC
<i>aspirin tab delayed release 81 mg, 325 mg</i>	3	MC
<i>aspirin tab 325 mg</i>	3	MC
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	3	MC
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	1	PA (>=65 yr), QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	1	PA (>=65 yr), QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj	2	
1 mg/ml		
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	1	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	1	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	1	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	1	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	1	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	QL (60 tablets/30 days)
<i>etodolac cap 200 mg</i>	1	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	1	QL (90 capsules/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	1	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	2	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	2	PA, QL (15 patches/30 days)
FEVERALL INFANTS - acetaminophen suppos 80 mg	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
FEVERALL JUNIOR STRENGTH - acetaminophen suppos 325 mg	3	MC
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	2	BD
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	2	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	2	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	3	MC
<i>ibuprofen tab 200 mg</i>	3	MC
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	1	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	1	QL (360 tablets/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg</i>	1	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg, 100 mg, 200 mg</i>	2	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	2	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	1	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	1	QL (60 tablets/30 days)
<i>naproxen sodium tab 220 mg</i>	3	MC
<i>naproxen sodium tab 275 mg</i>	1	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	1	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	2	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	1	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tablets/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	1	QL (60 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Anesthetics</b>		
<i>lidocaine cream 4%</i>	3	MC
LIDOCAINE HCL JELLY - lidocaine hcl urethral/mucosal gel 2%	1	PA, QL (150 mls/30 days)
<i>lidocaine hcl soln 4%</i>	1	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	PA, QL (60 grams/30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg</i>	1	QL (360 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg</i>	1	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	1	QL (360 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	1	QL (180 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	1	QL (90 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	1	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	1	QL (360 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	1	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
CHANTIX - varenicline tartrate tab 0.5 mg, 1 mg	2	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	2	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2	
<i>disulfiram tab 250 mg, 500 mg</i>	1	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	2	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml	1	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	2	
NICORETTE STARTER KIT - nicotine polacrilex gum 2 mg, 4 mg	3	MC
<i>nicotine polacrilex gum 2 mg, 4 mg</i>	3	MC
<i>nicotine polacrilex lozenge 2 mg, 4 mg</i>	3	MC
<i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	3	MC
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	2	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	2	QL (360 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg	2	QL (180 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg	2	QL (90 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg	2	QL (60 films/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg	2	QL (1020 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg	2	QL (510 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg	2	QL (240 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg	2	QL (120 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg, 11.4-2.9 mg	2	QL (60 tablets/30 days)
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	2	
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg, 250 mg	1	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg	1	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
AMPICILLIN - ampicillin cap 500 mg	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	2	
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>ampicillin sodium for iv soln 2 gm</i>	2	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	2	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam for inj 1 gm, 2 gm</i>	2	
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml, 1200000 unit/2ml, 2400000 unit/4ml	2	
CEFACLOR - cefaclor cap 250 mg, 500 mg	1	
<i>cefadroxil cap 500 mg</i>	1	
CEFAZOLIN SODIUM - cefazolin sodium for iv soln 1 gm	2	
CEFAZOLIN SODIUM - cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	2	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	2	
CEFAZOLIN SODIUM/DEXTROSE - cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	1	
CEFEPIME - cefepime hcl iv soln 1 gm/50ml, 2 gm/100ml	2	
<i>cefepime hcl for inj 1 gm, 2 gm</i>	2	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml), 2 gm and dextrose 5% (50 ml)	2	
<i>cefixime cap 400 mg</i>	2	
CEFOXITIN SODIUM - cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml), 2 gm and dextrose 2.2% (50 ml)	2	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	1	
<i>cefprozil tab 250 mg, 500 mg</i>	1	
<i>ceftazidime for inj 1 gm, 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 1 gm and dextrose 5% (50ml), 2 gm and dextrose 5% (50ml)	2	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 20 mg/ml, 40 mg/ml	2	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml, 2 gm and dextrose 2.22% 50 ml	2	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	1	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	2	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	2	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	1	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	1	
<i>clarithromycin tab 250 mg, 500 mg</i>	1	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	2	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i>	2	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>colistimethate sod for inj 150 mg</i>	2	
DALVANCE - dalbavancin hcl for iv soln 500 mg	2	
<i>daptomycin for iv soln 500 mg</i>	2	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	2	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	1	
DIFICID - fidaxomicin tab 200 mg	2	QL (20 tablets/10 days)
DIFICID - fidaxomicin for susp 40 mg/ml	2	QL (1 bottle/10 days)
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
<i>ertapenem sodium for inj 1 gm</i>	2	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	2	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	2	
<i>erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	2	
<i>erythromycin tab 250 mg, 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	2	
IMPAVIDO - miltefosine cap 50 mg	2	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	2	
<i>linezolid for susp 100 mg/5ml</i>	2	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	PA
<i>meropenem iv for soln 500 mg, 1 gm</i>	2	
MEROPENEM/SODIUM CHLORIDE - meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml, 1 gm/50ml	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
<i>moxifloxacin hcl tab 400 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml	2	
NAFCILLIN - nafcillin sodium in dextrose inj 1 gm/50ml, 2 gm/100ml	2	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm, 2 gm	2	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	2	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
<i>paramomycin sulfate cap 250 mg</i>	2	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	2	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose, 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	2	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	1	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	2	
SIVEXTRO - tedizolid phosphate tab 200 mg	2	PA
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	2	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	2	
SULFADIAZINE - sulfadiazine tab 500 mg	2	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	
SUPRAX - cefixime chew tab 100 mg, 200 mg	2	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	2	
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	2	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	2	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	2	
<i>tigecycline for iv soln 50 mg</i>	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml, 2 gm/50ml (40 mg/ml)	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm	2	
<i>vancomycin hcl cap 125 mg</i>	2	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	2	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 1.5 gm</i>	2	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 5 gm, 10 gm</i>	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 250 mg, 1.25 gm	2	
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	2	
BRIVIACT - brivaracetam oral soln 10 mg/ml	2	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	2	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
CELONTIN - methsuximide cap 300 mg	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	2	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	2	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	2	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg, 20 mg	2	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	2	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	2	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	2	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
EPIDIOLEX - cannabidiol soln 100 mg/ml*	2	PA
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	2	
<i>felbamate tab 400 mg, 600 mg</i>	2	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	2	PA, QL (360 mls/30 days)
<i>fosphephenytoin sodium inj 100 mg/2ml, 500 mg/10ml</i>	2	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	
FYCOMPA - perampanel susp 0.5 mg/ml	2	
<i>gabapentin cap 100 mg</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	1	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	1	QL (135 tablets/30 days)
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	2	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	2	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml#</i>	2	PA (>=65 yr)
<i>phenobarbital sodium inj 65 mg/ml, 130 mg/ml#</i>	2	PA (>=65 yr)
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	2	PA (>=65 yr)
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	1	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	1	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (900 mls/30 days)
<i>primidone tab 50 mg, 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg, 400 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	2	
SYMPAZAN - clobazam oral film 5 mg	2	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	2	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	1	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose), 2 x 10 mg/0.1ml (20 mg dose)	2	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml, 10 mg/0.1 ml	2	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	2	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	2	QL (180 tablets/30 days)
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	2	
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	2	
VIMPAT - lacosamide oral solution 10 mg/ml	2	
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	2	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	2	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	2	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	2	
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	1	
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride tab 5 mg, 10 mg</i>	1	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	2	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	2	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg</i>	1	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	1	
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	1	
AMOXAPINE - amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	1	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	1	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	1	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	1	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	1	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg, 20 mg</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	2	
<i>desipramine hcl tab 10 mg, 25 mg, 75 mg#</i>	1	
<i>desipramine hcl tab 50 mg, 100 mg, 150 mg#</i>	2	
<i>desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg</i>	2	QL (30 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 150 mg#	2	
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg#</i>	1	
<i>doxepin hcl conc 10 mg/ml#</i>	1	
<i>DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg, 40 mg, 60 mg</i>	2	QL (60 capsules/30 days)
<i>DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	1	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	1	QL (90 capsules/30 days)
<i>EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr</i>	2	
<i>escitalopram oxalate soln 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg, 10 mg</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>FETZIMA - levomilnacipran hcl cap er 24hr 20 mg, 40 mg, 80 mg, 120 mg</i>	2	QL (30 capsules/30 days)
<i>FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 &amp; 40 mg therapy pack</i>	2	QL (28 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	QL (600 mls/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	1	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	1	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	1	
MARPLAN - isocarboxazid tab 10 mg	2	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
NEFAZODONE HCL - nefazodone hcl tab 100 mg, 150 mg	2	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 200 mg, 250 mg	2	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	2	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	2	PA (>=65 yr), QL (900 mls/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	2	PA (>=65 yr), QL (900 mls/30 days)
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg#</i>	1	
<i>protriptyline hcl tab 10 mg#</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg, 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	2	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	2	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg, 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg, 100 mg#</i>	2	
<i>trimipramine maleate cap 50 mg#</i>	1	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg	2	QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	1	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg</i>	1	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	1	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg, 20 mg, 40 mg	2	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	2	QL (1 kit/30 days)
<b>Antiemetics</b>		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	2	BD
<i>chlorpromazine hcl inj 25 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	2	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl inj 50 mg/2ml	2	PA (>=65 yr)
<i>dimenhydrinate tab 50 mg#</i>	3	MC
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	2	BD
<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	2	
<i>fructose-dextrose-phosphoric acid oral soln</i>	3	MC
<i>granisetron hcl inj 1 mg/ml, 4 mg/4ml (1 mg/ml)</i>	2	
<i>meclizine hcl chew tab 25 mg#</i>	3	MC
<i>meclizine hcl tab 12.5 mg#</i>	1	
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	3	MC
ONDANSETRON HCL - ondansetron hcl tab 24 mg	2	BD
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml), 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	BD
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	2	BD
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml</i>	2	
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	2	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	2	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	2	PA (>=65 yr)
PROCHLORPERAZINE EDISYLATE - prochlorperazine edisylate inj 50 mg/10ml	2	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>promethazine hcl syrup 6.25 mg/5ml#</i>	1	PA (>=65 yr)
<i>promethazine hcl tab 25 mg#</i>	1	PA (>=65 yr)
<b>Antifungals</b>		
AMBISOME - amphotericin b liposome iv for susp 50 mg	2	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	2	BD
<i>casprofungin acetate for iv soln 50 mg, 70 mg</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	1	
<i>ciclopirox solution 8%</i>	1	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	3	MC
<i>clotrimazole troche 10 mg</i>	1	
<i>clotrimazole vaginal cream 1%, 2%</i>	3	MC
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	2	PA
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	2	PA
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>flucytosine cap 250 mg, 500 mg</i>	2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	1	
<i>itraconazole cap 100 mg</i>	2	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
LAMISIL AT - terbinafine hcl cream 1%	3	MC
LAMISIL AT JOCK ITCH - terbinafine hcl cream 1%	3	MC
<i>micafungin sodium for iv soln 50 mg, 100 mg</i>	2	
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	3	MC
<i>miconazole nitrate vaginal cream 2%, 4% (200 mg/5gm)</i>	3	MC
<i>miconazole nitrate vaginal suppos 100 mg</i>	3	MC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	3	MC
<i>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</i>	3	MC
NOXAFIL - posaconazole susp 40 mg/ml	2	PA
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	2	PA
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	2	PA
<i>terbinafine hcl cream 1%</i>	3	MC
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	1	
<i>tioconazole vaginal oint 6.5%</i>	3	MC
<i>voriconazole for inj 200 mg</i>	2	PA
<i>voriconazole for susp 40 mg/ml</i>	2	PA
<i>voriconazole tab 50 mg, 200 mg</i>	2	PA
<b>Antigout Agents</b>		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE - colchicine cap 0.6 mg	1	
<i>probenecid tab 500 mg</i>	1	
<b>Antimigraine Agents</b>		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	2	QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	1	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	1	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	1	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	1	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	1	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	1	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	1	QL (18 tablets/30 days)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Antimycobacterials</b>		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	2	
<i>dapsone tab 25 mg, 100 mg</i>	1	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	1	
ISONIAZID - isoniazid inj 100 mg/ml	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER - aminosalicic acid er granules packet 4 gm	2	
PRIFTIN - rifapentine tab 150 mg	2	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg, 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	2	
TRECATOR - ethionamide tab 250 mg	2	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>abiraterone acetate tab 500 mg†</i>	2	PA, QL (60 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	2	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	2	PA
ADRIAMYCIN - doxorubicin hcl for inj 10 mg, 50 mg	2	BD
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg†	2	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg†	2	PA, QL (90 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*†	2	PA, QL (240 capsules/30 days)
ALIMTA - pemetrexed disodium for iv soln 100 mg, 500 mg	2	PA
ALIQOPA - copanlisib hcl for iv soln 60 mg	2	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	2	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	2	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	2	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
ARRANON - nelarabine iv soln 5 mg/ml	2	PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml), 12 mg/6ml (2 mg/ml)</i>	2	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml, 1000 mg/50ml*	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	2	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)*	2	PA
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	2	
BALVERSA - erdafitinib tab 3 mg†	2	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	2	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	2	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	2	PA
BELEODAQ - belinostat for iv inj 500 mg	2	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	2	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	2	PA
<i>bexarotene cap 75 mg†</i>	2	PA
<i>bicalutamide tab 50 mg</i>	1	
BLENREP - belantamab mafodotin-blmf for iv soln 100 mg	2	PA
<i>bleomycin sulfate for inj 15 unit, 30 unit</i>	2	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	2	BD, PA
BOSULIF - bosutinib tab 100 mg†	2	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg†	2	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	2	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	2	PA, QL (120 capsules/30 days)
<i>busulfan inj 6 mg/ml</i>	2	
CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg*†	2	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	2	PA, QL (60 capsules/30 days)
CAPRELSA - vandetanib tab 100 mg*	2	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	2	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml</i>	1	
<i>carmustine for inj 100 mg</i>	2	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml)</i>	1	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	2	BD
<i>clofarabine iv soln 1 mg/ml</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*†	2	PA, QL (84 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*†	2	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*†	2	PA, QL (112 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*†	2	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg*	2	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2	BD
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml), 1 gm/5ml (200 mg/ml)	2	
<i>cyclophosphamide cap 25 mg</i>	1	BD
<i>cyclophosphamide cap 50 mg</i>	2	BD
<i>cyclophosphamide for inj 500 mg, 1 gm, 2 gm</i>	2	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion), 500 mg/50ml (for infusion)*	2	PA
CYTARABINE - cytarabine inj 20 mg/ml	1	BD
<i>cytarabine inj pf 20 mg/ml, 100 mg/ml</i>	1	BD
DACARBAZINE - dacarbazine for inj 100 mg	2	
<i>dacarbazine for inj 200 mg</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	2	
DANYELZA - naxitamab-ggqk iv soln 40 mg/10ml (4 mg/ml)	2	PA
DARZALEX - daratumumab iv soln 100 mg/5ml, 400 mg/20ml*	2	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	2	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	1	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	1	
DAURISMO - glasdegib maleate tab 25 mg†	2	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg†	2	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	2	
<i>dexrazoxane hcl for inj 250 mg, 500 mg</i>	2	
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	2	
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	2	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	2	BD, PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	2	BD
ELITEK - rasburicase for iv soln 1.5 mg, 7.5 mg	2	
EMCYT - estramustine phosphate sodium cap 140 mg	2	
EMPLICITI - elotuzumab for iv soln 300 mg, 400 mg	2	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	2	PA
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml), 200 mg/100ml (2 mg/ml)</i>	2	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	2	PA
ERIVEDGE - vismodegib cap 150 mg*	2	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	2	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg†</i>	2	PA, QL (30 tablets/30 days)
ERWINASE - asparaginase erwinia chrysanthemi for inj 10000 unit*	2	
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	2	
<i>etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</i>	2	
<i>everolimus tab 2.5 mg, 7.5 mg†</i>	2	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	2	PA, QL (60 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	2	
<i>exemestane tab 25 mg</i>	2	
EXKIVITY - mobocertinib succinate cap 40 mg	2	PA, QL (120 capsules/30 days)
FARYDAK - panobinostat lactate cap 10 mg, 15 mg, 20 mg*	2	PA, QL (6 capsules/21 days)
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</i>	1	BD
<i>flutamide cap 125 mg</i>	2	
FOLOTYN - pralatrexate iv inj 20 mg/ml, 40 mg/2ml	2	PA
FOTIVDA - tivozanib hcl cap 890 mcg, 1340 mcg	2	PA, QL (21 capsules/28 days)
<i>fulvestrant inj 250 mg/5ml</i>	2	PA
GAVRETO - pralsetinib cap 100 mg	2	PA, QL (120 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	2	PA
<i>gemcitabine hcl for inj 200 mg, 1 gm, 2 gm</i>	2	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml), 1 gm/26.3ml (38 mg/ml), 2 gm/52.6ml (38 mg/ml)</i>	2	
GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*	2	PA, QL (30 tablets/30 days)
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	2	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	2	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	2	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg, 420 mg	2	PA
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	2	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	2	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*†	2	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)</i>	2	
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	2	PA, QL (30 tablets/30 days)
IFOSFAMIDE - ifosfamide for inj 3 gm	2	
<i>ifosfamide for inj 1 gm</i>	2	
<i>imatinib mesylate tab 100 mg†</i>	2	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg†</i>	2	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg, 560 mg*†	2	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*†	2	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*†	2	PA, QL (120 capsules/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml), 500 mg/10ml (50 mg/ml)	2	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml, 100000000 unit/ml	2	
INLYTA - axitinib tab 1 mg*†	2	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	2	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	2	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	2	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*†	2	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	2	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml)</i>	2	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
IXEMPRA KIT - ixabepilone for iv infusion 15 mg, 45 mg	2	
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*†	2	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	2	PA
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	2	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg, 160 mg	2	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg, 420 mg	2	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	2	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	2	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	2	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	2	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	2	PA, QL (120 capsules/30 days)
KYPROLIS - carfilzomib for inj 10 mg, 30 mg, 60 mg	2	PA
<i>lapatinib ditosylate tab 250 mg</i>	2	PA, QL (180 tablets/30 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*†	2	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*†	2	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*†	2	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*†	2	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*†	2	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*†	2	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*†	2	PA, QL (30 capsules/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*†	2	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	1	
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml)	2	
<i>leucovorin calcium for inj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	2	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	2	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	2	
LEUKERAN - chlorambucil tab 2 mg	2	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	2	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	2	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	2	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	2	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	2	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg	2	PA, QL (240 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	2	PA
LYNPARZA - olaparib tab 100 mg, 150 mg*†	2	PA, QL (120 tablets/30 days)
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	2	
MATULANE - procarbazine hcl cap 50 mg*	2	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	2	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	2	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	2	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	2	
<i>mercaptopurine tab 50 mg</i>	1	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX - mesna tab 400 mg	2	
<i>mitomycin for iv soln 5 mg, 20 mg, 40 mg</i>	2	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml), 25 mg/12.5ml (2 mg/ml), 30 mg/15ml (2 mg/ml)</i>	1	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	2	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	2	PA
NERLYNX - neratinib maleate tab 40 mg*†	2	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg*†	2	PA, QL (120 tablets/30 days)
<i>nilutamide tab 150 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	2	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	2	
NUBEQA - darolutamide tab 300 mg	2	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	2	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg, 420 mg	2	PA
ONCASPAR - pegaspargase inj 750 unit/ml	2	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	2	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	2	PA
ONUREG - azacitidine tab 200 mg, 300 mg	2	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	2	PA
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	2	
<i>oxaliplatin for iv inj 50 mg, 100 mg</i>	2	
<i>oxaliplatin iv soln 50 mg/10ml, 100 mg/20ml</i>	2	
PACLITAXEL - paclitaxel iv conc 100 mg/16.67ml (6 mg/ml), 150 mg/25ml (6 mg/ml)	2	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100 mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/ml)</i>	2	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg, 30 mg	2	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	1	
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	PA, QL (14 tablets/21 days)
PEPAXTO - melphalan flufenamide hcl for iv soln 20 mg	2	
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	2	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml, 80 mg-40 mg-2000 unt/ml	2	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose†	2	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)†	2	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)†	2	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg, 140 mg	2	PA
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	2	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	2	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	2	
QINLOCK - ripretinib tab 50 mg	2	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	2	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	2	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	2	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	2	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	2	PA, QL (21 capsules/28 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	PA
RITUXAN - rituximab iv soln 100 mg/10ml, 500 mg/50ml*	2	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml, 1600-26800 mg-unit/13.4ml*	2	PA
ROMIDEPSIN - romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml)	2	PA
ROZLYTREK - entrectinib cap 100 mg	2	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	2	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*†	2	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	PA
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	2	PA
RYDAPT - midostaurin cap 25 mg	2	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	2	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml, 500 mg/25ml	2	PA
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	2	
SPRYCEL - dasatinib tab 20 mg†	2	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†	2	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	2	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg†</i>	2	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg†</i>	2	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	2	PA
TABLOID - thioguanine tab 40 mg	2	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	2	PA, QL (120 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	2	PA, QL (120 capsules/30 days)
TAGRISSO - osimertinib mesylate tab 40 mg, 80 mg*†	2	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg*†	2	PA, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg*†	2	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg</i>	1	
TARGRETIN - bexarotene gel 1%	2	PA
TASIGNA - nilotinib hcl cap 50 mg, 150 mg, 200 mg†	2	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	2	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml, 1200 mg/20ml*	2	PA
TEMODAR - temozolomide for iv soln 100 mg	2	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	2	
TEPMETKO - tepotinib hcl tab 225 mg	2	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	2	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	2	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg, 100 mg</i>	2	
TIBSOVO - ivosidenib tab 250 mg*	2	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	2	
<i>toremifene citrate tab 60 mg</i>	2	
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg	2	PA
TREANDA - bendamustine hcl for iv soln 25 mg, 100 mg	2	
<i>tretinoin cap 10 mg</i>	2	PA
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	2	PA
TRUSELTIQ - infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	2	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	2	PA, QL (63 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 100 mg (100 mg daily dose)	2	PA, QL (21 capsules/28 days)
TRUSELTIQ - infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	2	PA, QL (42 capsules/28 days)
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	PA
TUKYSA - tucatinib tab 50 mg	2	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	2	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 200 mg	2	PA, QL (120 capsules/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
UKONIQ - umbralisib tosylate tab 200 mg	2	PA, QL (120 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	2	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	2	
VECTIBIX - panitumumab iv soln 100 mg/5ml, 400 mg/20ml	2	PA
VELCADE - bortezomib for inj 3.5 mg	2	PA
VENCLEXTA - venetoclax tab 10 mg*	1	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	2	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	2	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	2	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	2	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	1	BD
VINCRISTINE SULFATE - vincristine sulfate iv soln 1 mg/ml	1	BD
<i>vinorelbine tartrate inj 10 mg/ml, 50 mg/5ml (10 mg/ml)</i>	2	
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*†	2	PA, QL (300 mls/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg*†	2	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*†	2	PA, QL (60 capsules/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*†	2	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*†	2	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	2	PA
WELIREG - belzutifan tab 40 mg	2	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	2	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	2	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)†	2	PA, QL (1 box/28 days)
XPOVIO 100 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)
XPOVIO 40 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)
XPOVIO 40 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)
XPOVIO 60 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)
XPOVIO 80 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg†	2	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	2	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	2	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	2	PA, QL (60 tablets/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml), 200 mg/40ml (5 mg/ml)*	2	PA
YONDELIS - trabectedin for inj 1 mg	2	PA
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion), 200 mg/8ml (for infusion)	2	PA
ZANOSAR - streptozocin for inj 1 gm	2	
ZEJULA - niraparib tosylate cap 100 mg*†	2	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	2	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	2	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	PA
ZOLINZA - vorinostat cap 100 mg†	2	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	2	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	2	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	2	PA
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	2	
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	1	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	2	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM - artemether-lumefantrine tab 20-120 mg	2	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>ivermectin tab 3 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tablets/30 days)
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	BD
<i>pentamidine isethionate for soln 300 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>praziquantel tab 600 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	2	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	2	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	1	PA (>=65 yr)
<i>bromocriptine mesylate tab 2.5 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>entacapone tab 200 mg</i>	2	
INBRIJA - levodopa inhal powder cap 42 mg	2	PA, QL (300 capsules/30 days)
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
SELEGILINE HCL - selegiline hcl tab 5 mg	1	
<i>selegiline hcl cap 5 mg</i>	1	
<b>Antipsychotics</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	2	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	2	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	2	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	2	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
CAPLYTA - lumateperone tosylate cap 42 mg	2	PA (>=65 yr), QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	2	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	1	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	1	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	2	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	2	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	2	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	2	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	PA (>=65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	2	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	2	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml, 410 mg/1.315ml, 546 mg/1.75ml, 819 mg/2.625ml	2	QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	2	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	2	QL (60 tablets/30 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	1	PA (>=65 yr)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	2	PA (>=65 yr)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
NUPLAZID - pimavanserin tartrate cap 34 mg*	2	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	2	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	2	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	2	QL (1 syringe/30 days)
PIMOZIDE - pimozone tab 1 mg, 2 mg	1	
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	1	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	2	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	1	PA (>=65 yr)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
VERSACLOZ - clozapine susp 50 mg/ml	2	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	1	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	1	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	1	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg, 300 mg	2	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	2	PA (>=65 yr), QL (1 vial/28 days)
<b>Antispasticity Agents</b>		
<i>baclofen tab 10 mg, 20 mg</i>	1	
<i>tizanidine hcl tab 2 mg, 4 mg</i>	1	
<b>Antivirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	2	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	2	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tablets/30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	2	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir oint 5%</i>	2	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	BD
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	2	
APTIVUS - tipranavir cap 250 mg	2	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg, 300 mg</i>	2	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	2	QL (60 capsules/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	2	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	2	QL (4 mls/30 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	2	QL (6 mls/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg	1	QL (180 capsules/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	2	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	2	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	2	QL (30 tablets/30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 capsules/30 days)
<i>efavirenz cap 200 mg</i>	2	QL (120 capsules/30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	2	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	2	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	2	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	2	
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	2	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	2	
<i>etravirine tab 100 mg, 200 mg</i>	2	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	2	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir calcium tab 700 mg</i>	2	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	2	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	PA
INTELENCE - etravirine tab 25 mg	2	QL (120 tablets/30 days)
INVIRASE - saquinavir mesylate tab 500 mg	2	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	2	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	2	QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	1	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	2	QL (180 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	2	QL (60 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	2	QL (30 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>lamivudine tab 150 mg</i>	1	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	2	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tablets/30 days)
NEVIRAPINE ER - nevirapine tab er 24hr 100 mg	2	QL (90 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	2	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tablets/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	2	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	2	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	1	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	1	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	1	QL (1080 mls/365 days)
PIFELTRO - doravirine tab 100 mg	2	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	2	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	2	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	2	QL (400 mls/30 days)
PREZISTA - darunavir ethanolate tab 75 mg	2	QL (300 tablets/30 days)
PREZISTA - darunavir ethanolate tab 150 mg	2	QL (180 tablets/30 days)
PREZISTA - darunavir ethanolate tab 600 mg	2	QL (60 tablets/30 days)
PREZISTA - darunavir ethanolate tab 800 mg	2	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	2	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	2	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	2	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	1	
<i>ribavirin tab 200 mg</i>	1	
<i>ritonavir tab 100 mg</i>	1	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	2	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	2	QL (1840 mls/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
SELZENTRY - maraviroc tab 25 mg	2	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg, 150 mg	2	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	2	QL (120 tablets/30 days)
STAVUDINE - stavudine cap 15 mg, 20 mg, 30 mg, 40 mg	2	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	2	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2	QL (30 tablets/30 days)
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	2	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg, 50 mg	2	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	2	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2	QL (30 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	2	QL (14 vials/28 days)
TYBOST - cobicistat tab 150 mg	1	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml</i>	2	
<i>valganciclovir hcl tab 450 mg</i>	1	
VIRACEPT - nelfinavir mesylate tab 250 mg	2	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	2	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/ gm	2	QL (240 grams/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	PA
XOFLUZA - baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose), 2 x 40 mg (80 mg dose), 1 x 40 mg (40 mg dose)	2	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	2	QL (2 tablets/365 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tablets/30 days)
<b>Anxiolytics</b>		
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	PA, QL (180 tablets/30 days)
<i>diazepam oral soln 1 mg/ml</i>	1	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	1	PA, QL (120 tablets/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	1	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	1	PA, QL (150 tablets/30 days)
<b>Bipolar Agents</b>		
LITHIUM - lithium oral solution 8 meq/5ml	1	
<i>lithium carbonate cap 150 mg, 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	1	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	1	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	1	QL (90 tablets/30 days)
ALCOHOL SWABS	1	
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	1	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	1	QL (4 pens/28 days), ST
CYCLOSET - bromocriptine mesylate tab 0.8 mg	2	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	1	
GAUZE PADS 2" X 2"	1	
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	1	QL (4 kits/30 days)
<i>glucose gel 40%</i>	3	MC
HUMALOG - insulin lispro soln cartridge 100 unit/ml	1	QL (20 cartridges/30 days)
HUMALOG - insulin lispro inj 100 unit/ml	1	QL (60 mls/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	1	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	1	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	1	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	1	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	1	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	1	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	1	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	1	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	1	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	2	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	1	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	1	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	1	
INSULIN SYRINGE/NEEDLE	1	
JARDIANCE - empagliflozin tab 10 mg	1	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	1	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	1	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	1	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg	1	QL (30 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg</i>	1	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg	1	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 15 mg</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	1	QL (30 tablets/30 days), ST
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	1	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	1	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	1	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	1	QL (30 tablets/30 days)
TRADJENTA - linagliptin tab 5 mg	1	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	1	QL (4 pens/28 days), ST
<b>Blood Products and Modifiers</b>		
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA - ticagrelor tab 60 mg, 90 mg	2	
<i>cilostazol tab 50 mg, 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
<i>enoxaparin sodium inj 30 mg/0.3ml, 40 mg/0.4ml, 100 mg/ ml, 120 mg/0.8ml, 150 mg/ml</i>	2	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	QL (10 vials/90 days)
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml, 80 mg/0.8ml</i>	2	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	2	QL (30 syringes/90 days)
HEPARIN SODIUM - heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	1	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	1	
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	2	
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	PA
<i>prasugrel hcl tab 5 mg, 10 mg</i>	1	
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	2	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	2	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	1	
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	1	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	1	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	1	QL (51 tablets/30 days)
<b>Cardiovascular Agents</b>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg, 250 mg</i>	1	
<i>aliskiren fumarate tab 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>amiloride hcl tab 5 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	1	
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	2	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	2	PA, QL (600 mls/30 days)
<i>digoxin oral soln 0.05 mg/ml#</i>	2	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#</i>	1	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	2	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	2	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ENTRESTO - sacubitril-valsartan tab 24-26 mg	1	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	1	QL (60 tablets/30 days)
<i>ezetimibe tab 10 mg</i>	1	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	1	
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	1	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	1	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	1	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	1	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl cap 1 gm</i>	1	
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	1	
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg, 50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	2	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	2	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>minoxidil tab 2.5 mg, 10 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>niacin tab er 500 mg</i>	1	QL (30 tablets/30 days)
<i>niacin tab er 750 mg, 1000 mg</i>	1	QL (60 tablets/30 days)
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	2	
NITRO-BID - nitroglycerin oint 2%	2	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>pentoxifylline tab er 400 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	2	
<i>pindolol tab 5 mg, 10 mg</i>	1	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	1	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	1	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	2	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	1	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	1	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	1	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/afll) tab 80 mg, 120 mg, 160 mg</i>	1	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	1	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i>	1	QL (60 capsules/30 days)
<i>torseamide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
VASCEPA - icosapent ethyl cap 0.5 gm, 1 gm	2	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	1	
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg, 300 mg	1	
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	1	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER - verapamil hcl cap er 24hr 200 mg	1	
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	2	QL (30 capsules/30 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	2	PA, QL (15 vials/syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	2	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	1	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg†</i>	2	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg†</i>	2	PA, QL (60 capsules/30 days)
MAYZENT - siponimod fumarate tab 0.25 mg	2	PA, QL (120 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
MAYZENT - siponimod fumarate tab 2 mg	2	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	2	PA, QL (1 pack/28 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	1	QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	PA, QL (60 capsules/30 days)
<i>riluzole tab 50 mg</i>	2	
<i>tetrabenazine tab 12.5 mg</i>	2	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	2	PA, QL (120 tablets/30 days)
VUMERITY - diroximel fumarate capsule dr starter bottle 231 mg	2	PA, QL (106 capsules/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	2	PA, QL (120 capsules/30 days)
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	2	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	2	
<b>Dermatological Agents</b>		
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	2	
ACNE MEDICATION 10 - benzoyl peroxide lotion 10%	3	MC
ACNE MEDICATION 5 - benzoyl peroxide lotion 5%	3	MC
<i>adapalene gel 0.1%</i>	3	MC
ALOE VESTA PROTECTIVE - skin protectants misc - ointment	3	MC
ARTHRITIS PAIN RELIEVING - capsaicin cream 0.075%	3	MC
<i>azelaic acid gel 15%</i>	1	
<i>bacitracin oint 500 unit/gm</i>	3	MC
<i>bacitracin zinc oint 500 unit/gm</i>	3	MC
<i>bacitracin-polymyxin b oint</i>	3	MC
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i>	3	MC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
BETADINE - povidone-iodine soln 5%, 10%	3	MC
BETADINE SURGICAL SCRUB - povidone-iodine soln 7.5%	3	MC
BETADINE SWABSTICKS - povidone-iodine swabs 10%	3	MC
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	1	QL (135 grams/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate lotion 0.1%</i>	1	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	QL (120 mls/30 days)
<i>capsaicin cream 0.025%</i>	3	MC
<i>chlorhexidine gluconate liquid 4%</i>	3	MC
<i>chlorhexidine gluconate soln 4%</i>	3	MC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>dibucaine perianal ointment 1%</i>	3	MC
DIFFERIN - adapalene gel 0.1%	3	MC
ELIDEL - pimecrolimus cream 1%	2	PA
<i>fluocinonide cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	2	
FLUOROURACIL - fluorouracil cream 0.5%	2	
<i>fluorouracil cream 5%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	1	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (200 grams/28 days)
<i>hydrocortisone cream 0.5%, 1%</i>	3	MC
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (118 mls/30 days)
<i>hydrocortisone oint 0.5%, 1%</i>	3	MC
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone-aloe vera cream 0.5%, 1%</i>	3	MC
<i>imiquimod cream 5%</i>	1	PA
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>lidocaine anorectal cream 5%</i>	3	MC
<i>malathion lotion 0.5%</i>	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>miconazole nitrate cream 2%</i>	3	MC
<i>mometasone furoate cream 0.1%</i>	1	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	1	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	1	QL (30 grams/30 days)
<i>neomycin-bacitracin-polymyxin oint</i>	3	MC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	3	MC
<i>permethrin cream 5%</i>	1	
<i>permethrin creme rinse 1%</i>	3	MC
<i>permethrin lotion 1%</i>	3	MC
<i>pimecrolimus cream 1%</i>	2	PA
<i>podofilox soln 0.5%</i>	1	
<i>povidone-iodine oint 10%</i>	3	MC
<i>povidone-iodine soln 7.5%, 10%</i>	3	MC
<i>povidone-iodine swabs 10%</i>	3	MC
<i>pramoxine hcl perianal foam 1%</i>	3	MC
PROCTOFOAM - pramoxine hcl perianal foam 1%	3	MC
PROSHIELD PLUS SKIN PROTECTANT - dimethicone cream 1%	3	MC
<i>pyrantel pamoate susp 144 mg/ml</i>	3	MC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	3	MC
REGANEX - becaplermin gel 0.01%	2	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	1	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>sulfacetamide sodium lotion 10%</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	PA
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC - tazarotene cream 0.05%	2	PA
TAZORAC - tazarotene gel 0.05%, 0.1%	2	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 grams/30 days)
<i>vitamins a &amp; d oint</i>	3	MC
<i>zinc oxide oint 20%</i>	3	MC
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN-PF 7% - amino acid infusion 7%	2	BD
<i>b-complex w/ c &amp; folic acid cap 1 mg</i>	3	MC
<i>calcium acetate cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate tab 667 mg</i>	1	
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	3	MC
CARBAGLU - carglumic acid tab 200 mg*	2	PA
CHEMET - succimer cap 100 mg	2	
CLINIMIX E 2.75%/DEXTROSE 5% - amino acid electrolyte w/cal infusion 2.75% in d5w	2	BD
CLINIMIX E 4.25%/DEXTROSE 10% - amino acid electrolyte w/cal infusion 4.25% in d10w	2	BD
CLINIMIX E 4.25%/DEXTROSE 5% - amino acid electrolyte w/cal infusion 4.25% in d5w	2	BD
CLINIMIX E 5%/DEXTROSE 15% - amino acid electrolyte w/cal infusion 5% in d15w	2	BD
CLINIMIX E 5%/DEXTROSE 20% - amino acid electrolyte w/cal infusion 5% in d20w	2	BD
CLINIMIX E 8/10 - amino acid electrolyte w/cal infusion 8% in d10w	2	BD
CLINIMIX E 8/14 - amino acid electrolyte w/cal infusion 8% in d14w	2	BD
CLINIMIX 4.25%/DEXTROSE 10% - amino acid infusion 4.25% in d10w	2	BD
CLINIMIX 4.25%/DEXTROSE 5% - amino acid infusion 4.25% in d5w	2	BD
CLINIMIX 5%/DEXTROSE 15% - amino acid infusion 5% in d15w	2	BD
CLINIMIX 5%/DEXTROSE 20% - amino acid infusion 5% in d20w	2	BD
CLINIMIX 6/5 - amino acid infusion 6% in d5w	2	BD
CLINIMIX 8/10 - amino acid infusion 8% in d10w	2	BD
CLINIMIX 8/14 - amino acid infusion 8% in d14w	2	BD
<i>cyanocobalamin inj 1000 mcg/ml</i>	3	MC
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg</i>	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg†</i>	2	PA
<i>deferasirox tab 90 mg, 180 mg, 360 mg†</i>	2	PA
<i>dextrose inj 5%, 10%</i>	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%</i>	2	
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	MC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	3	MC
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	3	MC
FERAHEME - ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)	3	MC
FERRLECIT - sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	3	MC
FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	3	MC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	3	MC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	3	MC
<i>ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)</i>	3	MC
<i>folic acid inj 5 mg/ml</i>	3	MC
<i>folic acid tab 1 mg</i>	3	MC
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	2	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	2	QL (120 packets/30 days)
FREAMINE III - amino acid infusion 10%	2	BD
GALZIN - zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc)	3	MC
HEPATAMINE - amino acid infusion 8%	2	BD
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml	3	MC
INFED - iron dextran inj 50 mg/ml (elemental iron)	3	MC
INFUVITE PEDIATRIC - pediatric multiple vitamins iv soln	3	MC
INJECTAFER - ferric carboxymaltose iv soln 750 mg/15ml (fe equivalent)	3	MC
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	2	BD
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>lactated ringer's solution</i>	2	
<i>lanthanum carbonate chew tab 500 mg</i>	2	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg</i>	2	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg</i>	2	QL (120 tablets/30 days)
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2	
M.V.I. PEDIATRIC - pediatric multiple vitamins for iv soln	3	MC
MAGNEBIND 300 - calcium carbonate-magnesium carbonate tab 250-300 mg	3	MC
<i>magnesium sulfate inj 50%</i>	2	
MEPHYTON - phytonadione tab 5 mg	3	MC
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	3	MC
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	2	BD
<i>phytonadione inj 10 mg/ml</i>	3	MC
<i>phytonadione tab 5 mg</i>	3	MC
<i>potassium chloride cap er 8 meq, 10 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	2	
POTASSIUM CHLORIDE/SODIUM CHLORIDE - kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	1	
PREMASOL - amino acid infusion 10%	2	BD
PROCALAMINE - amino acid electrolyte infusion 3%	2	BD
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	3	MC
<i>sevelamer carbonate packet 0.8 gm</i>	2	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	2	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (270 tablets/30 days)
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	3	MC
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>thiamine hcl inj 100 mg/ml</i>	3	MC
TRAVASOL - amino acid infusion 10%	2	BD
<i>trientine hcl cap 250 mg†</i>	2	PA, QL (240 capsules/30 days)
TRIFERIC - ferric pyrophosphate citrate pack 272 mg (fe equiv)	3	MC
TROPHAMINE - amino acid infusion 10%	2	BD
VENOFER - iron sucrose inj 20 mg/ml (fe equiv)	3	MC
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>Gastrointestinal Agents</b>		
<i>alose tron hcl tab 0.5 mg, 1 mg</i>	2	PA, QL (60 tablets/30 days)
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i>	3	MC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	3	MC
ALUMINUM HYDROXIDE - aluminum hydroxide gel susp 320 mg/5ml	3	MC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	3	MC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml, 508-475 mg/10ml</i>	3	MC
<i>bisacodyl suppos 10 mg</i>	3	MC
<i>bisacodyl tab delayed release 5 mg</i>	3	MC
<i>bismuth subsalicylate chew tab 262 mg</i>	3	MC
<i>bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml</i>	3	MC
<i>bismuth subsalicylate tab 262 mg</i>	3	MC
<i>calcium carbonate (antacid) chew tab 500 mg, 750 mg</i>	3	MC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	3	MC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	3	MC
<i>calcium polycarbophil tab 625 mg</i>	3	MC
CHENODAL - chenodiol tab 250 mg*	2	PA
COLACE - docusate sodium cap 100 mg	3	MC
COLACE CLEAR - docusate sodium cap 50 mg	3	MC
<i>dicyclomine hcl tab 20 mg#</i>	1	PA (>=65 yr)
<i>docusate calcium cap 240 mg</i>	3	MC
<i>docusate sodium cap 100 mg, 250 mg</i>	3	MC
<i>docusate sodium enema 283 mg/5ml</i>	3	MC
<i>docusate sodium liquid 150 mg/15ml</i>	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>docusate sodium syrup 60 mg/15ml</i>	3	MC
<i>docusate sodium tab 100 mg</i>	3	MC
DOCUSOL KIDS - docusate sodium enema 100 mg/5ml	3	MC
DOCUSOL PLUS MINI-ENEMA - benzocaine-docusate sodium rectal enema 20-283 mg	3	MC
ENEMEEZ PLUS - benzocaine-docusate sodium rectal enema 20-283 mg	3	MC
<i>esomeprazole magnesium cap delayed release 20 mg, 40 mg</i>	2	QL (30 capsules/30 days)
EVAC - psyllium powder 100%	3	MC
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine inj 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</i>	2	
<i>famotidine tab 10 mg</i>	3	MC
<i>famotidine tab 20 mg, 40 mg</i>	1	
FIBERCON - calcium polycarbophil tab 625 mg	3	MC
FLEET ENEMA - sodium phosphates - enema	3	MC
FLEET LIQUID GLYCERIN SUPPOSITORIES - glycerin enema adult 5.4 gm/average delivered dose	3	MC
FLEET PEDIATRIC - sodium phosphates - enema (pediatric)	3	MC
GATTEX - teduglutide (rdna) for inj kit 5 mg*	2	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
GAVISCON - aluminum hydroxide-magnesium trisilicate chew tab 80-14.2 mg	3	MC
GAVISCON EXTRA STRENGTH - aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml	3	MC
GAVISCON EXTRA STRENGTH RELIEF FORMULA - aluminum hydroxide-magnesium carbonate susp 508-475 mg/10ml	3	MC
GLYCERIN ADULT - glycerin suppos 2 gm	3	MC
<i>glycerin suppos 1.2 gm</i>	3	MC
<i>glycopyrrolate tab 1 mg, 2 mg</i>	1	
KONSYL DAILY FIBER - psyllium powder packet 28.3%, 60.3%, 100%	3	MC
KONSYL DAILY FIBER - psyllium powder 60.3%, 100%	3	MC
KONSYL-D - psyllium powder 52.3%	3	MC
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	1	QL (30 capsules/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>loperamide hcl cap 2 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	3	MC
<i>loperamide hcl liq 1 mg/7.5ml</i>	3	MC
<i>loperamide hcl soln 2 mg/15ml</i>	3	MC
<i>loperamide hcl tab 2 mg</i>	3	MC
LUBIPROSTONE - lubiprostone cap 8 mcg	2	QL (120 capsules/30 days)
LUBIPROSTONE - lubiprostone cap 24 mcg	2	QL (60 capsules/30 days)
<i>magnesium hydroxide susp concentrate 2400 mg/10ml</i>	3	MC
<i>magnesium hydroxide susp 400 mg/5ml</i>	3	MC
<i>magnesium oxide tab 400 mg, 420 mg, 400 mg (241.3 mg elemental mg)</i>	3	MC
METAMUCIL - psyllium powder 48.57%	3	MC
<i>methylcellulose powder laxative</i>	3	MC
<i>methylcellulose tab 500 mg</i>	3	MC
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	1	
MIRALAX - polyethylene glycol 3350 oral powder 17 gm/ scoop	3	MC
<i>misoprostol tab 100 mcg, 200 mcg</i>	1	
MOVANTIK - naloxegol oxalate tab 12.5 mg, 25 mg	1	PA
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	2	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	2	PA
NIZATIDINE - nizatidine cap 150 mg	2	
<i>nizatidine cap 300 mg</i>	1	
OCALIVA - obeticholic acid tab 10 mg*	2	PA, QL (30 tablets/30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg</i>	2	
PEDIA-LAX - docusate sodium liquid 50 mg/15ml	3	MC
PEDIA-LAX - glycerin suppos 1 gm	3	MC
PEDIA-LAX - glycerin liquid suppos 2.8 gm (2.7 ml)	3	MC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>polyethylene glycol 3350 oral packet 17 gm</i>	3	MC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	3	MC
<i>psyllium cap 0.52 gm</i>	3	MC
<i>psyllium powder 28.3%, 48.57%, 58.6%, 100%</i>	3	MC
<i>ranitidine hcl tab 75 mg</i>	3	MC
<i>saline nasal spray 0.65%</i>	3	MC
SENNA LEAVES - senna leaves	3	MC
<i>sennosides chew tab 15 mg</i>	3	MC
<i>sennosides syrup 8.8 mg/5ml</i>	3	MC
<i>sennosides tab 8.6 mg, 15 mg, 17.2 mg, 25 mg</i>	3	MC
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	3	MC
SENOKOT - sennosides tab 8.6 mg	3	MC
SENOKOT S - sennosides-docusate sodium tab 8.6-50 mg	3	MC
SODIUM BICARBONATE - sodium bicarbonate powder	3	MC
<i>sodium bicarbonate tab 325 mg, 650 mg</i>	3	MC
<i>sodium phosphates - enema</i>	3	MC
SORBITOL - sorbitol oral solution 70%	3	MC
SORBITOL - sorbitol rectal solution 70%	3	MC
<i>sucralfate tab 1 gm</i>	1	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
TUMS - calcium carbonate (antacid) chew tab 500 mg	3	MC
TUMS EXTRA STRENGTH 750 - calcium carbonate (antacid) chew tab 750 mg	3	MC
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg, 500 mg</i>	1	
XIFAXAN - rifaximin tab 550 mg	2	PA, QL (90 tablets/30 days)
ZANTAC 75 - ranitidine hcl tab 75 mg	3	MC
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	2	
CEREZYME - imiglucerase for inj 400 unit*	2	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	1	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml	2	PA
CYSTADANE - betaine powder for oral solution	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	2	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	2	
ELELYSO - taliglucerase alfa for inj 200 unit*	2	PA
FABRAZYME - agalsidase beta for iv soln 5 mg, 35 mg*	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	1	
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	2	
<i>miglustat cap 100 mg*</i>	2	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	2	
<i>nitisinone cap 2 mg, 5 mg, 10 mg</i>	2	
ORFADIN - nitisinone susp 4 mg/ml*	2	
PALYNZIQ - pegvaliase-pqz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	2	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	2	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	2	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2	
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	2	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	2	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	PA
<i>sodium phenylbutyrate tab 500 mg</i>	2	PA
VPRIV - velaglucerase alfa for inj 400 unit	2	PA
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	2	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit	1	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	2	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	1	QL (3 bottles/28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.



Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	1	QL (30 tablets/30 days)
ORACIT - sodium citrate & citric acid soln 490-640 mg/5ml	3	MC
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	1	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	2	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	3	MC
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	1	QL (30 capsules/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
DEXAMETHASONE - dexamethasone tab 1 mg, 2 mg	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	2	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
HEMADY - dexamethasone tab 20 mg	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
<i>methylprednisolone sod succ for inj 40 mg, 125 mg, 500 mg, 1000 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
PREDNISOLONE - prednisolone syrup 15 mg/5ml	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	1	
PREDNISONONE - prednisone oral soln 5 mg/5ml	2	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	1	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	2	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	2	
<i>desmopressin acetate preservative free inj 4 mcg/ml</i>	2	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	1	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	PA
OMNITROPE - somatropin for inj 5.8 mg	2	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	2	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ANDRODERM - testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr	1	PA, QL (30 patches/30 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	2	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	2	PA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg, 3-0.03 mg</i>	2	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	2	
ELLA - ulipristal acetate tab 30 mg	2	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg#</i>	2	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	2	
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	2	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	2	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel tab 1.5 mg</i>	3	MC
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	2	PA (>=65 yr)
<i>megestrol acetate tab 20 mg, 40 mg#</i>	1	PA (>=65 yr)
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg, 1 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>oxandrolone tab 2.5 mg, 10 mg</i>	2	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	1	
<i>progesterone cap 100 mg, 200 mg</i>	1	
<i>raloxifene hcl tab 60 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	2	PA, QL (30 packets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
testosterone td gel 40.5 mg/2.5gm (1.62%)	2	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	2	PA, QL (2 pump bottles/30 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
levothyroxine sodium tab 25 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 50 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 75 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 88 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 100 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 112 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 125 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 137 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 150 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 175 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 200 mcg(euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 300 mcg(levo-t, unithroid)	1	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	1	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
KORLYM - mifepristone tab 300 mg*	2	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
cabergoline tab 0.5 mg	1	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	PA

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	2	PA
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	PA
FIRMAGON - degarelix acetate for inj 80 mg, 120 mg/vial (240 mg dose)	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	2	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	2	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	2	PA
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	2	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	2	PA
ORGOVYX - relugolix tab 120 mg	2	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	2	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml	2	PA
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*	2	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	2	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
<b>Immunological Agents</b>		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	2	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 If-If-mcg/0.5ml	2	
ARCALYST - riloncept for inj 220 mg*	2	PA
AZATHIOPRINE - azathioprine sodium for inj 100 mg	2	BD
<i>azathioprine tab 50 mg</i>	1	BD

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
BCG VACCINE - bcg vaccine inj	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	2	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	2	PA
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	2	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	2	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	2	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	2	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml*	2	PA
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	2	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	2	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	2	PA
CUVITRU - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 8 gm/40ml, 10 gm/50ml	2	BD, PA
<i>cyclosporine cap 25 mg, 100 mg</i>	2	BD
<i>cyclosporine iv soln 50 mg/ml</i>	2	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	1	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	1	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	2	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml, 300 mg/2ml	2	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	2	PA
ENBREL - etanercept for subcutaneous inj 25 mg	2	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	2	PA

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	2	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml, 20 mcg/ml	2	BD
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg</i>	2	BD
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	2	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	2	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	2	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	2	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	2	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	2	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	2	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	2	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	2	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	2	PA
<i>icatibant acetate inj 30 mg/3ml</i>	2	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	2	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	2	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2	
INTRON A - interferon alfa-2b inj 6000000 unit/ml, 10000000 unit/ml	2	
INTRON A - interferon alfa-2b for inj 10000000 unit, 18000000 unit, 50000000 unit	2	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2	
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2	
<i>leflunomide tab 10 mg, 20 mg</i>	1	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	2	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	1	BD
<i>mycophenolate mofetil tab 500 mg</i>	1	BD
NULOJIX - belatacept for iv infusion 250 mg	2	BD
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	2	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2	
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	2	PA
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	2	
PRIVIGEN - immune globulin (human) iv soln 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	2	BD, PA
PROGRAF - tacrolimus inj 5 mg/ml	2	BD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	2	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2	

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
RABAVERT - rabies vaccine, pcec for inj	2	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	2	PA
ROTARIX - rotavirus vaccine, live for oral susp	2	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	2	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2	QL (2 vaccines/lifetime)
<i>sirolimus oral soln 1 mg/ml</i>	2	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	2	BD
STAMARIL - yellow fever vaccine for inj suspension	2	
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	2	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	2	PA
STELARA - ustekinumab inj 45 mg/0.5ml	2	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml, 100 mg/ml*	2	
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	2	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	1	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	2	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	2	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu- mcg/ml	2	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	2	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ ml	2	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2	
XATMEP - methotrexate oral soln 2.5 mg/ml	2	BD
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	2	PA
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	2	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	2	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml*	2	PA
XOLAIR - omalizumab for inj 150 mg*	2	PA
YF-VAX - yellow fever vaccine subcutaneous inj	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ZORTRESS - everolimus tab 1 mg	2	BD
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>budesonide delayed release particles cap 3 mg</i>	2	QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	2	QL (30 tablets/30 days)
CANASA - mesalamine suppos 1000 mg	2	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone perianal cream 1%, 2.5%</i>	1	QL (454 grams/30 days)
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	2	QL (120 tablets/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
CALCITRIOL - calcitriol inj 1 mcg/ml	2	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>cinacalcet hcl tab 30 mg, 60 mg, 90 mg</i>	2	PA
FORTEO - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	2	PA
<i>ibandronate sodium tab 150 mg</i>	1	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	2	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg*	2	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	2	
<i>paricalcitol iv soln 2 mcg/ml, 5 mcg/ml</i>	2	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	2	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	PA
XGEVA - denosumab inj 120 mg/1.7ml	2	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Ophthalmic Agents</b>		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	1	
<i>artificial tear ophth ointment</i>	3	MC
<i>azelastine hcl ophth soln 0.05%</i>	1	
BACITRACIN - bacitracin ophth oint 500 unit/gm	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%, 0.2%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	1	
CARTEOLOL HCL - carteolol hcl ophth soln 1%	1	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	2	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	2	PA
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	1	
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	3	MC
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
DUREZOL - difluprednate ophth emulsion 0.05%	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2	
GENTAK - gentamicin sulfate ophth oint 0.3%	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
ILEVRO - nepafenac ophth susp 0.3%	1	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	1	
LACRISERT - artificial tear ophth insert	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	2	
LUMIGAN - bimatoprost ophth soln 0.01%	1	QL (15 mls/75 days)
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	2	
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily)(generic for Moxeza)</i>	1	
MURO 128 - sodium chloride hypertonic ophth soln 2%, 5%	3	MC
MURO 128 - sodium chloride hypertonic ophth oint 5%	3	MC
NATACYN - natamycin ophth susp 5%	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	2	
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	3	MC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	3	MC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>polyvinyl alcohol ophth soln 1.4%</i>	3	MC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	3	MC
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	2	
REFRESH - polyvinyl alcohol-povidone (pf) ophth soln 1.4-0.6%	3	MC
RESTASIS - cyclosporine (ophth) emulsion 0.05%	1	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	1	PA, QL (2 bottles/30 days)
<i>sodium chloride hypertonic ophth oint 5%</i>	3	MC
<i>sodium chloride hypertonic ophth soln 5%</i>	3	MC
<i>sulfacetamide sodium ophth soln 10%</i>	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
SYSTANE PRESERVATIVE FREE - polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	3	MC
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<i>travoprost ophth soln 0.004%</i>	1	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	1	
<i>white petrolatum-mineral oil ophth ointment</i>	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	1	
<i>carbamide peroxide 6.5% otic soln</i>	3	MC
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>isopropyl alcohol otic liquid 95%</i>	3	MC
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	2	
SWIM EAR - isopropyl alcohol otic liquid 95%	3	MC
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%, 20%</i>	1	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	2	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	1	QL (1 canister/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act(generics for ProAir HFA and Proventil HFA)</i>	1	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	2	
<i>ambrisentan tab 5 mg, 10 mg*</i>	2	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	1	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	1	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	1	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	1	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	1	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh, 220 mcg/inh	1	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	1	QL (1 canister/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	1	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	2	QL (2 canisters/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)	1	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh, 200-25 mcg/inh	1	QL (1 package/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	2	BD
caffeine citrate oral soln 60 mg/3ml	1	
CAYSTON - aztreonam lysine for inhal soln 75 mg*	2	PA
cetirizine hcl cap 10 mg	3	MC
cetirizine hcl chew tab 5 mg, 10 mg	3	MC
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	3	MC
cetirizine hcl tab 5 mg, 10 mg	3	MC
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	2	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 canisters/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2	BD
DALIRESP - roflumilast tab 250 mcg, 500 mcg	2	PA, QL (30 tablets/30 days)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml, 10-200 mg/5ml	3	MC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	3	MC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg	3	MC
diphenhydramine hcl cap 25 mg, 50 mg#	3	MC
diphenhydramine hcl chew tab 12.5 mg	3	MC
diphenhydramine hcl inj 50 mg/ml	1	
diphenhydramine hcl liquid 12.5 mg/5ml#	3	MC
diphenhydramine hcl tab 25 mg	3	MC
DIPHENHYDRAMINE HYDROCHLORIDE - diphenhydramine hcl liquid 6.25 mg/ml	3	MC
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)	1	
ESBRIET - pirfenidone cap 267 mg*	2	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	2	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	2	PA, QL (90 tablets/30 days)

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister, 100 mcg/blister	1	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	1	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	1	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	1	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	1	QL (2 canisters/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	1	QL (1 inhaler/30 days)
<i>guaifenesin liquid 100 mg/5ml</i>	3	MC
<i>guaifenesin syrup 100 mg/5ml</i>	3	MC
<i>guaifenesin tab er 12hr 600 mg, 1200 mg</i>	3	MC
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	1	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor tab 150 mg*	2	PA, QL (60 tablets/30 days)
KALYDECO - ivacaftor packet 25 mg, 50 mg, 75 mg*	2	PA, QL (60 packets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>loratadine cap 10 mg</i>	3	MC
<i>loratadine chew tab 5 mg</i>	3	MC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	3	MC
<i>loratadine syrup 5 mg/5ml</i>	3	MC
<i>loratadine tab 10 mg</i>	3	MC
<i>mometasone furoate nasal susp 50 mcg/act</i>	2	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg, 5 mg</i>	1	
<i>montelukast sodium oral granules packet 4 mg</i>	2	
<i>montelukast sodium tab 10 mg</i>	1	
MUCINEX - guaifenesin tab er 12hr 600 mg	3	MC
MUCINEX DM - dextromethorphan-guaifenesin tab er 12hr 30-600 mg	3	MC
MUCINEX DM MAXIMUM STRENGTH - dextromethorphan-guaifenesin tab er 12hr 60-1200 mg	3	MC

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	3	MC
OFEV - nintedanib esylate cap 100 mg, 150 mg*†	2	PA, QL (60 capsules/30 days)
OPSUMIT - macitentan tab 10 mg*	2	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	2	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg, 150-188 mg*	2	PA, QL (60 packets/30 days)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml#</i>	3	MC
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml#</i>	3	MC
<i>pseudoephedrine hcl tab 30 mg</i>	3	MC
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	2	BD
<i>ribavirin for inhal soln 6 gm</i>	2	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose	1	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (90 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	2	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	2	
THEOPHYLLINE ER - theophylline tab er 12hr 300 mg, 450 mg	1	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	2	BD, PA
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh, 200-62.5-25 mcg/inh	1	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)*</i>	2	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	PA, QL (90 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml†	2	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	1	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	1	
<b>Skeletal Muscle Relaxants</b>		
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#</i>	1	PA

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Name of Drug	Drug Tier Level	Necessary actions, restrictions, or limits on use
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	PA
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	1	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	1	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*†	2	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	2	PA, QL (30 tablets/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	1	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg, 17.8 mg	2	PA, QL (60 tablets/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	2	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	1	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	1	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	1	QL (30 tablets/30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Covered Drugs section.

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ASMANEX TWISTHALER 120 METERED	<i>bacitracin-polymyxin b ophth oint</i> ..... 65
DOSES..... 67	<i>bacitracin zinc oint 500 unit/gm</i> ..... 44
	<i>baclofen tab 10 mg, 20 mg</i> ..... 32

<i>balsalazide disodium cap 750 mg</i> .....	64	BOOSTRIX.....	60
BALVERSA.....	18	BOOSTRIX.....	60
BALVERSA.....	18	BOSULIF.....	18
BALVERSA.....	18	BOSULIF.....	18
BASAGLAR KWIKPEN.....	36	BRAFTOVI.....	18
BAVENCIO.....	18	BREO ELLIPTA.....	68
BCG VACCINE.....	60	BRILINTA.....	38
<i>b-complex w/ c &amp; folic acid cap 1 mg</i> .....	47	<i>brimonidine tartrate ophth soln 0.15%, 0.2%</i> .....	65
BELEODAQ.....	18	BRIVIACT.....	9
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg,</i> <i>10-12.5 mg, 20-12.5 mg, 20-25 mg</i> .....	39	BRIVIACT.....	9
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	39	BRIVIACT.....	9
BENDEKA.....	18	<i>bromfenac sodium ophth soln 0.09% (once-</i> <i>daily)</i> .....	65
BENLYSTA.....	60	<i>bromocriptine mesylate tab 2.5 mg</i> .....	29
BENLYSTA.....	60	BRUKINSA.....	18
BENLYSTA.....	60	<i>budesonide delayed release particles cap 3 mg</i> .....	64
BENZNIDAZOLE.....	28	<i>budesonide inhalation susp 0.25 mg/2ml, 0.5</i> <i>mg/2ml, 1 mg/2ml</i> .....	68
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	44	<i>budesonide tab er 24hr 9 mg</i> .....	64
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i> .....	44	<i>bumetanide inj 0.25 mg/ml</i> .....	40
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i> .....	29	<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i> .....	40
BESIVANCE.....	65	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> .....	3
BESPONSA.....	18	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> .....	3
BETADINE.....	44	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i> .....	3
BETADINE SURGICAL SCRUB.....	44	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i> .....	3
BETADINE SWABSTICKS.....	44	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> .....	3
<i>betamethasone dipropionate cream 0.05%</i> .....	44	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i> .....	3
<i>betamethasone dipropionate lotion 0.05%</i> .....	44	<i>buprenorphine hcl sl tab 2 mg</i> .....	3
<i>betamethasone dipropionate oint 0.05%</i> .....	44	<i>buprenorphine hcl sl tab 8 mg</i> .....	3
<i>betamethasone valerate cream 0.1%</i> .....	44	<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i> <i>mg</i> .....	3
<i>betamethasone valerate lotion 0.1%</i> .....	45	<i>bupropion hcl tab 100 mg</i> .....	12
<i>betamethasone valerate oint 0.1%</i> .....	45	<i>bupropion hcl tab 75 mg</i> .....	12
BETASERON.....	43	<i>bupropion hcl tab er 12hr 100 mg</i> .....	12
<i>betaxolol hcl ophth soln 0.5%</i> .....	65	<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i> .....	12
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50</i> <i>mg</i> .....	54	<i>bupropion hcl tab er 24hr 150 mg</i> .....	12
<i>bexarotene cap 75 mg</i> .....	18	<i>bupropion hcl tab er 24hr 300 mg</i> .....	12
BEXSERO.....	60	<i>bupropion hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30</i> <i>mg</i> .....	36
<i>bicalutamide tab 50 mg</i> .....	18	<i>busulfan inj 6 mg/ml</i> .....	18
BICILLIN L-A.....	5	<i>butalbital-acetaminophen-caffeine tab 50-325-40</i> <i>mg</i> .....	1
BIKTARVY.....	32	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	1
<i>bisacodyl suppos 10 mg</i> .....	50	BUTORPHANOL TARTRATE.....	1
<i>bisacodyl tab delayed release 5 mg</i> .....	50	<i>butorphanol tartrate inj 2 mg/ml</i> .....	1
<i>bismuth subsalicylate chew tab 262 mg</i> .....	50	BYDUREON BCISE.....	36
<i>bismuth subsalicylate susp 262 mg/15ml, 525</i> <i>mg/15ml</i> .....	50	<b>C</b>	
<i>bismuth subsalicylate tab 262 mg</i> .....	50	CABENUVA.....	32
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg,</i> <i>5-6.25 mg, 10-6.25 mg</i> .....	40	CABENUVA.....	32
<i>bisoprolol fumarate tab 5 mg, 10 mg</i> .....	40	<i>cabergoline tab 0.5 mg</i> .....	58
BLNREP.....	18	CABOMETYX.....	18
<i>bleomycin sulfate for inj 15 unit, 30 unit</i> .....	18		
BLINCYTO.....	18		

caffeine citrate oral soln 60 mg/3ml.....	68	CEFAZOLIN SODIUM.....	5
calcipotriene cream 0.005%.....	45	CEFAZOLIN SODIUM/DEXTROSE.....	5
calcipotriene soln 0.005% (50 mcg/ml).....	45	cefazolin sodium for inj 500 mg, 1 gm, 10 gm.....	5
calcitonin (salmon) inj 200 unit/ml.....	64	cefdinir cap 300 mg.....	5
calcitonin (salmon) nasal soln 200 unit/act.....	64	cefdinir for susp 125 mg/5ml, 250 mg/5ml.....	5
CALCITRIOL.....	64	CEFEPIME.....	5
calcitriol cap 0.25 mcg, 0.5 mcg.....	64	CEFEPIME/DEXTROSE.....	5
calcitriol oral soln 1 mcg/ml.....	64	cefepime hcl for inj 1 gm, 2 gm.....	5
calcium acetate cap 667 mg (169 mg ca).....	47	cefixime cap 400 mg.....	5
calcium acetate tab 667 mg.....	47	CEFOXITIN SODIUM.....	5
calcium carbonate (antacid) chew tab 500 mg, 750 mg.....	50	cefoxitin sodium for iv soln 1 gm, 2 gm.....	5
calcium carbonate (antacid) susp 1250 mg/5ml.....	50	cefpodoxime proxetil tab 100 mg, 200 mg.....	5
calcium carbonate tab 1250 mg (500 mg elemental ca).....	50	cefprozil tab 250 mg, 500 mg.....	5
calcium carbonate-vitamin d tab 500 mg-200 unit.....	47	CEFTAZIDIME/DEXTROSE.....	5
calcium polycarbophil tab 625 mg.....	50	ceftazidime for inj 1 gm, 6 gm.....	5
CALQUENCE.....	18	ceftazidime for iv soln 2 gm.....	5
CANASA.....	64	CEFTRIAXONE/DEXTROSE.....	6
CAPASTAT SULFATE.....	17	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE.....	5
CAPLYTA.....	30	ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	5
CAPRELSA.....	18	ceftriaxone sodium for iv soln 1 gm, 2 gm.....	5
CAPRELSA.....	18	cefuroxime axetil tab 250 mg, 500 mg.....	6
capsaicin cream 0.025%.....	45	cefuroxime sodium for inj 750 mg.....	6
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	40	cefuroxime sodium for iv soln 1.5 gm.....	6
CARBAGLU.....	47	celecoxib cap 400 mg.....	1
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg.....	9	celecoxib cap 50 mg, 100 mg, 200 mg.....	1
carbamazepine chew tab 100 mg.....	9	CELONTIN.....	9
carbamazepine susp 100 mg/5ml.....	9	cephalexin cap 250 mg, 500 mg, 750 mg.....	6
carbamazepine tab 200 mg.....	9	cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	6
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg.....	9	CEREZYME.....	53
carbamide peroxide 6.5% otic soln.....	67	cetirizine hcl cap 10 mg.....	68
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg.....	29	cetirizine hcl chew tab 5 mg, 10 mg.....	68
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg.....	29	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	68
carbidopa & levodopa tab er 25-100 mg, 50-200 mg.....	29	cetirizine hcl tab 5 mg, 10 mg.....	68
carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml.....	18	CHANTIX.....	3
carmustine for inj 100 mg.....	18	CHANTIX CONTINUING MONTH PACK.....	3
CARTEOLOL HCL.....	65	CHANTIX STARTING MONTH PACK.....	3
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg.....	40	CHEMET.....	47
caspofungin acetate for iv soln 50 mg, 70 mg.....	15	CHENODAL.....	50
CAYSTON.....	68	CHLORAMPHENICOL SODIUM SUCCINATE.....	6
CEFACTOR.....	5	chlorhexidine gluconate liquid 4%.....	45
cefadroxil cap 500 mg.....	5	chlorhexidine gluconate soln 0.12%.....	44
CEFAZOLIN SODIUM.....	5	chlorhexidine gluconate soln 4%.....	45
		chloroquine phosphate tab 250 mg.....	28
		chloroquine phosphate tab 500 mg.....	28
		chlorpromazine hcl inj 25 mg/ml.....	14
		chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	14
		CHLORPROMAZINE HYDROCHLORIDE.....	14
		CHLORPROMAZINE HYDROCHLORIDE.....	14
		chlorthalidone tab 25 mg, 50 mg.....	40
		cholestyramine light powder 4 gm/dose.....	40

<i>cholestyramine light powder packets 4 gm</i> .....	40	<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i> .....	12
<i>cholestyramine powder 4 gm/dose</i> .....	40	<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> .....	36
<i>cholestyramine powder packets 4 gm</i> .....	40	<i>clonazepam orally disintegrating tab 2 mg</i> .....	36
CHORIONIC GONADOTROPIN.....	55	<i>clonazepam tab 0.5 mg, 1 mg</i> .....	36
<i>ciclopirox olamine cream 0.77%</i> .....	15	<i>clonazepam tab 2 mg</i> .....	36
<i>ciclopirox solution 8%</i> .....	15	<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i> .....	40
<i>cilostazol tab 50 mg, 100 mg</i> .....	38	<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	43
CIMDUO.....	32	<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> .....	40
<i>cinacalcet hcl tab 30 mg, 60 mg, 90 mg</i> .....	64	<i>clopidogrel bisulfate tab 75 mg</i> .....	38
CINRYZE.....	60	<i>clorazepate dipotassium tab 15 mg</i> .....	36
CIPRO.....	6	<i>clorazepate dipotassium tab 3.75 mg</i> .....	36
<i>ciprofloxacin 200 mg/100ml in d5w</i> .....	6	<i>clorazepate dipotassium tab 7.5 mg</i> .....	36
<i>ciprofloxacin 400 mg/200ml in d5w</i> .....	6	<i>clotrimazole cream 1%</i> .....	15
CIPROFLOXACIN HCL.....	6	<i>clotrimazole troche 10 mg</i> .....	15
<i>ciprofloxacin hcl ophth soln 0.3%</i> .....	65	<i>clotrimazole vaginal cream 1%, 2%</i> .....	15
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i> .....	6	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	45
CISPLATIN.....	18	CLOZAPINE ODT.....	30
<i>cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml)</i> .....	18	<i>clozapine orally disintegrating tab 25 mg, 100 mg</i> .....	30
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	12	<i>clozapine tab 100 mg</i> .....	30
<i>citalopram hydrobromide tab 10 mg, 20 mg</i> .....	12	<i>clozapine tab 200 mg</i> .....	30
<i>citalopram hydrobromide tab 40 mg</i> .....	12	<i>clozapine tab 25 mg, 50 mg</i> .....	30
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> .....	18	COARTEM.....	28
CLARITHROMYCIN.....	6	COLACE.....	50
<i>clarithromycin tab 250 mg, 500 mg</i> .....	6	COLACE CLEAR.....	50
CLEMASTINE FUMARATE.....	68	<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	16
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i> .....	6	<i>colestipol hcl granule packets 5 gm</i> .....	40
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i> .....	6	<i>colestipol hcl granules 5 gm</i> .....	40
<i>clindamycin phosphate gel 1%</i> .....	6	<i>colestipol hcl tab 1 gm</i> .....	40
<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i> .....	6	<i>colistimethate sod for inj 150 mg</i> .....	6
<i>clindamycin phosphate lotion 1%</i> .....	6	COMBIGAN.....	65
<i>clindamycin phosphate soln 1%</i> .....	6	COMBIPATCH.....	56
<i>clindamycin phosphate swab 1%</i> .....	6	COMBIVENT RESPIMAT.....	68
<i>clindamycin phosphate vaginal cream 2%</i> .....	6	COMETRIQ.....	19
CLINIMIX 4.25%/DEXTROSE 10%.....	47	COMETRIQ.....	19
CLINIMIX 4.25%/DEXTROSE 5%.....	47	COMETRIQ.....	19
CLINIMIX 5%/DEXTROSE 15%.....	47	COMPLERA.....	32
CLINIMIX 5%/DEXTROSE 20%.....	47	COPAXONE.....	43
CLINIMIX 6/5.....	47	COPAXONE.....	43
CLINIMIX 8/10.....	47	COPIKTRA.....	19
CLINIMIX 8/14.....	47	CORLANOR.....	40
CLINIMIX E 2.75%/DEXTROSE 5%.....	47	CORLANOR.....	40
CLINIMIX E 4.25%/DEXTROSE 10%.....	47	COSENTYX.....	60
CLINIMIX E 4.25%/DEXTROSE 5%.....	47	COSENTYX.....	60
CLINIMIX E 5%/DEXTROSE 15%.....	47	COSENTYX SENSOREADY PEN.....	60
CLINIMIX E 5%/DEXTROSE 20%.....	47	COSENTYX SENSOREADY PEN.....	60
CLINIMIX E 8/10.....	47	COTELLIC.....	19
CLINIMIX E 8/14.....	47	CREON.....	53
<i>clobazam suspension 2.5 mg/ml</i> .....	9	CRESEMBA.....	15
<i>clobazam tab 10 mg, 20 mg</i> .....	9	CRESEMBA.....	15
<i>clofarabine iv soln 1 mg/ml</i> .....	18		

CRIXIVAN.....	32	demeclocycline hcl tab 150 mg, 300 mg.....	6
cromolyn sodium ophth soln 4%.....	65	DESCOVY.....	33
cromolyn sodium oral conc 100 mg/5ml.....	53	desipramine hcl tab 10 mg, 25 mg, 75 mg.....	12
cromolyn sodium soln nebu 20 mg/2ml.....	68	desipramine hcl tab 50 mg, 100 mg, 150 mg.....	12
CRYSVITA.....	53	desmopressin acetate inj 4 mcg/ml.....	55
CUVITRU.....	60	desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	55
cyanocobalamin inj 1000 mcg/ml.....	47	desmopressin acetate preservative free inj 4 mcg/ ml.....	55
cyclobenzaprine hcl tab 5 mg, 10 mg.....	70	desmopressin acetate tab 0.1 mg, 0.2 mg.....	55
CYCLOPHOSPHAMIDE.....	19	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	56
CYCLOPHOSPHAMIDE.....	19	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.....	56
cyclophosphamide cap 25 mg.....	19	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	56
cyclophosphamide cap 50 mg.....	19	desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg.....	12
cyclophosphamide for inj 500 mg, 1 gm, 2 gm.....	19	DEXAMETHASONE.....	55
CYCLOSET.....	36	dexamethasone elixir 0.5 mg/5ml.....	55
cyclosporine cap 25 mg, 100 mg.....	60	DEXAMETHASONE SODIUM PHOSPHATE.....	65
cyclosporine iv soln 50 mg/ml.....	60	dexamethasone sodium phosphate inj 4 mg/ml, 20 mg/5ml, 120 mg/30ml.....	55
cyclosporine modified cap 25 mg, 50 mg, 100 mg.....	60	dexamethasone tab 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg.....	55
cyclosporine modified oral soln 100 mg/ml.....	60	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	43
CYRAMZA.....	19	dexrazoxane hcl for inj 250 mg, 500 mg.....	19
CYSTADANE.....	53	dextran 70-hypromellose ophth soln 0.1-0.3%.....	65
CYSTADROPS.....	65	dextroamphetamine sulfate tab 10 mg.....	43
CYSTAGON.....	54	dextroamphetamine sulfate tab 5 mg.....	43
CYSTARAN.....	65	dextromethorphan-guaifenesin liquid 10-100 mg/5ml, 10-200 mg/5ml.....	68
CYTARABINE.....	19	dextromethorphan-guaifenesin syrup 10-100 mg/5ml.....	68
cytarabine inj pf 20 mg/ml, 100 mg/ml.....	19	dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg.....	68
<b>D</b>		dextrose 2.5% w/ sodium chloride 0.45%.....	48
DACARBAZINE.....	19	dextrose 5% in lactated ringers.....	48
dacarbazine for inj 200 mg.....	19	dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%.....	48
dactinomycin for inj 0.5 mg.....	19	dextrose inj 5%, 10%.....	48
dalfampridine tab er 12hr 10 mg.....	43	DIACOMIT.....	9
DALIRESP.....	68	DIACOMIT.....	9
DALVANCE.....	6	DIASTAT ACUDIAL.....	9
danazol cap 50 mg, 100 mg, 200 mg.....	56	DIASTAT PEDIATRIC.....	9
DANYELZA.....	19	diazepam oral soln 1 mg/ml.....	36
dapsone tab 25 mg, 100 mg.....	17	DIAZEPAM RECTAL GEL.....	9
DAPTACEL.....	60	diazepam tab 2 mg, 5 mg, 10 mg.....	36
daptomycin for iv soln 500 mg.....	6	diazoxide susp 50 mg/ml.....	36
DARZALEX.....	19	dibucaine perianal ointment 1%.....	45
DARZALEX FASPRO.....	19	diclofenac potassium tab 50 mg.....	1
daunorubicin hcl iv soln 20 mg/4ml.....	19		
DAUNORUBICIN HYDROCHLORIDE.....	19		
DAURISMO.....	19		
DAURISMO.....	19		
decitabine for inj 50 mg.....	19		
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	47		
deferasirox tab 90 mg, 180 mg, 360 mg.....	48		
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	48		
DELSTRIGO.....	33		

<i>diclofenac sodium gel 1%</i> .....	1	<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i> .....	19
<i>diclofenac sodium ophth soln 0.1%</i> .....	65	<i>docosate calcium cap 240 mg</i> .....	50
<i>diclofenac sodium tab delayed release 25 mg</i> .....	1	<i>docosate sodium cap 100 mg, 250 mg</i> .....	50
<i>diclofenac sodium tab delayed release 50 mg</i> .....	1	<i>docosate sodium enema 283 mg/5ml</i> .....	50
<i>diclofenac sodium tab delayed release 75 mg</i> .....	1	<i>docosate sodium liquid 150 mg/15ml</i> .....	50
<i>diclofenac sodium tab er 24hr 100 mg</i> .....	1	<i>docosate sodium syrup 60 mg/15ml</i> .....	51
<i>dicloxacillin sodium cap 250 mg, 500 mg</i> .....	6	<i>docosate sodium tab 100 mg</i> .....	51
<i>dicyclomine hcl tab 20 mg</i> .....	50	DOCUSOL KIDS.....	51
DIFFERIN.....	45	DOCUSOL PLUS MINI-ENEMA.....	51
DIFICID.....	6	<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i> .....	40
DIFICID.....	6	<i>donepezil hydrochloride tab 5 mg, 10 mg</i> .....	11
<i>digoxin oral soln 0.05 mg/ml</i> .....	40	<i>dorzolamide hcl ophth soln 2%</i> .....	65
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	40	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....	65
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	40	DOVATO.....	33
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> .....	16	<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i> .....	40
DILANTIN.....	9	DOXEPIN HCL.....	12
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i> .....	40	<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i> .....	71
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i> .....	40	<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i> .....	12
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> .....	40	<i>doxepin hcl conc 10 mg/ml</i> .....	12
<i>diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> .....	40	<i>doxorubicin hcl inj 2 mg/ml</i> .....	19
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> .....	40	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i> .....	19
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i> .....	40	DOXORUBICIN HYDROCHLORIDE.....	20
<i>dimenhydrinate tab 50 mg</i> .....	14	<i>doxycycline hyclate cap 50 mg, 100 mg</i> .....	6
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i> .....	43	<i>doxycycline hyclate for inj 100 mg</i> .....	6
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	43	<i>doxycycline hyclate tab 20 mg, 100 mg</i> .....	6
<i>diphenhydramine hcl cap 25 mg, 50 mg</i> .....	68	<i>doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg</i> .....	6
<i>diphenhydramine hcl chew tab 12.5 mg</i> .....	68	<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i> .....	7
<i>diphenhydramine hcl inj 50 mg/ml</i> .....	68	DRISDOL.....	48
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> .....	68	DRIZALMA SPRINKLE.....	12
<i>diphenhydramine hcl tab 25 mg</i> .....	68	DRIZALMA SPRINKLE.....	12
DIPHENHYDRAMINE HYDROCHLORIDE.....	68	<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i> .....	14
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	60	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg, 3-0.03 mg</i> .....	56
<i>disulfiram tab 250 mg, 500 mg</i> .....	3	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg, 3-0.03-0.451 mg</i> .....	56
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	9	<i>droxidopa cap 100 mg, 200 mg, 300 mg</i> .....	40
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i> .....	9	DUAVEE.....	56
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i> .....	9	<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i> .....	12
DIVIGEL.....	56	<i>duloxetine hcl enteric coated pellets cap 30 mg</i> .....	12
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i> .....	19	DUPIXENT.....	60
		DUPIXENT.....	60
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		<i>dutasteride cap 0.5 mg</i> .....	54



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efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	33	epirubicin hcl iv soln 50 mg/25ml (2 mg/ml), 200 mg/100ml (2 mg/ml).....	20
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg.....	33	EPIVIR HBV.....	33
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EXKIVITY.....	20	<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i> .....	15
ezetimibe tab 10 mg.....	41	<i>flucytosine cap 250 mg, 500 mg</i> .....	15
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famotidine tab 20 mg, 40 mg.....	51	<i>fluocinonide gel 0.05%</i> .....	45
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fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	41	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</i> .....	20
fenofibrate tab 145 mg, 160 mg.....	41	<i>fluoxetine hcl cap 10 mg</i> .....	12
fenofibrate tab 48 mg, 54 mg.....	41	<i>fluoxetine hcl cap 20 mg</i> .....	13
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FERRLECIT.....	48	FLUPHENAZINE HCL.....	30
FERROUS SULFATE.....	48	FLUPHENAZINE HCL.....	30
ferrous sulfate tab 325 mg (65 mg elemental fe).....	48	<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i> .....	30
ferrous sulfate tab ec 325 mg (65 mg fe equivalent).....	48	FLUPHENAZINE HYDROCHLORIDE.....	30
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		<i>fluvoxamine maleate tab 25 mg, 50 mg</i> .....	13
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<i>folic acid tab 1 mg</i> .....	48	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml),</i>	
FOLOTYN.....	20	<i>1 gm/26.3ml (38 mg/ml), 2 gm/52.6ml (38 mg/</i>	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml,</i>		<i>ml)</i> .....	21
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<i>mg</i> .....	14	<i>gentamicin sulfate oint 0.1%</i> .....	45
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i> .....	41	<i>gentamicin sulfate ophth soln 0.3%</i> .....	65
<i>fosphenytoin sodium inj 100 mg/2ml, 500</i>		GENTAMICIN SULFATE PEDIATRIC.....	7
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<i>furosemide inj 10 mg/ml</i> .....	41	<i>glipizide tab er 24hr 10 mg</i> .....	36
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<i>furosemide tab 20 mg, 40 mg, 80 mg</i> .....	41	<i>glipizide tab er 24hr 5 mg</i> .....	36
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<i>gabapentin cap 100 mg</i> .....	10	<i>glycopyrrolate tab 1 mg, 2 mg</i> .....	51
<i>gabapentin cap 300 mg</i> .....	10	<i>granisetron hcl inj 1 mg/ml, 4 mg/4ml (1 mg/ml)</i> .....	14
<i>gabapentin cap 400 mg</i> .....	10	<i>griseofulvin microsize susp 125 mg/5ml</i> .....	15
<i>gabapentin oral soln 250 mg/5ml</i> .....	10	<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> .....	15
<i>gabapentin tab 600 mg</i> .....	10	<i>guaifenesin liquid 100 mg/5ml</i> .....	69
<i>gabapentin tab 800 mg</i> .....	10	<i>guaifenesin syrup 100 mg/5ml</i> .....	69
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<i>24 mg</i> .....	11	HAEGARDA.....	61
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12</i>		HAEGARDA.....	61
<i>mg</i> .....	11	HALAVEN.....	21
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<i>ganciclovir sodium for inj 500 mg</i> .....	33	<i>halobetasol propionate oint 0.05%</i> .....	45
GARDASIL 9.....	61	<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/</i>	
GARDASIL 9.....	61	<i>ml</i> .....	30
GATTEX.....	51	<i>haloperidol lactate inj 5 mg/ml</i> .....	30
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GAVILYTE-C.....	51	<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20</i>	
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HUMALOG MIX 50/50.....	37	<i>ibuprofen tab 400 mg</i> .....	2
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HUMALOG MIX 75/25.....	37	<i>ibuprofen tab 800 mg</i> .....	2
HUMALOG MIX 75/25 KWIKPEN.....	37	<i>icatibant acetate inj 30 mg/3ml</i> .....	61
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HUMIRA PEN.....	61	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)</i> .....	21
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HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	61	IFOSFAMIDE.....	21
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<i>hydrochlorothiazide cap 12.5 mg</i> .....	41	IMIPENEM/CILASTATIN.....	7
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<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i> .....	2	<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> .....	13
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	2	<i>imiquimod cream 5%</i> .....	45
<i>hydrocortisone-aloe vera cream 0.5%, 1%</i> .....	45	IMLYGIC.....	21
<i>hydrocortisone cream 0.5%, 1%</i> .....	45	IMOVAX RABIES (H.D.C.V.).....	61
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<i>omeprazole cap delayed release 10 mg</i> .....	52	PADCEV.....	24
<i>omeprazole cap delayed release 20 mg, 40 mg</i> .....	52	<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i> .....	31
OMNITROPE.....	56	<i>paliperidone tab er 24hr 6 mg</i> .....	31
OMNITROPE.....	56	<i>palonosetron hcl iv soln 0.25 mg/5ml</i> .....	14
ONCASPAR.....	24	<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml</i> .....	14
ONDANSETRON HCL.....	14	PALONOSETRON HYDROCHLORIDE.....	14
		PALYNZIQ.....	54
		<i>pantoprazole sodium ec tab 20 mg</i> .....	52
		<i>pantoprazole sodium ec tab 40 mg</i> .....	52
		<i>pantoprazole sodium for iv soln 40 mg</i> .....	52

PARAPLATIN.....	24	<i>phytonadione inj 10 mg/ml</i> .....	49
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i> .....	64	<i>phytonadione tab 5 mg</i> .....	49
<i>paricalcitol iv soln 2 mcg/ml, 5 mcg/ml</i> .....	64	PIFELTRO.....	34
<i>paromomycin sulfate cap 250 mg</i> .....	8	<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i> .....	66
<i>paroxetine hcl oral susp 10 mg/5ml</i> .....	13	<i>pilocarpine hcl tab 5 mg, 7.5 mg</i> .....	44
<i>paroxetine hcl tab 10 mg, 40 mg</i> .....	13	<i>pimecrolimus cream 1%</i> .....	46
<i>paroxetine hcl tab 20 mg</i> .....	13	PIMOZIDE.....	31
<i>paroxetine hcl tab 30 mg</i> .....	13	<i>pindolol tab 5 mg, 10 mg</i> .....	42
PASER.....	17	<i>pioglitazone hcl tab 15 mg</i> .....	38
PAXIL.....	13	<i>pioglitazone hcl tab 30 mg, 45 mg</i> .....	38
PEDIA-LAX.....	52	<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> <i>(3-0.375 gm)</i> .....	8
PEDIA-LAX.....	52	<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> <i>(2-0.25 gm), 4.5 gm (4-0.5 gm)</i> .....	8
PEDIA-LAX.....	52	PIQRAY 200MG DAILY DOSE.....	24
PEDIARIX.....	62	PIQRAY 250MG DAILY DOSE.....	24
PEDVAX HIB.....	62	PIQRAY 300MG DAILY DOSE.....	24
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236</i> <i>gm</i> .....	52	<i>podofilox soln 0.5%</i> .....	46
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln</i> <i>100 gm</i> .....	52	POLIVY.....	24
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	52	<i>polyethylene glycol 3350 oral packet 17 gm</i> .....	53
PEGASYS.....	62	<i>polyethylene glycol 3350 oral powder 17 gm/</i> <i>scoop</i> .....	53
PEGASYS.....	62	<i>polyethylene glycol-propylene glycol ophth soln</i> <i>0.4-0.3%</i> .....	66
PEMAZYRE.....	24	<i>polyethylene glycol-propylene glycol pf op soln</i> <i>0.4-0.3%</i> .....	66
<i>penicillamine tab 250 mg</i> .....	55	<i>polymyxin b-trimethoprim ophth soln 10000 unit/</i> <i>ml-0.1%</i> .....	66
<i>penicillin g potassium for inj 5000000 unit, 20000000</i> <i>unit</i> .....	8	<i>polyvinyl alcohol ophth soln 1.4%</i> .....	66
PENICILLIN G POTASSIUM IN DEXTROSE.....	8	<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml</i> <i>(0.5-0.6%)</i> .....	66
PENICILLIN V POTASSIUM.....	8	POMALYST.....	24
<i>penicillin v potassium tab 250 mg, 500 mg</i> .....	8	PORTRAZZA.....	24
PENTACEL.....	62	<i>posaconazole tab delayed release 100 mg</i> .....	16
<i>pentamidine isethionate for nebulization soln 300</i> <i>mg</i> .....	28	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	49
<i>pentamidine isethionate for soln 300 mg</i> .....	28	POTASSIUM CHLORIDE/SODIUM CHLORIDE....	49
<i>pentoxifylline tab er 400 mg</i> .....	42	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5%</i> <i>inj</i> .....	49
PEPAXTO.....	24	<i>potassium chloride cap er 8 meq, 10 meq</i> .....	49
PERJETA.....	24	<i>potassium chloride inj 2 meq/ml</i> .....	49
<i>permethrin cream 5%</i> .....	46	<i>potassium chloride microencapsulated crys er tab 10</i> <i>meq, 15 meq, 20 meq</i> .....	49
<i>permethrin creme rinse 1%</i> .....	46	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i> .....	49
<i>permethrin lotion 1%</i> .....	46	<i>potassium chloride tab er 8 meq (600 mg), 10</i> <i>meq</i> .....	49
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i> .....	14	<i>potassium citrate tab er 5 meq (540 mg), 10 meq</i> <i>(1080 mg), 15 meq (1620 mg)</i> .....	49
PERSERIS.....	31	POTELIGEO.....	24
<i>phenelzine sulfate tab 15 mg</i> .....	13	<i>povidone-iodine oint 10%</i> .....	46
<i>phenobarbital elixir 20 mg/5ml</i> .....	10	<i>povidone-iodine soln 7.5%, 10%</i> .....	46
<i>phenobarbital sodium inj 65 mg/ml, 130 mg/ml</i> .....	10		
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg,</i> <i>60 mg, 64.8 mg, 97.2 mg, 100 mg</i> .....	10		
<i>phenoxybenzamine hcl cap 10 mg</i> .....	42		
<i>phenytoin chew tab 50 mg</i> .....	10		
<i>phenytoin sodium extended cap 100 mg, 200 mg,</i> <i>300 mg</i> .....	10		
<i>phenytoin susp 125 mg/5ml</i> .....	10		
PHESGO.....	24		

<i>povidone-iodine swabs 10%</i> .....	46	PROMACTA.....	39
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> .....	29	PROMACTA.....	39
<i>pramoxine hcl perianal foam 1%</i> .....	46	<i>promethazine hcl syrup 6.25 mg/5ml</i> .....	15
<i>prasugrel hcl tab 5 mg, 10 mg</i> .....	39	<i>promethazine hcl tab 25 mg</i> .....	15
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i> .....	42	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> .....	70
<i>pravastatin sodium tab 80 mg</i> .....	42	<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> .....	70
<i>praziquantel tab 600 mg</i> .....	29	<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i> .....	42
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i> .....	42	<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i> .....	42
PREDNISOLONE.....	55	<i>propranolol hcl inj 1 mg/ml</i> .....	42
PREDNISOLONE ACETATE.....	66	<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg</i> .....	42
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i> .....	55	<i>propylthiouracil tab 50 mg</i> .....	59
PREDNISONONE.....	55	PROQUAD.....	62
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i> .....	55	PROSHIELD PLUS SKIN PROTECTANT.....	46
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i> .....	55	<i>protriptyline hcl tab 10 mg</i> .....	13
<i>pregabalin cap 225 mg, 300 mg</i> .....	10	<i>protriptyline hcl tab 5 mg</i> .....	13
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i> .....	10	<i>pseudoephedrine hcl tab 30 mg</i> .....	70
<i>pregabalin soln 20 mg/ml</i> .....	10	<i>psyllium cap 0.52 gm</i> .....	53
PREGNYL W/DILUENT BENZYL ALCOHOL/ NACL.....	56	<i>psyllium powder 28.3%, 48.57%, 58.6%, 100%</i> .....	53
PREMARIN.....	57	PULMOZYME.....	70
PREMASOL.....	49	PURIXAN.....	25
PREVYMIS.....	34	<i>pyrantel pamoate susp 144 mg/ml</i> .....	46
PREZCOBIX.....	34	<i>pyrazinamide tab 500 mg</i> .....	17
PREZISTA.....	34	<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> .....	46
PREZISTA.....	34	<i>pyridostigmine bromide oral soln 60 mg/5ml</i> .....	16
PREZISTA.....	34	<i>pyridostigmine bromide tab 60 mg</i> .....	16
PREZISTA.....	34	PYRIDOXINE HCL.....	49
PREZISTA.....	34	<i>pyrimethamine tab 25 mg</i> .....	29
PREZISTA.....	34	<b>Q</b>	
PRIFTIN.....	17	QINLOCK.....	25
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> .....	29	QUADRACEL.....	62
<i>primidone tab 50 mg, 250 mg</i> .....	10	<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	31
PRIVIGEN.....	62	<i>quetiapine fumarate tab 300 mg, 400 mg</i> .....	31
<i>probenecid tab 500 mg</i> .....	16	<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	42
PROCALAMINE.....	49	QUINIDINE SULFATE.....	42
PROCHLORPERAZINE EDISYLATE.....	14	<b>R</b>	
<i>prochlorperazine edisylate inj 10 mg/2ml</i> .....	14	RABAVERT.....	63
<i>prochlorperazine maleate tab 5 mg, 10 mg</i> .....	14	<i>raloxifene hcl tab 60 mg</i> .....	57
<i>prochlorperazine suppos 25 mg</i> .....	14	<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i> .....	42
PROCTOFOAM.....	46	<i>ranitidine hcl tab 75 mg</i> .....	53
<i>progesterone cap 100 mg, 200 mg</i> .....	57	<i>ranolazine tab er 12hr 500 mg, 1000 mg</i> .....	42
PROGRAF.....	62	<i>rasagiline mesylate tab 0.5 mg, 1 mg</i> .....	29
PROGRAF.....	62	RECOMBIVAX HB.....	63
PROLASTIN-C.....	54	RECTIV.....	42
PROLASTIN-C.....	54	REFRESH.....	66
PROLENSA.....	66	REGRANEX.....	46
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RENFLEXIS.....	63	RUBRACA.....	25
REPATHA.....	42	<i>rufinamide susp 40 mg/ml.....</i>	10
REPATHA PUSHTRONEX SYSTEM.....	42	<i>rufinamide tab 200 mg, 400 mg.....</i>	10
REPATHA SURECLICK.....	42	RUKOBIA.....	34
RESTASIS.....	66	RUXIENCE.....	25
RESTASIS MULTIDOSE.....	66	RYBELSUS.....	38
RETACRIT.....	39	RYBREVANT.....	25
RETEVMO.....	25	RYDAPT.....	25
RETEVMO.....	25	RYLAZE.....	25
RETROVIR IV INFUSION.....	34	<b>S</b>	
REVCOSI.....	54	<i>saline nasal spray 0.65%.....</i>	53
REVLIMID.....	25	SANDIMMUNE.....	63
REVLIMID.....	25	SANTYL.....	46
REVLIMID.....	25	<i>sapropterin dihydrochloride powder packet 100 mg,</i>	
REXULTI.....	31	<i>500 mg.....</i>	54
REYATAZ.....	34	<i>sapropterin dihydrochloride tab 100 mg.....</i>	54
RIABNI.....	25	SARCLISA.....	25
<i>ribavirin cap 200 mg.....</i>	34	SECUADO.....	31
<i>ribavirin for inhal soln 6 gm.....</i>	70	SELEGILINE HCL.....	29
<i>ribavirin tab 200 mg.....</i>	34	<i>selegiline hcl cap 5 mg.....</i>	29
<i>rifabutin cap 150 mg.....</i>	17	<i>selenium sulfide lotion 2.5%.....</i>	46
<i>rifampin cap 150 mg, 300 mg.....</i>	17	SELZENTRY.....	34
<i>rifampin for inj 600 mg.....</i>	17	SELZENTRY.....	35
<i>riluzole tab 50 mg.....</i>	44	SELZENTRY.....	35
RISPERDAL CONSTA.....	31	SELZENTRY.....	35
RISPERIDONE ODT.....	31	SENNA LEAVES.....	53
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2</i>		<i>sennosides chew tab 15 mg.....</i>	53
<i>mg, 3 mg.....</i>	31	<i>sennosides-docusate sodium tab 8.6-50 mg.....</i>	53
<i>risperidone orally disintegrating tab 4 mg.....</i>	31	<i>sennosides syrup 8.8 mg/5ml.....</i>	53
<i>risperidone soln 1 mg/ml.....</i>	31	<i>sennosides tab 8.6 mg, 15 mg, 17.2 mg, 25 mg.....</i>	53
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3</i>		SENOKOT.....	53
<i>mg.....</i>	31	SENOKOT S.....	53
<i>risperidone tab 4 mg.....</i>	31	SEREVENT DISKUS.....	70
<i>ritonavir tab 100 mg.....</i>	34	<i>sertraline hcl oral concentrate for solution 20 mg/</i>	
RITUXAN.....	25	<i>ml.....</i>	13
RITUXAN HYCELA.....	25	<i>sertraline hcl tab 100 mg.....</i>	13
<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6</i>		<i>sertraline hcl tab 25 mg, 50 mg.....</i>	13
<i>mg.....</i>	11	<i>sevelamer carbonate packet 0.8 gm.....</i>	49
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr,</i>		<i>sevelamer carbonate packet 2.4 gm.....</i>	49
<i>13.3 mg/24hr.....</i>	12	<i>sevelamer carbonate tab 800 mg.....</i>	49
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10</i>		SHINGRIX.....	63
<i>mg.....</i>	16	SIGNIFOR.....	59
<i>rizatriptan benzoate tab 5 mg, 10 mg.....</i>	16	<i>sildenafil citrate tab 20 mg.....</i>	70
ROMIDEPSIN.....	25	<i>silver sulfadiazine cream 1%.....</i>	46
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2</i>		<i>simvastatin tab 20 mg.....</i>	42
<i>mg, 3 mg, 4 mg, 5 mg.....</i>	29	<i>simvastatin tab 5 mg, 10 mg, 40 mg.....</i>	42
<i>rosuvastatin calcium tab 40 mg.....</i>	42	<i>simvastatin tab 80 mg.....</i>	42
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg.....</i>	42	<i>sirolimus oral soln 1 mg/ml.....</i>	63
ROTARIX.....	63	<i>sirolimus tab 0.5 mg, 1 mg, 2 mg.....</i>	63
ROTATEQ.....	63	SIRTURO.....	17
ROZLYTREK.....	25	SIVEXTRO.....	8
ROZLYTREK.....	25		

SIVEXTRO.....	8	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....</i>	8
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq).....</i>	49	<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg.....</i>	8
SODIUM BICARBONATE.....	53	<i>sulfasalazine tab 500 mg.....</i>	64
<i>sodium bicarbonate tab 325 mg, 650 mg.....</i>	53	<i>sulfasalazine tab delayed release 500 mg.....</i>	64
<i>sodium chloride hypertonic ophth oint 5%.....</i>	66	<i>sulindac tab 150 mg, 200 mg.....</i>	2
<i>sodium chloride hypertonic ophth soln 5%.....</i>	66	<i>sumatriptan nasal spray 5 mg/act, 20 mg/act.....</i>	16
<i>sodium chloride irrigation soln 0.9%.....</i>	49	<i>sumatriptan succinate inj 6 mg/0.5ml.....</i>	16
<i>sodium chloride iv soln 0.45%, 0.9%.....</i>	49	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml.....</i>	16
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</i>	55	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml.....</i>	16
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful.....</i>	54	<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg.....</i>	16
<i>sodium phenylbutyrate tab 500 mg.....</i>	54	<i>sunitinib malate cap 12.5 mg.....</i>	25
<i>sodium phosphates - enema.....</i>	53	<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg.....</i>	25
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml.....</i>	50	SUPRAX.....	8
<i>sodium polystyrene sulfonate powder.....</i>	50	SUPREP BOWEL PREP KIT.....	53
SOLTAMOX.....	25	SWIM EAR.....	67
SOMATULINE DEPOT.....	59	SYMDEKO.....	70
SOMAVERT.....	59	SYMDEKO.....	70
SORBITOL.....	53	SYMLINPEN 120.....	38
SORBITOL.....	53	SYMLINPEN 60.....	38
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg.....</i>	42	SYMPAZAN.....	11
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg.....</i>	42	SYMPAZAN.....	11
<i>spironolactone tab 25 mg, 50 mg, 100 mg.....</i>	43	SYMTUZA.....	35
SPRAVATO 56MG DOSE.....	13	SYNAGIS.....	63
SPRAVATO 84MG DOSE.....	13	SYNAREL.....	59
SPRITAM.....	11	SYNERCID.....	8
SPRYCEL.....	25	SYNJARDY.....	38
SPRYCEL.....	25	SYNJARDY.....	38
STAMARIL.....	63	SYNJARDY XR.....	38
STAVUDINE.....	35	SYNJARDY XR.....	38
STELARA.....	63	SYNRIBO.....	25
STELARA.....	63	SYNTHROID.....	58
STELARA.....	63	SYSTANE PRESERVATIVE FREE.....	66
STIMATE.....	56	<b>T</b>	
STIVARGA.....	25	TABLOID.....	25
STREPTOMYCIN SULFATE.....	8	TABRECTA.....	25
STRIBILD.....	35	<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg.....</i>	63
SUBOXONE.....	4	<i>tacrolimus oint 0.03%, 0.1%.....</i>	46
SUBOXONE.....	4	<i>tadalafil tab 20 mg (pah).....</i>	70
SUBOXONE.....	4	TAFINLAR.....	26
SUBOXONE.....	4	TAGRISSO.....	26
<i>sucralfate tab 1 gm.....</i>	53	TALZENNA.....	26
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE.....	66	TALZENNA.....	26
<i>sulfacetamide sodium lotion 10%.....</i>	46	<i>tamoxifen citrate tab 10 mg, 20 mg.....</i>	26
<i>sulfacetamide sodium ophth soln 10%.....</i>	66	<i>tamsulosin hcl cap 0.4 mg.....</i>	55
SULFADIAZINE.....	8	TARGRETIN.....	26
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....</i>	8	TASIGNA.....	26

<i>tazarotene cream 0.1%</i> .....	46	<i>tioconazole vaginal oint 6.5%</i> .....	16
TAZICEF.....	8	TIVICAY.....	35
TAZORAC.....	46	TIVICAY.....	35
TAZORAC.....	46	TIVICAY PD.....	35
TAZVERIK.....	26	<i>tizanidine hcl tab 2 mg, 4 mg</i> .....	32
TDVAX.....	63	<i>tobramycin-dexamethasone ophth susp</i>	
TECENTRIQ.....	26	0.3-0.1%.....	66
TEFLARO.....	8	<i>tobramycin nebu soln 300 mg/5ml</i> .....	70
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg,</i>		<i>tobramycin ophth soln 0.3%</i> .....	66
80-25 mg.....	43	TOBRAMYCIN SULFATE.....	8
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> ....	43	<i>tobramycin sulfate for inj 1.2 gm</i> .....	9
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i> .....	43	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2</i>	
<i>temazepam cap 15 mg, 30 mg</i> .....	71	gm/30ml (40 mg/ml).....	9
TEMIXYS.....	35	<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i> .....	55
TEMODAR.....	26	<i>topiramate sprinkle cap 15 mg, 25 mg</i> .....	11
<i>temsirolimus soln for iv infusion 25 mg/ml</i> .....	26	<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i> .....	11
TENIVAC.....	63	<i>topotecan hcl for inj 4 mg</i> .....	26
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	35	<i>toremifene citrate tab 60 mg</i> .....	26
TEPMETKO.....	26	<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i> .....	43
<i>terazosin hcl cap 1 mg</i> .....	43	TRADJENTA.....	38
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i> .....	43	<i>tramadol hcl tab 50 mg</i> .....	2
<i>terbinafine hcl cream 1%</i> .....	16	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/</i>	
<i>terbinafine hcl tab 250 mg</i> .....	16	ml).....	39
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i> .....	70	<i>tranexamic acid tab 650 mg</i> .....	39
<i>terconazole vaginal cream 0.4%, 0.8%</i> .....	16	<i>tranylcypromine sulfate tab 10 mg</i> .....	13
<i>testosterone cypionate im inj in oil 100 mg/ml, 200</i>		TRAVASOL.....	50
mg/ml.....	57	<i>travoprost ophth soln 0.004%</i> .....	66
<i>testosterone td gel 12.5 mg/act (1%)</i> .....	57	TRAZIMERA.....	26
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> .....	57	<i>trazodone hcl tab 50 mg, 100 mg, 150 mg, 300</i>	
<i>testosterone td gel 20.25 mg/act (1.62%)</i> .....	58	mg.....	13
<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	57	TREANDA.....	26
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i> .....	58	TRECTOR.....	17
<i>testosterone td gel 50 mg/5gm (1%)</i> .....	57	TRELEGY ELLIPTA.....	70
<i>tetrabenazine tab 12.5 mg</i> .....	44	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50</i>	
<i>tetrabenazine tab 25 mg</i> .....	44	mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200	
<i>tetracycline hcl cap 250 mg, 500 mg</i> .....	8	mg/20ml (10 mg/ml).....	70
THALOMID.....	26	<i>tretinoin cap 10 mg</i> .....	26
THALOMID.....	26	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i> .....	46
THEOPHYLLINE ER.....	70	<i>tretinoin gel 0.01%, 0.025%</i> .....	46
<i>theophylline tab er 24hr 400 mg, 600 mg</i> .....	70	<i>triamcinolone acetonide cream 0.025%, 0.1%,</i>	
<i>thiamine hcl inj 100 mg/ml</i> .....	50	0.5%.....	47
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100</i>		<i>triamcinolone acetonide lotion 0.1%</i> .....	47
mg.....	31	<i>triamcinolone acetonide oint 0.025%, 0.1%</i> .....	47
<i>thiotepa for inj 15 mg, 100 mg</i> .....	26	<i>triamcinolone acetonide oint 0.5%</i> .....	47
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i> .....	31	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25</i>	
THYMOGLOBULIN.....	63	mg.....	43
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i> .....	11	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg,</i>	
TIBSOVO.....	26	75-50 mg.....	43
<i>tigecycline for iv soln 50 mg</i> .....	8	<i>trientine hcl cap 250 mg</i> .....	50
<i>timolol maleate ophth gel forming soln 0.25%,</i>		TRIFERIC.....	50
0.5%.....	66	<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i> ....	31
<i>timolol maleate ophth soln 0.25%, 0.5%</i> .....	66	TRIFLURIDINE.....	66

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<i>trimethoprim tab 100 mg</i> .....	9	VELCADE.....	27
<i>trimipramine maleate cap 25 mg, 100 mg</i> .....	13	VENCLEXTA.....	27
<i>trimipramine maleate cap 50 mg</i> .....	13	VENCLEXTA.....	27
TRINTELLIX.....	13	VENCLEXTA.....	27
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TRODELVY.....	26	<i>venlafaxine hcl cap er 24hr 150 mg</i> .....	14
TROGARZO.....	35	<i>venlafaxine hcl cap er 24hr 37.5 mg</i> .....	14
TROPHAMINE.....	50	<i>venlafaxine hcl cap er 24hr 75 mg</i> .....	14
TRULICITY.....	38	<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg,</i> <i>100 mg</i> .....	14
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TRUSELTIQ.....	26	VENTOLIN HFA.....	70
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TUKYSA.....	26	<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i> .....	43
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<i>ursodiol tab 250 mg, 500 mg</i> .....	53	VINCRISTINE SULFATE.....	27
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<i>valacyclovir hcl tab 500 mg, 1 gm</i> .....	35	VIRACEPT.....	35
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<i>valproate sodium inj 100 mg/ml</i> .....	11	<i>vitamins a &amp; d oint</i> .....	47
<i>valproate sodium oral soln 250 mg/5ml</i> .....	11	VITRAKVI.....	27
<i>valproic acid cap 250 mg</i> .....	11	VITRAKVI.....	27
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VANCOMYCIN HCL.....	9	<i>voriconazole for inj 200 mg</i> .....	16
<i>vancomycin hcl cap 125 mg</i> .....	9	<i>voriconazole for susp 40 mg/ml</i> .....	16
<i>vancomycin hcl cap 250 mg</i> .....	9	<i>voriconazole tab 50 mg, 200 mg</i> .....	16
<i>vancomycin hcl for iv soln 1.5 gm</i> .....	9	VOSEVI.....	35
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<i>white petrolatum-mineral oil ophth ointment</i> .....	66	<i>zidovudine syrup 10 mg/ml</i> .....	35
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Note to existing enrollees: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

For more recent information or other questions, contact us at **1-877-723-7702 (TTY 711)**. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. - 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Or visit **<http://www.bcbsil.com/mmai>**.

For questions about enrolling call: Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free. Website: **[enrollhfs.illinois.gov](http://enrollhfs.illinois.gov)**

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