



**Blue**Medicare Rx Enhanced<sup>SM</sup> (PDP)  
Enhanced Plan (Employer Group)



# 2024 Comprehensive Formulary

## (List of Covered Drugs)

- Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.
- This information may be available in a different format. Please contact Customer Service at the numbers listed below if you need plan information in another format or language.
- The formulary and pharmacy network may change at any time. You will receive notice when necessary.
- An updated formulary is located on our website at **Medicare.BlueCrossNC.com**. You may also call Customer Service for an updated formulary.
- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

This formulary was updated on  
11/01/2024

For more recent information or other questions, please contact Customer Service:

**Blue Medicare Rx<sup>SM</sup> PDP**

**Phone: 1-888-247-4142** (TTY users should call 711) **Hours: 7 days a week, 8 a.m. – 8 p.m.**

Or visit **Medicare.BlueCrossNC.com**

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BlueCross BlueShield  
of North Carolina

**MEDICARE**

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Blue Medicare Rx Enhanced Employer Group Complete. When it refers to “plan” or “our plan,” it means Blue Medicare Rx Enhanced Employer Group Complete.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

### **What is the Blue Medicare Rx Enhanced Employer Group Complete Formulary?**

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Medicare Rx Enhanced Employer Group Complete network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Blue Medicare Rx Enhanced Employer Group Complete Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at

least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Medicare Rx Enhanced Employer Group Complete Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/01/2024. To get updated information about the drugs covered by Blue Medicare Rx Enhanced Employer Group Complete, please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted on a monthly basis with applicable changes, including negative changes and posted on our website at [www.bluecrossnc.com/medicare-members](http://www.bluecrossnc.com/medicare-members).

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 158. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 Tablets/30 Days per prescription for Losartan 25mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue Medicare Rx Enhanced Employer Group Complete Formulary?" on page iii for information about how to request an exception.

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Blue Medicare Rx Enhanced Employer Group Complete Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

You may have changes that take you from one treatment setting to another. During this level of care change, drugs may be prescribed that are not covered by your plan. If this happens, you and your doctor must use your plan's exception and appeals processes. However, when you are admitted to, or discharged from, a long-term care setting, you may not have access to the drugs you were previously given. You may get a refill upon admission or discharge to prevent a gap in care.

### **For more information**

For more detailed information about your Blue Medicare Rx Enhanced Employer Group Complete prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Medicare Rx Enhanced Employer Group Complete, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

### Blue Medicare Rx Enhanced Employer Group Complete Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 158.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. All drugs included in this formulary are available via mail-order benefit. Contact your plan for details.

The Drug Table includes a column titled, “Drug Tier.” This column indicates what tier each drug is listed under. The following copayments are associated with the corresponding tiers if you receive the drugs at an in-network pharmacy. These copayments apply during the initial coverage phase. Refer to your Evidence of Coverage for details about your benefits during the coverage gap and catastrophic coverage.

Drug Tier	Preferred Retail Pharmacy for a 30 days' supply	Standard Retail Pharmacy for a 30 days' supply	Preferred Mail Order Pharmacy for a 90 days' supply	Long Term Care Pharmacy for a 31 days' supply
Tier 1 – Preferred Generic	\$0 copayment	\$14 copayment	\$8 copayment	\$14 copayment
Tier 2 –Generic	\$10 copayment	\$20 copayment	\$20 copayment	\$20 copayment
Tier 3 - Preferred Brand	\$15 copayment	\$25 copayment	\$30 copayment	\$25 copayment
Tier 4 – Non-Preferred Drug	\$30 copayment	\$40 copayment	\$60 copayment	\$40 copayment
<sup>a</sup> Tier 5 – Specialty	33% coinsurance	33% coinsurance	N/A	33% coinsurance

<sup>a</sup> Tier 5 Specialty drugs are limited to a 30 days' supply per fill.

You can find information on what the symbols and abbreviations on the drug list mean in the table below.

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
† = Split-Fill (partial day supply); use for high-cost medications if new or change in therapy due to potential side effects.
* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at 1-800-665-8037, 7 days a week 8am to 8pm. TTY users should call 711.
# = 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.
< = This Medicare drug plan offers Paxlovid for \$0 through a patient assistance program.

<b>2024 Dosage Form Abbreviations Key</b>	
act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/afll	atrial fibrillation/atrial flutter
app	applicator
ba, breath act, breath activ	breath activated
bau	bioequivalent allergy unit
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
cpcr	controlled release capsule
conc	concentrate
conj	conjugate, conjugated
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
emul	emulsion
er, extended, extended rel, xr	extended release
ext	extract
glob, ig	immunoglobulin
gm	gram
gu	genitourinary

hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lipo	lipophilic
lf, lfu	flocculation units
liq, liqd	liquid
maint	maintenance
mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
nebu	nebules
oc	oral contraceptive
oin, oint	ointment
omv	outer membrane vesicles
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak, pk	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
tbc	controlled release tablet
tbdp	dispersible tablet
tbec	enteric coated tablet



tbpk	tablet pack
td	transdermal
ther	therapy
titr	titration
tl	translingual
unt, ut	unit
va	vaginal
vac, vacc	vaccine

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	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)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE - <i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	4	QL (300 capsules/30 days)
ALLZITAL - <i>butalbital-acetaminophen tab 25-325 mg#</i>	2	QL (360 tablets/30 days)
APADAZ - <i>benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	4	QL (360 tablets/30 days)
ARTHROTEC 50 - <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	QL (120 tablets/30 days)
ARTHROTEC 75 - <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	QL (90 tablets/30 days)
<i>ascomp/codeine - butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#</i>	2	PA (>=65 yr), QL (180 capsules/30 days)
<i>bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	2	QL (180 tablets/30 days)
BELBUCA - <i>buprenorphine hcl buccal film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg</i>	4	PA, QL (60 films/30 days)
<i>bupap - butalbital-acetaminophen tab 50-300 mg#</i>	2	QL (180 tablets/30 days)
<i>buprenorphine hcl inj 0.3 mg/ml</i>	2	
<i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	2	PA, QL (4 patches/28 days)
<i>butalbital-acetaminophen cap 50-300 mg#</i>	2	QL (180 capsules/30 days)
<i>butalbital-acetaminophen tab 50-300 mg, 50-325 mg#</i>	2	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg, 50-325-40-30 mg#</i>	2	PA (>=65 yr), QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	2	QL (180 tablets/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#</i>	2	PA (>=65 yr), QL (180 capsules/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - <i>butorphanol tartrate inj 1 mg/ml</i>	3	
<i>butorphanol tartrate inj 2 mg/ml</i>	2	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	2	QL (48 mls/30 days)
BUTRANS - <i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	4	PA, QL (4 patches/28 days)
CAMBIA - <i>diclofenac potassium (migraine) packet 50 mg</i>	4	QL (9 packets/30 days)
<i>cataflam - diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
CELEBREX - <i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	4	QL (60 capsules/30 days)
CELEBREX - <i>celecoxib cap 400 mg</i>	4	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	4	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	2	QL (180 tablets/30 days)
CONZIP - tramadol hcl cap er 24hr biphasic release 100 mg, 200 mg, 300 mg	4	PA, QL (30 capsules/30 days)
DAYPRO - oxaprozin tab 600 mg	4	QL (90 tablets/30 days)
DEMEROL - meperidine hcl inj 25 mg/ml, 50 mg/ml, 75 mg/ml, 100 mg/ml#	4	BD
DICLOFENAC EPOLAMINE - diclofenac epolamine patch 1.3%	4	PA
<i>diclofenac potassium (migraine) packet 50 mg</i>	2	QL (9 packets/30 days)
<i>diclofenac potassium cap 25 mg</i>	2	QL (120 capsules/30 days)
<i>diclofenac potassium tab 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	2	
<i>diclofenac sodium soln 1.5%</i>	2	PA
<i>diclofenac sodium soln 2%</i>	5	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	QL (90 tablets/30 days)
<i>diflunisal tab 500 mg</i>	2	QL (90 tablets/30 days)
DILAUDID - hydromorphone hcl inj 0.2 mg/ml, 1 mg/ml, 2 mg/ml	4	BD
DILAUDID - hydromorphone hcl liqd 1 mg/ml	4	QL (1440 mls/30 days)
DILAUDID - hydromorphone hcl tab 2 mg, 4 mg, 8 mg	4	QL (180 tablets/30 days)
DUEXIS - ibuprofen-famotidine tab 800-26.6 mg	5	QL (90 tablets/30 days)
<i>duramorph - morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml</i>	2	BD
<i>ec-naproxen - naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>ec-naproxen - naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
ELYXYB - celecoxib oral soln 120 mg/4.8ml (25 mg/ml)	4	QL (9 bottles/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg</i>	2	QL (360 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tablets/30 days)
<i>endocet - oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tablets/30 days)
ESGIC - butalbital-acetaminophen-caffeine tab 50-325-40 mg#	4	QL (180 tablets/30 days)
<i>esgic - butalbital-acetaminophen-caffeine cap 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>etodolac tab er 24hr 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	2	QL (60 tablets/30 days)
<i>fenoprofen calcium cap 400 mg</i>	2	QL (240 capsules/30 days)
<i>fenoprofen calcium tab 600 mg</i>	2	QL (150 tablets/30 days)
FENTANYL CITRATE - fentanyl citrate buccal tab 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA, QL (120 buccal tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr, 100 mcg/hr</i>	2	PA, QL (15 patches/30 days)
FENTORA - fentanyl citrate buccal tab 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA, QL (120 buccal tablets/30 days)
FIORICET - butalbital-acetaminophen-caffeine cap 50-300-40 mg#	4	QL (180 capsules/30 days)
FIORICET/CODEINE - butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg#	4	PA (>=65 yr), QL (180 capsules/30 days)
FLECTOR - diclofenac epolamine patch 1.3%	4	PA
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	2	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	PA, QL (30 tablets/30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg, 120 mg</i>	5	PA, QL (30 tablets/30 days)
HYDROCODONE BITARTRATE/ACETAMINOPHEN - hydrocodone-acetaminophen soln 10-325 mg/15ml	4	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-300 mg, 7.5-325 mg, 10-300 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg, 5-325 mg</i>	2	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
HYDROMORPHONE HCL - hydromorphone hcl inj 4 mg/ml	4	BD
<i>hydromorphone hcl inj 1 mg/ml, 2 mg/ml</i>	2	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (1440 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl preservative free inj 1 mg/ml</i>	2	BD
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	2	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	2	BD
<i>hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg</i>	2	PA, QL (30 tablets/30 days)
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	2	QL (180 tablets/30 days)
HYDROMORPHONE HYDROCHLORIDE - hydromorphone hcl preservative free inj 4 mg/ml	4	BD
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg	4	PA, QL (30 tablets/30 days)
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 80 mg, 100 mg, 120 mg	5	PA, QL (30 tablets/30 days)
<i>ibu - ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibu - ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibu - ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	2	
<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>ibuprofen-famotidine tab 800-26.6 mg</i>	2	QL (90 tablets/30 days)
INDOCIN - indomethacin susp 25 mg/5ml#	5	QL (1200 mls/30 days)
<i>indocin - indomethacin suppos 50 mg</i>	5	QL (120 suppositories/30 days)
<i>indomethacin cap er 75 mg#</i>	2	QL (60 capsules/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
<i>indomethacin suppos 50 mg</i>	5	QL (120 suppositories/30 days)
<i>indomethacin susp 25 mg/5ml#</i>	5	QL (1200 mls/30 days)
KETOPROFEN - ketoprofen cap 25 mg	5	QL (360 capsules/30 days)
KETOPROFEN - ketoprofen cap 50 mg	4	QL (180 capsules/30 days)
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	4	QL (30 capsules/30 days)
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)#</i>	2	
<i>ketorolac tromethamine inj 15 mg/ml, 30 mg/ml#</i>	2	
<i>ketorolac tromethamine tab 10 mg#</i>	2	
KIPROFEN - ketoprofen cap 25 mg	5	QL (360 capsules/30 days)
<i>levorphanol tartrate tab 2 mg, 3 mg</i>	5	QL (120 tablets/30 days)
LICART - diclofenac epolamine patch 24hr 1.3%	4	PA
LODINE - etodolac tab 400 mg	4	QL (60 tablets/30 days)
<i>lofena - diclofenac potassium tab 25 mg</i>	2	QL (240 tablets/30 days)
MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg	4	QL (240 capsules/30 days)
MECLOFENAMATE SODIUM - meclufenamate sodium cap 100 mg	4	QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid cap 250 mg</i>	2	QL (150 capsules/30 days)
<i>meloxicam cap 5 mg</i>	2	QL (60 capsules/30 days)
<i>meloxicam cap 10 mg</i>	2	QL (30 capsules/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>meperidine hcl inj 25 mg/ml, 50 mg/ml, 100 mg/ml#</i>	2	BD
<i>methadone hcl inj 10 mg/ml</i>	2	
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (450 mls/30 days)
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (900 mls/30 days)
<i>methadone hcl tab 5 mg</i>	2	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	2	QL (360 tablets/30 days)
<i>morphine sulfate cap er 24hr 10 mg</i>	2	PA, QL (60 capsules/30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	2	PA, QL (60 capsules/30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	2	PA, QL (60 capsules/30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	2	PA, QL (60 capsules/30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	2	PA, QL (60 capsules/30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	2	PA, QL (60 capsules/30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	2	PA, QL (60 capsules/30 days)
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	4	PA, QL (30 capsules/30 days)
<i>morphine sulfate inj pf 10 mg/ml</i>	2	BD
<i>morphine sulfate inj pf 2 mg/ml</i>	2	BD
<i>morphine sulfate inj pf 4 mg/ml</i>	2	BD
<i>morphine sulfate inj pf 5 mg/ml</i>	2	BD
<i>morphine sulfate inj pf 8 mg/ml</i>	2	BD
<i>morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml</i>	2	BD
<i>morphine sulfate iv soln pf 10 mg/ml</i>	2	BD
<i>morphine sulfate iv soln pf 2 mg/ml</i>	2	BD
<i>morphine sulfate iv soln pf 4 mg/ml</i>	2	BD
<i>morphine sulfate iv soln pf 8 mg/ml</i>	2	BD
<i>morphine sulfate iv soln 10 mg/ml</i>	2	BD
<i>morphine sulfate iv soln 8 mg/ml</i>	2	BD
<i>morphine sulfate iv soln 4 mg/ml</i>	2	BD
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 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)

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

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN - morphine sulfate tab er 15 mg, 30 mg	4	PA, QL (90 tablets/30 days)
MS CONTIN - morphine sulfate tab er 60 mg, 100 mg, 200 mg	5	PA, QL (90 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>nalbuphine hcl inj 10 mg/ml, 20 mg/ml</i>	2	
NALFON - fenoprofen calcium cap 400 mg	4	QL (240 capsules/30 days)
NALFON - fenoprofen calcium tab 600 mg	4	QL (150 tablets/30 days)
NALOCET - oxycodone w/ acetaminophen tab 2.5-300 mg	2	QL (360 tablets/30 days)
NAPRELAN - naproxen sodium tab er 24hr 375 mg	4	QL (120 tablets/30 days)
NAPRELAN - naproxen sodium tab er 24hr 500 mg	5	QL (90 tablets/30 days)
NAPRELAN - naproxen sodium tab er 24hr 750 mg	4	QL (60 tablets/30 days)
NAPROSYN - naproxen susp 125 mg/5ml	5	QL (1800 mls/30 days)
<i>naproxen sodium tab er 24hr 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen sodium tab er 24hr 500 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen sodium tab er 24hr 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	2	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>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	2	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>naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg</i>	5	QL (60 tablets/30 days)
NUCYNTA - tapentadol hcl tab 50 mg, 75 mg	4	QL (180 tablets/30 days)
NUCYNTA - tapentadol hcl tab 100 mg	5	QL (180 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	4	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg, 150 mg, 200 mg, 250 mg	5	PA, QL (60 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	2	QL (90 tablets/30 days)
OXYCODONE AND ACETAMINOPHEN - oxycodone w/ acetaminophen tab 7.5-300 mg	5	QL (240 tablets/30 days)
<i>oxycodone hcl cap 5 mg</i>	2	QL (360 capsules/30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL (270 mls/30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL (5400 mls/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)
OXYCODONE HYDROCHLORIDE ER - oxycodone hcl tab er 12hr deter 10 mg, 20 mg	4	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN - oxycodone w/ acetaminophen soln 5-325 mg/5ml	4	QL (1800 mls/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-300 mg</i>	2	QL (360 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)
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 5-300 mg	5	QL (360 tablets/30 days)
OXYCODONE/ACETAMINOPHEN - oxycodone w/ acetaminophen tab 10-300 mg	5	QL (180 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	3	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg, 80 mg	3	PA, QL (120 tablets/30 days)
<i>oxymorphone hcl tab 5 mg, 10 mg</i>	2	QL (180 tablets/30 days)
OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg	4	PA, QL (60 tablets/30 days)
OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 40 mg	5	PA, QL (60 tablets/30 days)
PENNSAID - diclofenac sodium soln 2%	5	PA
PERCOCET - oxycodone w/ acetaminophen tab 2.5-325 mg	4	QL (360 tablets/30 days)
PERCOCET - oxycodone w/ acetaminophen tab 5-325 mg	5	QL (360 tablets/30 days)
PERCOCET - oxycodone w/ acetaminophen tab 7.5-325 mg	5	QL (240 tablets/30 days)
PERCOCET - oxycodone w/ acetaminophen tab 10-325 mg	5	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	2	QL (30 capsules/30 days)
PROLATE - oxycodone w/ acetaminophen soln 10-300 mg/5ml	5	QL (900 mls/30 days)
PROLATE - oxycodone w/ acetaminophen tab 5-300 mg	5	QL (360 tablets/30 days)
PROLATE - oxycodone w/ acetaminophen tab 7.5-300 mg	5	QL (240 tablets/30 days)
PROLATE - oxycodone w/ acetaminophen tab 10-300 mg	5	QL (180 tablets/30 days)
QDOLO - tramadol hcl oral soln 5 mg/ml	4	QL (2400 mls/30 days)
<i>relafen - nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>relafen - nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
RELAFEN DS - nabumetone tab 1000 mg	5	QL (60 tablets/30 days)
ROXICODONE - oxycodone hcl tab 15 mg	4	QL (180 tablets/30 days)
ROXICODONE - oxycodone hcl tab 30 mg	5	QL (180 tablets/30 days)
ROXYBOND - oxycodone hcl tab abuse deter 5 mg	5	QL (360 tablets/30 days)
ROXYBOND - oxycodone hcl tab abuse deter 15 mg, 30 mg	5	QL (180 tablets/30 days)
SEGLENTIS - celecoxib-tramadol hcl tab 56-44 mg	4	QL (120 tablets/30 days)
SPRIX - ketorolac tromethamine nasal spray 15.75 mg/spray	5	
<i>sulindac tab 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
TOLECTIN 600 - tolmetin sodium tab 600 mg	4	QL (90 tablets/30 days)
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	4	QL (120 capsules/30 days)
TRAMADOL HCL ER - tramadol hcl cap er 24hr biphasic release 100 mg, 200 mg, 300 mg	4	PA, QL (30 capsules/30 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	2	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	2	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	2	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	2	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tablets/30 days)
<i>tramadol hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
TRAMADOL HYDROCHLORIDE - tramadol hcl oral soln 5 mg/ml	4	QL (2400 mls/30 days)
TRAMADOL HYDROCHLORIDE - tramadol hcl tab 25 mg	4	QL (180 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tablets/30 days)
TREZIX - acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	4	QL (300 capsules/30 days)
VIMOVO - naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg	5	QL (60 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	4	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	4	PA, QL (240 capsules/30 days)
<i>zebutal - butalbital-acetaminophen-caffeine cap 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
ZIPSOR - diclofenac potassium cap 25 mg	5	QL (120 capsules/30 days)
<b>Anesthetics</b>		
<i>glydo - lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	2	
<i>lidocaine hcl local inj 0.5%, 1%, 2%</i>	1	
<i>lidocaine hcl local preservative free inj 0.5%, 1%, 1.5%, 2%</i>	1	
<i>lidocaine hcl local preservative free inj 4%</i>	2	
<i>lidocaine hcl soln 4%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine oint 5%</i>	2	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	PA, QL (60 grams/30 days)
<i>lidocan - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>lidocan iii - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
LIDODERM - lidocaine patch 5%	5	PA, QL (90 patches/30 days)
PLIAGLIS - lidocaine-tetracaine cream 7-7%	4	PA, QL (60 grams/30 days)
<i>tridacaine ii - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tridacaine iii - lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
XYLOCAINE - lidocaine hcl local inj 0.5%, 1%, 2%	4	
XYLOCAINE-MPF - lidocaine hcl local preservative free inj 0.5%, 1%, 1.5%, 2%	4	
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/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, 8 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
<i>disulfiram tab 250 mg, 500 mg</i>	2	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>lofexidine hcl tab 0.18 mg</i>	2	QL (228 tablets/30 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg	5	QL (228 tablets/30 days)
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
NALOXONE HYDROCHLORIDE - naloxone hcl soln prefilled syringe 0.4 mg/ml	4	
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml, 300 mg/1.5ml	5	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	4	QL (120 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg	4	QL (60 films/30 days)
<i>varenicline tartrate tab 0.5 mg, 1 mg</i>	2	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	2	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	4	
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg, 2.9-0.71 mg, 5.7-1.4 mg, 11.4-2.9 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg	4	QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg	4	QL (60 tablets/30 days)
<b>Antibacterials</b>		
AEMCOLO - rifamycin sodium tab delayed release 194 mg	4	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 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 chew tab 400-57 mg</i>	2	
<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>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 500 mg</i>	2	
AMPICILLIN SODIUM - ampicillin sodium for inj 125 mg	4	
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml	5	PA, QL (28 vials/28 days)
AUGMENTIN - amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	4	
AUGMENTIN - amoxicillin & k clavulanate tab 500-125 mg	4	
AUGMENTIN ES-600 - amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	4	
<i>avidoxy - doxycycline monohydrate tab 100 mg</i>	2	
AVYCAZ - ceftazidime-avibactam sodium for iv soln 2.5 gm (2-0.5 gm)	5	
AZACTAM - aztreonam for inj 1 gm, 2 gm	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam for inj 1 gm, 2 gm</i>	2	
BACTRIM - sulfamethoxazole-trimethoprim tab 400-80 mg	4	
BACTRIM DS - sulfamethoxazole-trimethoprim tab 800-160 mg	4	
BAXDELA - delafloxacin meglumine for iv soln 300 mg	5	
BAXDELA - delafloxacin meglumine tab 450 mg	5	
BICILLIN C-R - penicillin g benzathine & procaine inj susp 1200000 unit/2ml	4	
BICILLIN C-R - penicillin g benzathine & procaine inj 900000-300000 unt/2ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
CEFACLOR - cefaclor for susp 250 mg/5ml	4	
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER - cefaclor monohydrate tab er 12hr 500 mg	4	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN - cefazolin sodium for inj 3 gm	4	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	2	
CEFAZOLIN - cefazolin sodium for iv soln 3 gm	4	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	2	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	2	
<i>cefazolin sodium for inj 2 gm</i>	2	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	2	
<i>cefazolin sodium for iv soln 2 gm and dextrose 3% (50 ml)</i>	2	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	2	
CEFAZOLIN/DEXTROSE - cefazolin sodium-dextrose iv solution 3 gm/150ml-4%	4	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	2	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	2	
<i>cefepime hcl for iv soln 2 gm</i>	2	
<i>cefepime hcl iv soln 1 gm/50ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime hcl iv soln 2 gm/100ml</i>	2	
CEFEPIME HYDROCHLORIDE - cefepime hcl (bulk) for iv soln 100 gm	4	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml, 200 mg/5ml</i>	2	
<i>cefotetan disodium for inj 1 gm</i>	2	
<i>cefotetan disodium for inj 2 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	2	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	2	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg, 500 mg</i>	2	
<i>ceftazidime for inj 1 gm, 6 gm</i>	2	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	2	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	2	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	1	
<i>ceftriaxone sodium for inj 500 mg, 1 gm, 2 gm, 10 gm</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	2	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	2	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	2	
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	2	
<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>	2	
<i>cephalexin tab 250 mg</i>	2	
<i>cephalexin tab 500 mg</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	3	
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	4	
CIPRO - ciprofloxacin hcl tab 250 mg, 500 mg	4	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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	4	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
<i>clarithromycin tab 250 mg, 500 mg</i>	2	
CLEOCIN - clindamycin hcl cap 75 mg, 150 mg, 300 mg	4	
CLEOCIN - clindamycin phosphate vaginal cream 2%	4	
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	4	
CLEOCIN PEDIATRIC GRANULES - clindamycin palmitate hcl for soln 75 mg/5ml	4	
CLEOCIN PHOSPHATE - clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml	4	
CLEOCIN-T - clindamycin phosphate lotion 1%	4	
<i>clindacin - clindamycin phosphate foam 1%</i>	2	
<i>clindacin etz pledgets - clindamycin phosphate swab 1%</i>	2	
<i>clindacin-p - clindamycin phosphate swab 1%</i>	2	
CLINDAGEL - clindamycin phosphate gel 1%	4	
<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 foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml, 9 gm/60ml</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
CLINDESSE - clindamycin phosphate (one dose) vaginal cream 2%	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
COLY-MYCIN M - colistimethate sod for inj 150 mg (colistin base activity)	5	
CUBICIN - daptomycin for iv soln 500 mg	5	
CUBICIN RF - daptomycin for iv soln 500 mg	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin for iv soln 350 mg</i>	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>	2	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
DORYX MPC - doxycycline hyclate tab delayed release 60 mg	4	
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	2	
DOXYCYCLINE HYCLATE DR - doxycycline hyclate tab delayed release 80 mg	4	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab delayed release 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>doxycycline hyclate tab 20 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg, 75 mg, 100 mg, 150 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg, 150 mg</i>	2	
<i>doxy 100 - doxycycline hyclate for inj 100 mg</i>	2	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	4	
<i>ertapenem sodium for inj 1 gm</i>	2	
ERY - erythromycin pads 2%	4	
<i>ery-tab - erythromycin tab delayed release 250 mg, 333 mg, 500 mg</i>	2	
ERYGEL - erythromycin gel 2%	4	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	2	
ERYTHROMYCIN ETHYLSUCCINATE - erythromycin ethylsuccinate tab 400 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin lactobionate for inj 500 mg</i>	2	
<i>erythromycin soln 2%</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	

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Drug Name	Drug Tier	Requirements/Limits
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit, 2400000 unit	4	
FETROJA - cefiderocol sulfate tosylate for iv soln 1 gm	5	
FIRVANQ - vancomycin hcl for oral soln 25 mg/ml	4	QL (600 mls/30 days)
FIRVANQ - vancomycin hcl for oral soln 50 mg/ml	4	QL (1200 mls/30 days)
FLAGYL - metronidazole cap 375 mg	4	
<i>fosfomycin tromethamine powd pack 3 gm</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml, 40 mg/ml</i>	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml, 2 mg/ml	4	
HIPREX - methenamine hippurate tab 1 gm	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
INVANZ - ertapenem sodium for inj 1 gm	4	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
KIMYRSA - oritavancin diphosphate for iv soln 1200 mg	5	
LENTOCILIN - penicillin g benzathine for intramuscular susp 1200000 unit	4	
<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	
LINCOCIN - lincomycin hcl inj 300 mg/ml	4	
<i>lincomycin hcl inj 300 mg/ml</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	2	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	2	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	2	PA
MACROBID - nitrofurantoin monohydrate macrocrystalline cap 100 mg#	4	
MACRODANTIN - nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg#	4	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>	2	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>	2	
<i>meropenem iv for soln 500 mg, 1 gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	2	
<i>minocycline hcl tab er 24hr 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg, 135 mg</i>	2	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	2	
<i>mondoxyne nl - doxycycline monohydrate cap 100 mg</i>	2	
<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	2	
<i>moxifloxacin hcl tab 400 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>naftillin sodium for inj 1 gm, 2 gm</i>	2	
<i>naftillin sodium for iv soln 10 gm</i>	2	
<i>naftillin sodium in dextrose inj 2 gm/100ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	3	
NITROFURANTOIN - nitrofurantoin susp 50 mg/5ml#	5	
<i>nitrofurantoin macrocrystalline cap 25 mg, 50 mg, 100 mg#</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	2	
<i>nitrofurantoin susp 25 mg/5ml#</i>	5	
NUVESSA - metronidazole vaginal gel 1.3%	4	
NUZYRA - omadacycline tosylate iv for soln 100 mg	5	
NUZYRA - omadacycline tosylate tab 150 mg	5	
OFLOXACIN - ofloxacin tab 300 mg	4	
<i>ofloxacin tab 400 mg</i>	2	
ORBACTIV - oritavancin diphosphate for iv soln 400 mg	5	
OXACILLIN SODIUM - oxacillin sodium in dextrose inj 1 gm/50ml, 2 gm/50ml	4	
<i>oxacillin sodium for inj 1 gm, 2 gm</i>	2	
<i>oxacillin sodium for iv soln 10 gm</i>	2	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	2	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg</i>	1	
PFIZERPEN - penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
<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), 13.5 gm (12-1.5 gm), 40.5 gm (36-4.5 gm)</i>	2	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
PRIMAXIN IV - imipenem-cilastatin intravenous for soln 500 mg	4	
RECARBRIO - imipen-cilastat-relebact for iv soln 1.25 gm (500-500-250mg)	4	
SEYSARA - sarecycline hcl tab 60 mg, 100 mg	5	
SEYSARA - sarecycline hcl tab 150 mg	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
SOLOSEC - secnidazole granules packet 2 gm	4	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	3	
<i>sulfadiazine tab 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	
<i>targadox - doxycycline hyclate tab 50 mg</i>	2	
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	2	
<i>tazicef - ceftazidime for inj 1 gm</i>	2	
<i>tazicef - ceftazidime for iv soln 2 gm</i>	2	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	4	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	2	
TETRACYCLINE HYDROCHLORIDE - tetracycline hcl tab 250 mg, 500 mg	5	
<i>tigecycline for iv soln 50 mg</i>	2	
<i>tinidazole tab 250 mg, 500 mg</i>	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	3	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</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>	2	
TYGACIL - tigecycline for iv soln 50 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
UNASYN - ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm, 3 (2-1) gm	4	
UNASYN BULK PACK - ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
VABOMERE - meropenem-vaborbactam for iv soln 2 gm (1-1 gm)	4	
VANCOGIN - vancomycin hcl cap 125 mg	4	QL (120 capsules/30 days)
VANCOGIN - vancomycin hcl cap 250 mg	4	QL (240 capsules/30 days)
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<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 100 gm</i>	2	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.25 gm, 1.5 gm, 5 gm, 10 gm</i>	2	
<i>vancomycin hcl for oral soln 25 mg/ml</i>	2	QL (600 mls/30 days)
<i>vancomycin hcl for oral soln 50 mg/ml</i>	2	QL (1200 mls/30 days)
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%, 1.25 gm/250ml-5%, 1.5 gm/300ml-5%	4	
VANDAOLE - metronidazole vaginal gel 0.75%	3	
VIBRAMYCIN - doxycycline hyclate cap 100 mg	4	
XACIATO - clindamycin phosphate vaginal gel 2%	4	
XERAVA - eravacycline dihydrochloride iv for soln 50 mg, 100 mg	4	
XIFAXAN - rifaximin tab 200 mg	4	PA, QL (9 tablets/30 days)
ZEMDRI - plazomicin sulfate iv soln 500 mg/10ml (50 mg/ml)	5	
ZERBAXA - ceftolozane-tazobactam for inj 1.5 gm (1-0.5 gm)	5	
ZITHROMAX - azithromycin for susp 100 mg/5ml, 200 mg/5ml	4	
ZITHROMAX - azithromycin iv for soln 500 mg	4	
ZITHROMAX - azithromycin powd pack for susp 1 gm	4	
ZITHROMAX - azithromycin tab 250 mg, 500 mg	4	
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	4	
ZITHROMAX Z-PAK - azithromycin tab 250 mg	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml, 4-0.5gm/100ml	4	

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
ZYVOX - linezolid for susp 100 mg/5ml	5	PA
ZYVOX - linezolid iv soln 200 mg/100ml (2 mg/ml)	5	
ZYVOX - linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
ZYVOX - linezolid tab 600 mg	5	PA
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	4	
CELONTIN - methsuximide cap 300 mg	4	
CEREBYX - fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv), 500 mg/10ml (phenytoin equiv)	4	
<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)
DEPAKOTE - divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	4	
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg, 500 mg	4	
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	4	
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
<i>diazepam rectal gel delivery system 10 mg, 20 mg</i>	2	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	4	
DILANTIN INFATABS - phenytoin chew tab 50 mg	4	
DILANTIN-125 - phenytoin susp 125 mg/5ml	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg, 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>epitol - carbamazepine tab 200 mg</i>	2	
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg, 600 mg</i>	2	
FELBATOL - felbamate susp 600 mg/5ml	5	
FELBATOL - felbamate tab 400 mg	5	
FELBATOL - felbamate tab 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv), 500 mg/10ml (phenytoin equiv)</i>	2	
FYCOMPA - perampanel susp 0.5 mg/ml	3	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3	
<i>gabapentin (once-daily) tab 300 mg</i>	2	PA, QL (30 tablets/30 days)
<i>gabapentin (once-daily) tab 600 mg</i>	2	PA, QL (90 tablets/30 days)
<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>	2	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
GRALISE - gabapentin (once-daily) tab 300 mg, 450 mg	3	PA, QL (30 tablets/30 days)
GRALISE - gabapentin (once-daily) tab 600 mg	3	PA, QL (90 tablets/30 days)
GRALISE - gabapentin (once-daily) tab 750 mg, 900 mg	3	PA, QL (60 tablets/30 days)
KEPPRA - levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
KEPPRA - levetiracetam oral soln 100 mg/ml	4	
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	4	
KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg	4	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg</i>	2	
<i>lacosamide tab 100 mg, 150 mg, 200 mg</i>	4	
LAMICTAL - lamotrigine tab 25 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL - lamotrigine tab 100 mg, 150 mg, 200 mg	5	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg	4	
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 25 mg	5	
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	4	
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	4	
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	4	
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	5	
LAMICTAL STARTER/TAKING VALPROATE - lamotrigine tab 35 x 25 mg starter kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	4	
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	5	
LAMICTAL XR - lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg	4	
LAMICTAL XR - lamotrigine tab er 24hr 200 mg, 250 mg, 300 mg	5	
<i>lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	2	
<i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i>	2	
<i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i>	2	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	2	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	2	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	2	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	2	
LIBERVANT - diazepam buccal film 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	5	QL (10 films/30 days)
LYRICA - pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	4	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg, 300 mg	4	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml	4	QL (900 mls/30 days)
LYRICA CR - pregabalin tab er 24hr 82.5 mg, 165 mg	4	QL (30 tablets/30 days)
LYRICA CR - pregabalin tab er 24hr 330 mg	4	QL (60 tablets/30 days)
<i>methsuximide cap 300 mg</i>	2	
MOTPOLY XR - lacosamide cap er 24hr 100 mg	4	
MOTPOLY XR - lacosamide cap er 24hr 150 mg, 200 mg	5	
MYSOLINE - primidone tab 50 mg, 250 mg	5	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
NEURONTIN - gabapentin cap 100 mg	4	QL (1080 capsules/30 days)
NEURONTIN - gabapentin cap 300 mg	4	QL (360 capsules/30 days)
NEURONTIN - gabapentin cap 400 mg	4	QL (270 capsules/30 days)
NEURONTIN - gabapentin oral soln 250 mg/5ml	4	QL (2160 mls/30 days)
NEURONTIN - gabapentin tab 600 mg	5	QL (180 tablets/30 days)
NEURONTIN - gabapentin tab 800 mg	5	QL (135 tablets/30 days)
ONFI - clobazam suspension 2.5 mg/ml	5	PA, QL (480 mls/30 days)
ONFI - clobazam tab 10 mg, 20 mg	5	PA, QL (60 tablets/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg</i>	2	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	2	
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg, 300 mg	4	
OXTELLAR XR - oxcarbazepine tab er 24hr 600 mg	5	
<i>phenobarbital elixir 20 mg/5ml#</i>	2	
<i>phenobarbital sodium inj 65 mg/ml, 130 mg/ml#</i>	2	
<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	
<i>phenytek - phenytoin sodium extended cap 200 mg, 300 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin infatabs - phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	2	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 225 mg, 300 mg</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	2	QL (900 mls/30 days)
<i>pregabalin tab er 24hr 82.5 mg, 165 mg</i>	2	QL (30 tablets/30 days)
<i>pregabalin tab er 24hr 330 mg</i>	2	QL (60 tablets/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg, 250 mg</i>	2	
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg	4	
QUDEXY XR - topiramate cap er 24hr sprinkle 150 mg, 200 mg	5	
<i>roweepra - levetiracetam tab 500 mg</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	2	
<i>rufinamide tab 400 mg</i>	5	
SABRIL - vigabatrin powd pack 500 mg*	5	QL (180 packets/30 days)
SABRIL - vigabatrin tab 500 mg*	5	QL (180 tablets/30 days)
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	4	
<i>subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>subvenite starter kit/blue - lamotrigine tab 35 x 25 mg starter kit</i>	2	
<i>subvenite starter kit/green - lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	2	
<i>subvenite starter kit/orange - lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	4	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
TEGRETOL - carbamazepine susp 100 mg/5ml	4	
TEGRETOL - carbamazepine tab 200 mg	4	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	4	
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	2	
TOPAMAX - topiramate tab 25 mg, 50 mg	4	
TOPAMAX - topiramate tab 100 mg, 200 mg	5	
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg	4	
TOPAMAX SPRINKLE - topiramate sprinkle cap 25 mg	5	
<i>topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>topiramate cap er 24hr 25 mg, 50 mg, 100 mg</i>	2	
<i>topiramate cap er 24hr 200 mg</i>	5	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	5	
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg, 600 mg	4	
TROKENDI XR - topiramate cap er 24hr 25 mg, 50 mg, 100 mg	4	
TROKENDI XR - topiramate cap er 24hr 200 mg	5	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
<i>vigadrone - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigadrone - vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/30 days)
<i>vigpoder - vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	4	
VIMPAT - lacosamide oral solution 10 mg/ml	5	
VIMPAT - lacosamide tab 50 mg	4	
VIMPAT - lacosamide tab 100 mg, 150 mg, 200 mg	5	
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	5	
ZARONTIN - ethosuximide cap 250 mg	4	
ZARONTIN - ethosuximide soln 250 mg/5ml	4	
ZONEGRAN - zonisamide cap 25 mg	4	
ZONEGRAN - zonisamide cap 100 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg, 50 mg, 100 mg</i>	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antidementia Agents</b>		
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day	4	
ARICEPT - donepezil hydrochloride tab 5 mg, 10 mg, 23 mg	4	
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg, 23 mg</i>	1	
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	4	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<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 cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	2	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	2	PA (<=29 yr)
NAMENDA TITRATION PAK - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	PA (<=29 yr)
NAMENDA XR - memantine hcl cap er 24hr 14 mg, 21 mg, 28 mg	4	PA (<=29 yr)
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 7-10 mg, 14-10 mg, 21-10 mg, 28-10 mg	3	
NAMZARIC - memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	3	
<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	2	
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#</i>	2	
ANAFRANIL - clomipramine hcl cap 25 mg, 75 mg#	4	
ANAFRANIL - clomipramine hcl cap 50 mg#	5	
APLENZIN - bupropion hbr tab er 24hr 174 mg, 348 mg, 522 mg	5	QL (30 tablets/30 days)
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
BUPROPION HYDROCHLORIDE ER (XL) - bupropion hcl tab er 24hr 450 mg	4	QL (30 tablets/30 days)
CELEXA - citalopram hydrobromide tab 10 mg, 20 mg	4	QL (45 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CELEXA - citalopram hydrobromide tab 40 mg	4	QL (30 tablets/30 days)
CHLORDIAZEPOXIDE/AMITRIPTYLINE - chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg#	4	PA
CITALOPRAM HYDROBROMIDE - citalopram hydrobromide cap 30 mg	4	QL (30 capsules/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	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	
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg, 60 mg	4	QL (60 capsules/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 30 mg	4	QL (90 capsules/30 days)
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg, 100 mg	4	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg</i>	2	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	2	
<i>doxepin hcl conc 10 mg/ml#</i>	2	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg, 40 mg, 60 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg, 40 mg</i>	2	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg	4	QL (60 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 75 mg	4	QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 150 mg	4	QL (30 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
<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)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg, 40 mg, 80 mg, 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	2	QL (120 tablets/30 days)
<i>fluoxetine hcl tab 60 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate cap er 24hr 100 mg, 150 mg</i>	2	QL (60 capsules/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
FORFIVO XL - bupropion hcl tab er 24hr 450 mg	4	QL (30 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	
<i>imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg#</i>	2	
LEXAPRO - escitalopram oxalate tab 5 mg, 10 mg	4	QL (45 tablets/30 days)
LEXAPRO - escitalopram oxalate tab 20 mg	4	QL (30 tablets/30 days)
MARPLAN - isocarboxazid tab 10 mg	4	
<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)
NARDIL - phenelzine sulfate tab 15 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 250 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg, 150 mg, 200 mg	3	
NORPRAMIN - desipramine hcl tab 10 mg, 25 mg#	4	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml#</i>	2	
PAMELOR - nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#	5	
PARNATE - tranylcypromine sulfate tab 10 mg	4	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	2	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	2	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#</i>	2	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	QL (60 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	4	QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg, 40 mg#	4	QL (45 tablets/30 days)
PAXIL - paroxetine hcl tab 20 mg#	4	QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg#	4	QL (60 tablets/30 days)
PAXIL CR - paroxetine hcl tab er 24hr 12.5 mg#	4	QL (30 tablets/30 days)
PAXIL CR - paroxetine hcl tab er 24hr 25 mg, 37.5 mg#	4	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg#	4	
<i>phenelzine sulfate tab 15 mg</i>	2	
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg	4	QL (30 tablets/30 days)
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	2	
PROZAC - fluoxetine hcl cap 10 mg	4	QL (90 capsules/30 days)
PROZAC - fluoxetine hcl cap 20 mg	4	QL (120 capsules/30 days)
PROZAC - fluoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
REMERON - mirtazapine tab 15 mg	4	QL (45 tablets/30 days)
REMERON - mirtazapine tab 30 mg	4	QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	4	QL (30 tablets/30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	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)
SERTRALINE HYDROCHLORIDE - sertraline hcl cap 150 mg, 200 mg	4	QL (30 capsules/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	2	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<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>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab er 24hr 37.5 mg</i>	2	QL (60 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 75 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 150 mg, 225 mg</i>	2	QL (30 tablets/30 days)
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg, 20 mg, 40 mg	4	QL (30 tablets/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	2	QL (30 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg	4	QL (90 tablets/30 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 150 mg, 200 mg	4	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg	5	QL (90 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab er 24hr 300 mg	5	QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
ZOLOFT - sertraline hcl tab 25 mg, 50 mg	4	QL (45 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	4	QL (60 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
<b>Antiemetics</b>		
AKYNZEO - fosnetupitant-palonosetron for iv soln 235-0.25 mg	4	
AKYNZEO - fosnetupitant-palonosetron iv soln 235-0.25 mg/20ml	4	
ANTIVERT - meclizine hcl chew tab 25 mg#	4	
ANTIVERT - meclizine hcl tab 50 mg#	4	
ANZEMET - dolasetron mesylate tab 50 mg	4	BD
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	2	BD
BONJESTA - doxylamine-pyridoxine tab er 20-20 mg#	4	PA (>=65 yr)
<i>chlorpromazine hcl conc 100 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl conc 30 mg/ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl inj 25 mg/ml, 50 mg/2ml</i>	2	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	2	PA (>=65 yr)
CINVANTI - aprepitant iv emulsion 130 mg/18ml	4	
<i>compro - prochlorperazine suppos 25 mg</i>	2	
DICLEGIS - doxylamine-pyridoxine tab delayed release 10-10 mg#	4	PA (>=65 yr)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg#</i>	2	PA (>=65 yr)
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	2	BD
EMEND - aprepitant capsule 80 mg	4	BD
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)	4	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4	
EMEND TRIPACK - aprepitant capsule therapy pack 80 & 125 mg	4	BD
<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	2	
<i>granisetron hcl inj 1 mg/ml, 4 mg/4ml (1 mg/ml)</i>	2	
<i>granisetron hcl tab 1 mg</i>	2	BD
MARINOL - dronabinol cap 2.5 mg	4	BD
MARINOL - dronabinol cap 5 mg, 10 mg	5	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	2	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml), 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl tab 24 mg</i>	2	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	2	
ONDANSETRON ODT - ondansetron orally disintegrating tab 16 mg	4	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	2	
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln pref syr 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	2	PA (>=65 yr)
PHENERGAN - promethazine hcl inj 25 mg/ml, 50 mg/ml#	4	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	2	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml, 50 mg/ml#</i>	2	
<i>promethazine hcl oral soln 6.25 mg/5ml#</i>	2	PA (>=65 yr)
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	2	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
PROMETHEGAN - promethazine hcl suppos 50 mg#	4	PA (>=65 yr)
<i>promethegan - promethazine hcl suppos 12.5 mg, 25 mg#</i>	2	PA (>=65 yr)
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	5	
<i>scopolamine td patch 72hr 1 mg/3days#</i>	2	PA (>=65 yr)
SYNDROS - dronabinol soln 5 mg/ml	5	BD
TIGAN - trimethobenzamide hcl inj 100 mg/ml	4	
TRANSDERM-SCOP - scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr)
<i>trimethobenzamide hcl cap 300 mg</i>	2	
VARUBI - rolapitant hcl tab therapy pack 2 x 90 mg	4	BD
<b>Antifungals</b>		
ABELCET - amphotericin b lipid inj susp (for iv infusion) 5 mg/ml	4	BD
AMBISOME - amphotericin b liposome iv for susp 50 mg	4	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
ANCOBON - flucytosine cap 250 mg, 500 mg	5	
CANCIDAS - caspofungin acetate for iv soln 50 mg, 70 mg	5	
<i>caspofungin acetate for iv soln 50 mg, 70 mg</i>	2	
<i>ciclodan - ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine susp 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox solution 8%</i>	2	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	5	PA
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	PA
DIFLUCAN - fluconazole for susp 40 mg/ml	4	
DIFLUCAN - fluconazole tab 100 mg, 200 mg	4	
<i>econazole nitrate cream 1%</i>	2	
ERAXIS - anidulafungin for iv soln 50 mg, 100 mg	4	
ERTACZO - sertaconazole nitrate cream 2%	4	
EXELDERM - sulconazole nitrate cream 1%	4	
EXELDERM - sulconazole nitrate solution 1%	4	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	2	
<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>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	2	
GYNAZOLE-1 - butoconazole nitrate (one dose) vaginal cream 2%	4	
<i>itraconazole cap 100 mg</i>	2	QL (120 capsules/30 days)
<i>itraconazole oral soln 10 mg/ml</i>	2	QL (1200 mls/30 days)
JUBLIA - efinaconazole soln 10%	4	QL (8 mls/30 days)
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole foam 2%</i>	2	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>ketodan - ketoconazole foam 2%</i>	2	
<i>klayesta - nystatin topical powder 100000 unit/gm</i>	2	
LOPROX SHAMPOO - ciclopirox shampoo 1%	4	
LULICONAZOLE - luliconazole cream 1%	4	
LUZU - luliconazole cream 1%	4	
<i>micafungin sodium for iv soln 50 mg</i>	2	
<i>micafungin sodium for iv soln 100 mg</i>	5	
MICAFUNGIN/SODIUM CHLORIDE - micafungin in sodium chloride 0.9% iv solution 50 mg/50ml, 100 mg/100ml	4	

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Drug Name	Drug Tier	Requirements/Limits
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	4	
MYCAMINE - micafungin sodium for iv soln 50 mg	4	
<i>naftifine hcl cream 1%</i>	2	
<i>naftifine hcl cream 2%</i>	2	
<i>naftifine hcl gel 2%</i>	2	
NAFTIN - naftifine hcl gel 1%, 2%	4	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
<i>nyamyc - nystatin topical powder 100000 unit/gm</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop - nystatin topical powder 100000 unit/gm</i>	2	
<i>oxiconazole nitrate cream 1%</i>	2	
OXISTAT - oxiconazole nitrate lotion 1%	4	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	2	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
SPORANOX - itraconazole cap 100 mg	5	QL (120 capsules/30 days)
SPORANOX - itraconazole oral soln 10 mg/ml	4	QL (1200 mls/30 days)
<i>tavaborole soln 5%</i>	4	QL (10 mls/30 days)
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
TOLSURA - itraconazole cap 65 mg	5	QL (120 capsules/30 days)
VFEND - voriconazole for susp 40 mg/ml	5	PA
VFEND - voriconazole tab 50 mg, 200 mg	4	PA
VFEND IV - voriconazole for inj 200 mg	4	PA
VIVJOA - oteseconazole cap therapy pack 150 mg (12 weeks)	4	PA
<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 sodium for inj 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>allopurinol tab 200 mg</i>	2	
ALOPRIM - allopurinol sodium for inj 500 mg	4	
<i>colchicine cap 0.6 mg</i>	2	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS - colchicine tab 0.6 mg	4	
<i>febuxostat tab 40 mg, 80 mg</i>	2	QL (30 tablets/30 days)
GLOPERBA - colchicine oral soln 0.6 mg/5ml	4	
MITIGARE - colchicine cap 0.6 mg	4	
<i>probenecid tab 500 mg</i>	2	
ULORIC - febuxostat tab 40 mg, 80 mg	4	QL (30 tablets/30 days)
<b>Antimigraine Agents</b>		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	4	PA, QL (3 pens/90 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	4	PA, QL (3 syringes/90 days)
<i>almotriptan malate tab 6.25 mg, 12.5 mg</i>	2	QL (12 tablets/30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	PA, QL (24 ampules/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
<i>eletriptan hydrobromide tab 20 mg, 40 mg</i>	2	QL (12 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
FROVA - frovatriptan succinate tab 2.5 mg	5	QL (18 tablets/30 days), ST
<i>frovatriptan succinate tab 2.5 mg</i>	2	QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 25 mg, 50 mg, 100 mg	4	QL (18 tablets/30 days), ST
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL (12 doses/30 days)
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 6 mg/0.5ml	5	QL (12 doses/30 days)
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL (12 doses/30 days), ST

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

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 6 mg/0.5ml	5	QL (12 doses/30 days), ST
MAXALT - rizatriptan benzoate tab 10 mg	4	QL (18 tablets/30 days), ST
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg	4	QL (18 tablets/30 days), ST
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	4	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	4	PA, QL (8 mls/28 days)
<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
ONZETRA XSAIL - sumatriptan succinate exhaler powder 11 mg/nosepiece	4	QL (32 inhalers/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	5	PA, QL (30 tablets/30 days)
RELPAX - eletriptan hydrobromide tab 20 mg, 40 mg	4	QL (12 tablets/30 days), ST
REYVOW - lasmiditan succinate tab 50 mg	4	PA, QL (4 tablets/30 days)
REYVOW - lasmiditan succinate tab 100 mg	4	PA, QL (8 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>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	2	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	2	QL (18 tablets/30 days)
TOSYMRA - sumatriptan nasal spray 10 mg/act	4	QL (18 units/30 days)
TREXIMET - sumatriptan-naproxen sodium tab 85-500 mg	4	QL (18 tablets/30 days), ST
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	5	PA, QL (12 mls/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	3	PA, QL (16 tablets/30 days)
VYEPTI - eptinezumab-jjmr iv soln 100 mg/ml	5	PA, QL (3 vials/90 days)
ZAVZPRET - zavegepant hcl nasal spray 10 mg/act	4	PA, QL (8 units/30 days)
ZEMBRACE SYMTOUCH - sumatriptan succinate solution auto-injector 3 mg/0.5ml	5	QL (24 pens/30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	2	QL (2 spray unit device(s)/30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg</i>	2	QL (12 tablets/30 days)
<i>zolmitriptan tab 2.5 mg, 5 mg</i>	2	QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 5 mg/spray unit	4	QL (2 spray unit device(s)/30 days)
<i>zomig - zolmitriptan tab 2.5 mg, 5 mg</i>	2	QL (12 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antimyasthenic Agents</b>		
MESTINON - pyridostigmine bromide oral soln 60 mg/5ml	5	
MESTINON - pyridostigmine bromide tab 60 mg	5	
MESTINON TIMESPAN - pyridostigmine bromide tab er 180 mg	5	
PYRIDOSTIGMINE BROMIDE - pyridostigmine bromide tab 30 mg	4	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab er 180 mg</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
<b>Antimycobacterials</b>		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg, 100 mg</i>	2	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	2	
ISONIAZID - isoniazid inj 100 mg/ml	3	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYCOBUTIN - rifabutin cap 150 mg	5	
PRETOMANID - pretomanid tab 200 mg	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
RIFADIN - rifampin for inj 600 mg	5	
<i>rifampin cap 150 mg, 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)
<i>abiraterone acetate tab 500 mg†</i>	5	PA, QL (60 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
<i>adriamycin - doxorubicin hcl for inj 50 mg</i>	2	BD
AFINITOR - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg, 5 mg	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALIMTA - pemetrexed disodium for iv soln 100 mg, 500 mg	5	PA
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
ALYMSYS - bevacizumab-maly iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
<i>anastrozole tab 1 mg</i>	1	
ARIMIDEX - anastrozole tab 1 mg	4	
AROMASIN - exemestane tab 25 mg	5	
ARRANON - nelarabine iv soln 5 mg/ml	5	PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	2	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	5	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	5	
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
<i>bendamustine hcl for iv soln 25 mg, 100 mg</i>	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg†</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
<i>bleomycin sulfate for inj 15 unit, 30 unit</i>	2	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BORTEZOMIB - bortezomib for inj 1 mg, 2.5 mg	4	PA
<i>bortezomib for inj 3.5 mg</i>	5	PA
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF - bosutinib tab 400 mg, 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
<i>busulfan inj 6 mg/ml</i>	5	
BUSULFEX - busulfan inj 6 mg/ml	5	
CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*†	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAMPTOSAR - irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml), 300 mg/15ml (20 mg/ml)	4	
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml</i>	2	
<i>carmustine for inj 100 mg</i>	2	
CASODEX - bicalutamide tab 50 mg	4	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	
<i>cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml)</i>	2	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml), 1 gm/5ml (200 mg/ml), 2 gm/10ml (200 mg/ml), 500 mg/ml	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	3	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	2	BD
<i>cyclophosphamide for inj 500 mg, 1 gm, 2 gm</i>	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion), 500 mg/50ml (for infusion)*	5	PA
<i>cytarabine inj pf 20 mg/ml, 100 mg/ml</i>	2	BD
<i>cytarabine inj 20 mg/ml</i>	2	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin for inj 0.5 mg</i>	5	
DANYELZA - naxitamab-gqgk iv soln 40 mg/10ml (4 mg/ml)	5	PA
DARZALEX - daratumumab iv soln 100 mg/5ml, 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
<i>dasatinib tab 20 mg†</i>	5	PA, QL (90 tablets/30 days)
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	2	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	4	
DAURISMO - glasdegib maleate tab 25 mg†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg†	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg, 500 mg</i>	5	
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	
DOXIL - doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	5	BD, PA
<i>doxorubicin hcl for inj 50 mg</i>	2	BD
<i>doxorubicin hcl inj 2 mg/ml</i>	2	BD
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	4	BD
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	4	
ELITEK - rasburicase for iv soln 1.5 mg, 7.5 mg	5	
ELLENCE - epirubicin hcl iv soln 50 mg/25ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	4	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg, 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	5	PA
<i>eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</i>	5	PA
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg†</i>	5	PA, QL (30 tablets/30 days)
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
EULEXIN - flutamide cap 125 mg	5	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	2	
FARESTON - toremifene citrate tab 60 mg	5	
FASLODEX - fulvestrant inj soln pref syr 250 mg/5ml	5	PA
FEMARA - letrozole tab 2.5 mg	4	
<i>fludarabine phosphate for inj 50 mg</i>	2	
<i>fludarabine phosphate inj 25 mg/ml</i>	2	
<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>	2	BD
FOLOTYN - pralatrexate iv inj 20 mg/ml, 40 mg/2ml	5	PA
FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gefitinib tab 250 mg†</i>	5	PA, QL (30 tablets/30 days)
<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*	5	PA, QL (30 tablets/30 days)
GLEEVEC - imatinib mesylate tab 100 mg†	5	PA, QL (90 tablets/30 days)
GLEEVEC - imatinib mesylate tab 400 mg†	5	PA, QL (60 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg, 420 mg	5	PA
HYCAMTIN - topotecan hcl for inj 4 mg	5	
HYDREA - hydroxyurea cap 500 mg	4	
<i>hydroxyurea cap 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*†	5	PA, QL (30 tablets/30 days)
IDAMYCIN PFS - idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)	5	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 1 gm, 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml)</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 cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml), 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*†	5	PA, QL (30 tablets/30 days)
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml), 300 mg/15ml (20 mg/ml)</i>	2	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	
ISTODAX - romidepsin for iv inj 10 mg	5	PA
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
IXEMPRA KIT - ixabepilone for iv infusion 15 mg, 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg, 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg, 420 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
KYPROLIS - carfilzomib for inj 10 mg, 30 mg, 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg	5	PA, QL (30 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium for inj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	2	
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	2	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	2	
<i>leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg</i>	2	
LEUKERAN - chlorambucil tab 2 mg	4	
<i>levoleucovorin calcium for iv inj 50 mg</i>	5	
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml, 250 mg/25ml</i>	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg, 150 mg*†	5	PA, QL (120 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX - mesna inj 100 mg/ml	4	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg</i>	2	
<i>mitomycin for iv soln 20 mg, 40 mg</i>	5	
<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>	2	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
<i>mutamycin - mitomycin for iv soln 5 mg</i>	2	
<i>mutamycin - mitomycin for iv soln 20 mg, 40 mg</i>	5	
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg*†	5	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg*†	5	PA, QL (120 tablets/30 days)
NILANDRON - nilutamide tab 150 mg	5	
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*†	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg, 420 mg	5	PA
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	5	PA
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	5	PA
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	5	
<i>oxaliplatin for iv inj 50 mg, 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml, 100 mg/20ml</i>	5	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	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-efv for iv soln 20 mg, 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	2	
<i>paraplatin - carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml</i>	2	
<i>pazopanib hcl tab 200 mg†</i>	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PEMETREXED - pemetrexed disodium iv soln 100 mg/4ml, 500 mg/20ml, 1 gm/40ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
PEMETREXED - pemetrexed ditromethamine for iv soln 100 mg, 500 mg	5	PA
<i>pemetrexed disodium for iv soln 100 mg, 500 mg, 750 mg, 1000 mg</i>	5	PA
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml, 80 mg-40 mg-2000 unt/ml	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg, 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg†	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg†	5	PA, QL (120 capsules/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	5	PA, QL (21 capsules/28 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RITUXAN - rituximab iv soln 100 mg/10ml, 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml, 1600-26800 mg-unit/13.4ml*	5	PA
<i>romidepsin for iv inj 10 mg</i>	5	PA
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*†	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RYBREVAANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml, 500 mg/25ml	5	PA
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SIKLOS - hydroxyurea tab 100 mg	4	
SIKLOS - hydroxyurea tab 1000 mg	5	
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
<i>sorafenib tosylate tab 200 mg†</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg†</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg†</i>	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 12.5 mg†	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg, 37.5 mg, 50 mg†	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg	5	PA, QL (4 bottles/28 days)
TAGRISSE - osimertinib mesylate tab 40 mg, 80 mg*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg, 0.35 mg†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*†	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg</i>	2	
TARCEVA - erlotinib hcl tab 100 mg, 150 mg*†	5	PA, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg†	5	PA
TARGRETIN - bexarotene gel 1%	5	PA
TASIGNA - nilotinib hcl cap 50 mg†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg, 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml, 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	5	PA, QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>thiotepa for inj 15 mg, 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>toposar - etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</i>	2	
<i>topotecan hcl for inj 4 mg</i>	2	
<i>topotecan hcl inj 4 mg/4ml (for infusion)</i>	2	
<i>toremifene citrate tab 60 mg</i>	5	
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5	
<i>torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>torpenz - everolimus tab 5 mg†</i>	5	PA, QL (60 tablets/30 days)
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg	5	PA
TREANDA - bendamustine hcl for iv soln 25 mg, 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUQAP - capivasertib tab 160 mg, 200 mg	5	PA, QL (64 tablets/28 days)
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg	5	PA, QL (120 capsules/30 days)
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VECTIBIX - panitumumab iv soln 100 mg/5ml, 400 mg/20ml	5	PA
VEGZELMA - bevacizumab-adcd iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VIDAZA - azacitidine for inj 100 mg	5	
VIJOICE - alpelisib (pros) oral granules packet 50 mg	5	PA, QL (30 packets/30 days)
VIJOICE - alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (1 pack/28 days)

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE - alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose	5	PA, QL (30 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	3	BD
<i>vincasar pfs - vincristine sulfate iv soln 1 mg/ml</i>	4	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	4	BD
<i>vinorelbine tartrate inj 10 mg/ml, 50 mg/5ml (10 mg/ml)</i>	2	
VITRAKVI - larotrectinib sulfate cap 25 mg*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*†	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*†	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg†	5	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)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml), 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate micronized tab 125 mg*†	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion), 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate tab 100 mg, 200 mg, 300 mg*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA

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



Drug Name	Drug Tier	Requirements/Limits
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
ZYTIGA - abiraterone acetate tab 250 mg*†	5	PA, QL (120 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg*†	5	PA, QL (60 tablets/30 days)
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	2	
ALBENZA - albendazole tab 200 mg	5	
<i>atovaquone susp 750 mg/5ml</i>	2	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	4	
BILTRICIDE - praziquantel tab 600 mg	4	
<i>chloroquine phosphate tab 250 mg, 500 mg</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	PA
EMVERM - mebendazole chew tab 100 mg	4	
<i>hydroxychloroquine sulfate tab 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	PA
KRINTAFEL - tafenoquine succinate tab 150 mg	4	
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	
MALARONE - atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg	4	
<i>mefloquine hcl tab 250 mg</i>	2	
MEPRON - atovaquone susp 750 mg/5ml	5	PA, QL (600 mls/30 days)
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
<i>nitazoxanide tab 500 mg</i>	2	QL (20 tablets/30 days)
PENTAM 300 - pentamidine isethionate for inj soln 300 mg	4	
<i>pentamidine isethionate for inj soln 300 mg</i>	2	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	BD
PLAQUENIL - hydroxychloroquine sulfate tab 200 mg	4	
<i>praziquantel tab 600 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	5	PA
QUALAQUIN - quinine sulfate cap 324 mg	4	PA
<i>quinine sulfate cap 324 mg</i>	2	PA
SOVUNA - hydroxychloroquine sulfate tab 200 mg, 300 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
STROMECTOL - ivermectin tab 3 mg	4	PA
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
AZILECT - rasagiline mesylate tab 0.5 mg, 1 mg	4	
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	2	PA (>=65 yr)
<i>bromocriptine mesylate cap 5 mg</i>	2	
<i>bromocriptine mesylate tab 2.5 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
COMTAN - entacapone tab 200 mg	4	
DHIVY - carbidopa & levodopa tab 25-100 mg	4	
DUOPA - carbidopa-levodopa enteral susp 4.63-20 mg/ml	5	BD
<i>entacapone tab 200 mg</i>	2	
GOCOVRI - amantadine hcl cap er 24hr 68.5 mg†	5	PA, QL (30 capsules/30 days)
GOCOVRI - amantadine hcl cap er 24hr 137 mg†	5	PA, QL (60 capsules/30 days)
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
LODOSYN - carbidopa tab 25 mg	5	
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 2.25 mg, 3 mg, 3.75 mg	4	
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	4	
NOURIANZ - istradefylline tab 20 mg, 40 mg	5	PA, QL (30 tablets/30 days)
ONGENTYS - opicapone cap 25 mg, 50 mg	4	
OSMOLEX ER - amantadine hcl tab er 24hr 129 mg	4	PA, QL (30 tablets/30 days)
PARLODEL - bromocriptine mesylate cap 5 mg	4	
PARLODEL - bromocriptine mesylate tab 2.5 mg	4	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	2	
<i>ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg, 1 mg, 3 mg, 5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg, 2 mg, 4 mg</i>	1	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	3	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	4	
STALEVO 100 - carbidopa-levodopa-entacapone tabs 25-100-200 mg	5	
STALEVO 125 - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	5	
STALEVO 150 - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
STALEVO 200 - carbidopa-levodopa-entacapone tabs 50-200-200 mg	5	
STALEVO 50 - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
STALEVO 75 - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
TASMAR - tolcapone tab 100 mg	5	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml#</i>	2	PA (>=65 yr)
<i>trihexyphenidyl hcl tab 2 mg, 5 mg#</i>	2	PA (>=65 yr)
ZELAPAR - selegiline hcl orally disintegrating tab 1.25 mg	5	
<b>Antipsychotics</b>		
ABILIFY - aripiprazole tab 2 mg, 5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
ABILIFY - aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 2 mg with sensor&strips (for pod) maint pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 5 mg with sensor&strips (for pod) maint pak	5	PA (>=65 yr), QL (1 kit/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 10 mg with sensor&strips(for pod) maint pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 15 mg with sensor&strips(for pod) maint pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 20 mg with sensor&strips(for pod) maint pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 30 mg with sensor&strips(for pod) maint pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 2 mg with sensor, strips & pod starter pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 5 mg with sensor, strips & pod starter pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 10 mg with sensor, strips & pod starter pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 15 mg with sensor, strips & pod starter pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 20 mg with sensor, strips & pod starter pak	5	PA (>=65 yr), QL (1 kit/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 30 mg with sensor, strips & pod starter pak	5	PA (>=65 yr), QL (1 kit/30 days)
<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>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	2	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	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	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)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	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 orally disintegrating tab 150 mg</i>	2	PA (>=65 yr), QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	2	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
CLOZARIL - clozapine tab 25 mg, 50 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
CLOZARIL - clozapine tab 100 mg	5	PA (>=65 yr), QL (270 tablets/30 days)
CLOZARIL - clozapine tab 200 mg	5	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	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	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	3	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	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
GEODON - ziprasidone hcl cap 20 mg	4	PA (>=65 yr), QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 40 mg	5	PA (>=65 yr), QL (90 capsules/30 days)
GEODON - ziprasidone hcl cap 60 mg, 80 mg	5	PA (>=65 yr), QL (60 capsules/30 days)
GEODON - ziprasidone mesylate for inj 20 mg	4	PA (>=65 yr), QL (60 vials/30 days)
HALDOL DECANOATE 100 - haloperidol decanoate im soln 100 mg/ml	4	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>	2	PA (>=65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	2	PA (>=65 yr)
IGALMI - dexmedetomidine hcl film 120 mcg, 180 mcg	4	
INVEGA - paliperidone tab er 24hr 3 mg, 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA - paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 days)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	2	PA (>=65 yr)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	5	PA (>=65 yr), QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphane l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	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</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg, 10 mg</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	2	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	5	QL (1 syringe/28 days)
PIMOZIDE - pimozone tab 1 mg, 2 mg	4	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA ( $\geq$ 65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	2	PA ( $\geq$ 65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	2	PA ( $\geq$ 65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg</i>	1	PA ( $\geq$ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg, 100 mg, 200 mg</i>	2	PA ( $\geq$ 65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	2	PA ( $\geq$ 65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA ( $\geq$ 65 yr), QL (30 tablets/30 days)
RISPERDAL - risperidone soln 1 mg/ml	4	PA ( $\geq$ 65 yr), QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg	4	PA ( $\geq$ 65 yr), QL (60 tablets/30 days)
RISPERDAL - risperidone tab 4 mg	4	PA ( $\geq$ 65 yr), QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (2 vials/28 days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA ( $\geq$ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	PA ( $\geq$ 65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	PA ( $\geq$ 65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	2	PA ( $\geq$ 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 ( $\geq$ 65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	PA ( $\geq$ 65 yr), QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg	4	PA ( $\geq$ 65 yr), QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA ( $\geq$ 65 yr), QL (30 patches/30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEROQUEL - quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg, 400 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg, 200 mg	4	PA (>=65 yr), QL (30 tablets/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>	2	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	5	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	2	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	2	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA - olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
ZYPREXA - olanzapine tab 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
<b>Antispasticity Agents</b>		
BACLOFEN - baclofen intrathecal soln prefilled syringe 50 mcg/ml	4	
BACLOFEN - baclofen oral soln 5 mg/5ml, 10 mg/5ml	4	
<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml), 20 mg/20ml (1000 mcg/ml), 40 mg/20ml (2000 mcg/ml)</i>	2	
<i>baclofen susp 25 mg/5ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tab 5 mg, 10 mg, 15 mg, 20 mg</i>	2	
DANTRIUM - dantrolene sodium cap 25 mg	4	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	2	
FLEQSUVY - baclofen susp 25 mg/5ml	5	
GABLOFEN - baclofen intrathecal inj 10 mg/20ml (500 mcg/ml), 20 mg/20ml (1000 mcg/ml)	4	
GABLOFEN - baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)	5	
GABLOFEN - baclofen intrathecal soln prefilled syringe 50 mcg/ml, 10000 mcg/20ml, 20000 mcg/20ml	4	
GABLOFEN - baclofen intrathecal soln prefilled syringe 40000 mcg/20ml	5	
LIORESAL INTRATHECAL - baclofen intrathecal inj 0.05 mg/ml (50 mcg/ml)	4	
LIORESAL INTRATHECAL - baclofen intrathecal inj 10 mg/20ml (500 mcg/ml), 10 mg/5ml (2000 mcg/ml), 40 mg/20ml (2000 mcg/ml)	5	
LYVISPAH - baclofen granules packet 5 mg, 10 mg	4	
LYVISPAH - baclofen granules packet 20 mg	5	
OZOBAX DS - baclofen oral soln 10 mg/5ml	5	
<i>tizanidine hcl cap 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine hcl tab 2 mg, 4 mg</i>	1	
ZANAFLEX - tizanidine hcl cap 2 mg, 4 mg, 6 mg	4	
ZANAFLEX - tizanidine hcl tab 4 mg	4	
<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>acyclovir cap 200 mg</i>	1	
<i>acyclovir cream 5%</i>	2	PA
<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	5	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)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BARACLUDE - entecavir tab 0.5 mg, 1 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	5	QL (4 mls/28 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	5	QL (6 mls/28 days)
<i>cidofovir iv inj 75 mg/ml</i>	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMBIVIR - lamivudine-zidovudine tab 150-300 mg	4	QL (60 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DENAVIR - penciclovir cream 1%	4	
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/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>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	5	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</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	2	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	5	PA
EPIVIR - lamivudine oral soln 10 mg/ml	4	QL (960 mls/30 days)
EPIVIR - lamivudine tab 150 mg	4	QL (60 tablets/30 days)
EPIVIR - lamivudine tab 300 mg	4	QL (30 tablets/30 days)
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
<i>etravirine tab 100 mg</i>	2	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir calcium tab 700 mg</i>	2	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
GANCICLOVIR - ganciclovir sodium iv soln 500 mg/10ml (50 mg/ml)	4	BD
<i>ganciclovir sodium for inj 500 mg</i>	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg, 200 mg	5	QL (60 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg, 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	5	QL (40 capsules/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	2	
<i>lamivudine tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/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)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab 200 mg</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
NORVIR - ritonavir tab 100 mg	4	QL (360 tablets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	2	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	2	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak<	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak<	3	QL (30 tablets/30 days)
<i>penciclovir cream 1%</i>	2	
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir iv soln 240 mg/12ml, 480 mg/24ml	5	
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR - zidovudine cap 100 mg	4	QL (180 capsules/30 days)
RETROVIR - zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	
<i>ritonavir tab 100 mg</i>	2	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg, 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg, 400 mg	5	PA
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate cap 30 mg	4	QL (168 capsules/365 days)
TAMIFLU - oseltamivir phosphate cap 45 mg, 75 mg	4	QL (84 capsules/365 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml	4	QL (1080 mls/365 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg, 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	5	QL (14 vials/28 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	2	
VALCYTE - valganciclovir hcl for soln 50 mg/ml	5	
VALCYTE - valganciclovir hcl tab 450 mg	5	
<i>valganciclovir hcl for soln 50 mg/ml</i>	2	
<i>valganciclovir hcl tab 450 mg</i>	2	
VALTREX - valacyclovir hcl tab 500 mg, 1 gm	4	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg, 300 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XERESE - acyclovir-hydrocortisone cream 5-1%	5	

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

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
ZIAGEN - abacavir sulfate soln 20 mg/ml	4	QL (960 mls/30 days)
<i>zidovudine cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	2	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
ZOVIRAX - acyclovir cream 5%	4	PA
ZOVIRAX - acyclovir oint 5%	4	PA
<b>Anxiolytics</b>		
ALPRAZOLAM INTENSOL - alprazolam conc 1 mg/ml	4	QL (300 mls/30 days)
<i>alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	2	QL (150 tablets/30 days)
<i>alprazolam tab er 24hr 0.5 mg, 1 mg</i>	2	QL (30 tablets/30 days)
<i>alprazolam tab er 24hr 2 mg</i>	2	QL (150 tablets/30 days)
<i>alprazolam tab er 24hr 3 mg</i>	2	QL (90 tablets/30 days)
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tablets/30 days)
<i>alprazolam xr - alprazolam tab er 24hr 0.5 mg, 1 mg</i>	2	QL (30 tablets/30 days)
<i>alprazolam xr - alprazolam tab er 24hr 2 mg</i>	2	QL (150 tablets/30 days)
<i>alprazolam xr - alprazolam tab er 24hr 3 mg</i>	2	QL (90 tablets/30 days)
ATIVAN - lorazepam tab 0.5 mg, 1 mg	5	PA, QL (120 tablets/30 days)
ATIVAN - lorazepam tab 2 mg	5	PA, QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg, 10 mg</i>	2	PA, QL (120 capsules/30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	2	PA, QL (360 capsules/30 days)
<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 conc 5 mg/ml</i>	2	PA, QL (240 mls/30 days)
<i>diazepam intensol - diazepam conc 5 mg/ml</i>	2	PA, QL (240 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral soln 1 mg/ml</i>	2	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	1	PA, QL (120 tablets/30 days)
HYDROXYZINE HCL - hydroxyzine hcl im soln 25 mg/ml#	4	
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	2	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	2	PA (>=65 yr)
HYDROXYZINE HYDROCHLORIDE - hydroxyzine hcl im soln 50 mg/ml#	4	
HYDROXYZINE PAMOATE - hydroxyzine pamoate cap 100 mg#	4	PA (>=65 yr)
<i>hydroxyzine pamoate cap 25 mg, 50 mg#</i>	2	PA (>=65 yr)
KLONOPIN - clonazepam tab 0.5 mg, 1 mg	4	QL (120 tablets/30 days)
KLONOPIN - clonazepam tab 2 mg	4	QL (300 tablets/30 days)
<i>lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/30 days)
<i>lorazepam intensol - lorazepam conc 2 mg/ml</i>	2	PA, QL (150 mls/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)
LOREEV XR - lorazepam cap er 24hr sprinkle 1 mg, 1.5 mg	4	PA, QL (30 capsules/30 days)
LOREEV XR - lorazepam cap er 24hr sprinkle 2 mg	4	PA, QL (150 capsules/30 days)
LOREEV XR - lorazepam cap er 24hr sprinkle 3 mg	4	PA, QL (90 capsules/30 days)
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	2	PA, QL (120 capsules/30 days)
VALIUM - diazepam tab 2 mg, 5 mg, 10 mg	4	PA, QL (120 tablets/30 days)
VISTARIL - hydroxyzine pamoate cap 25 mg#	4	PA (>=65 yr)
XANAX - alprazolam tab 0.25 mg, 0.5 mg, 1 mg	4	QL (120 tablets/30 days)
XANAX - alprazolam tab 2 mg	4	QL (150 tablets/30 days)
XANAX XR - alprazolam tab er 24hr 0.5 mg, 1 mg	4	QL (30 tablets/30 days)
XANAX XR - alprazolam tab er 24hr 2 mg	4	QL (150 tablets/30 days)
XANAX XR - alprazolam tab er 24hr 3 mg	4	QL (90 tablets/30 days)
<b>Bipolar Agents</b>		
EQUETRO - carbamazepine (mood) cap er 12hr 100 mg, 200 mg, 300 mg	4	
<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>	2	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
LITHOBID - lithium carbonate tab er 300 mg	4	
<i>olanzapine-fluoxetine hcl cap 3-25 mg, 6-50 mg, 12-25 mg, 12-50 mg</i>	2	PA (>=65 yr), QL (30 capsules/30 days)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2	PA (>=65 yr), QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYMBYAX - olanzapine-fluoxetine hcl cap 3-25 mg	4	PA (>=65 yr), QL (30 capsules/30 days)
SYMBYAX - olanzapine-fluoxetine hcl cap 6-25 mg	4	PA (>=65 yr), QL (60 capsules/30 days)
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)
ACTOPLUS MET - pioglitazone hcl-metformin hcl tab 15-850 mg	4	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 15 mg	4	QL (90 tablets/30 days)
ACTOS - pioglitazone hcl tab 30 mg, 45 mg	4	QL (30 tablets/30 days)
ADMELOG - insulin lispro inj soln 100 unit/ml	4	QL (60 mls/30 days), ST
ADMELOG SOLOSTAR - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	4	QL (20 pens/30 days), ST
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	5	QL (720 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	5	QL (900 cartridges/30 days)
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	4	QL (1080 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 4 unit/ cartridge	4	QL (1530 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 8 unit/ cartridge	4	QL (810 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 12 unit/ cartridge	5	QL (540 cartridges/30 days)
ALCOHOL SWABS	3	
ALOGLIPTIN - alogliptin benzoate tab 6.25 mg	4	QL (120 tablets/30 days)
ALOGLIPTIN - alogliptin benzoate tab 12.5 mg	4	QL (60 tablets/30 days)
ALOGLIPTIN - alogliptin benzoate tab 25 mg	4	QL (30 tablets/30 days)
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-500 mg	4	QL (60 tablets/30 days)
ALOGLIPTIN/METFORMIN HYDROCHLORIDE - alogliptin-metformin hcl tab 12.5-1000 mg	4	QL (60 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	4	QL (30 tablets/30 days)
APIDRA - insulin glulisine inj 100 unit/ml	4	QL (6 vials/30 days), ST
APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	4	QL (20 pens/30 days), ST
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4	PA, QL (2 pens/30 days)
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	PA, QL (1 pen/30 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	2	
DUETACT - pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#	4	QL (30 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 5 mg	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	3	QL (30 tablets/30 days)
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	4	QL (6 vials/30 days), ST
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	4	QL (20 pens/30 days), ST
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	4	QL (60 mls/30 days), ST
FIASP PUMPCART - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	4	BD, QL (60 mls/30 days), ST
GAUZE PADS 2" X 2"	3	
GLIMEPIRIDE - glimepiride tab 3 mg#	4	QL (60 tablets/30 days)
<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)
GLIPIZIDE - glipizide tab 2.5 mg	4	QL (480 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)
<i>glipizide xl - glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide xl - glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 tablets/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	2	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	2	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon hcl for inj 1 mg	2	QL (4 kits/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL - glipizide tab er 24hr 5 mg	4	QL (120 tablets/30 days)
GLUCOTROL XL - glipizide tab er 24hr 10 mg	4	QL (60 tablets/30 days)
GLUMETZA - metformin hcl tab er 24hr modified release 500 mg	5	QL (120 tablets/30 days)
GLUMETZA - metformin hcl tab er 24hr modified release 1000 mg	5	QL (60 tablets/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	2	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	2	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	2	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#</i>	2	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE HYOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	4	QL (6 vials/30 days), ST
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	4	QL (20 cartridges/30 days), ST
INSULIN ASPART PROTAMINE/INSULIN ASPART - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	4	QL (6 vials/30 days), ST
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	4	QL (20 pens/30 days), ST
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	4	QL (6 vials/30 days)
INSULIN DEGLUDEC FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	4	QL (20 pens/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn inj 100 unit/ml	4	QL (6 vials/30 days)
INSULIN GLARGINE-YFGN - insulin glargine-yfgn soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	3	
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	4	QL (60 mls/30 days), ST
INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	4	QL (20 pens/30 days), ST
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	4	QL (20 pens/30 days), ST
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	4	QL (20 pens/30 days), ST
INSULIN SYRINGE/NEEDLE	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	4	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg, 150-500 mg, 150-1000 mg	4	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	4	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg, 150-500 mg, 150-1000 mg	4	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	4	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	4	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
KAZANO - alogliptin-metformin hcl tab 12.5-500 mg, 12.5-1000 mg	4	QL (60 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LIRAGLUTIDE - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	4	PA, QL (3 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl oral soln 500 mg/5ml</i>	2	QL (765 mls/30 days)
<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 er 24hr osmotic 500 mg</i>	2	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	2	QL (60 tablets/30 days)
<i>metformin hcl tab er 24hr modified release 500 mg</i>	2	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	2	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)
METFORMIN HYDROCHLORIDE - metformin hcl tab 625 mg	5	QL (120 tablets/30 days)
<i>miglitol tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>miglitol tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>miglitol tab 100 mg</i>	2	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
<i>nateglinide tab 60 mg</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	2	QL (90 tablets/30 days)
NESINA - alogliptin benzoate tab 6.25 mg	4	QL (120 tablets/30 days)
NESINA - alogliptin benzoate tab 12.5 mg	4	QL (60 tablets/30 days)
NESINA - alogliptin benzoate tab 25 mg	4	QL (30 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	4	QL (60 mls/30 days), ST
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	4	QL (60 mls/30 days), ST
NOVOLIN R - insulin regular (human) inj 100 unit/ml	4	QL (60 mls/30 days), ST
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	4	QL (60 mls/30 days), ST
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	4	QL (60 mls/30 days), ST
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	4	QL (20 pens/30 days), ST
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	4	QL (20 pens/30 days), ST
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	4	QL (60 mls/30 days), ST
NOVOLOG - insulin aspart inj soln 100 unit/ml	4	QL (6 vials/30 days), ST
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	4	QL (20 pens/30 days), ST
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	4	QL (6 vials/30 days), ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	4	QL (20 pens/30 days), ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	4	QL (20 pens/30 days), ST
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	4	QL (6 vials/30 days), ST
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	4	QL (20 cartridges/30 days), ST
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	4	QL (6 vials/30 days), ST

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	3	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	
OMNIPOD 5 DEXG7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 DEXG7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 G7 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OMNIPOD 5 LIBRE2 PLUS G6 - insulin infusion disposable pump kit	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir	3	
ONGLYZA - saxagliptin hcl tab 5 mg	4	QL (30 tablets/30 days)
OSENI - alogliptin-pioglitazone tab 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	4	QL (30 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 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)
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	2	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
QTERN - dapagliflozin-saxagliptin tab 5-5 mg, 10-5 mg	4	QL (30 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	1	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tablets/30 days)
REZVOGLAR KWIKPEN - insulin glargine-aglr soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
RIOMET - metformin hcl oral soln 500 mg/5ml	4	QL (765 mls/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
<i>saxagliptin hcl tab 2.5 mg</i>	2	QL (60 tablets/30 days)
<i>saxagliptin hcl tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	QL (60 tablets/30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg</i>	2	QL (30 tablets/30 days)
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-500 mg	4	QL (120 tablets/30 days)
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg	4	QL (60 tablets/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	4	QL (6 vials/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
SITAGLIPTIN - sitagliptin tab 25 mg	4	QL (120 tablets/30 days)
SITAGLIPTIN - sitagliptin tab 50 mg	4	QL (60 tablets/30 days)
SITAGLIPTIN - sitagliptin tab 100 mg	4	QL (30 tablets/30 days)
SITAGLIPTIN/METFORMIN HYDROCHLORIDE - sitagliptin free base-metformin hcl tab 50-500 mg, 50-1000 mg	4	QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 5 mg	4	QL (90 tablets/30 days)
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 15 mg	4	QL (30 tablets/30 days)
STEGLUJAN - ertugliflozin-sitagliptin tab 5-100 mg, 15-100 mg	4	QL (30 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	3	QL (20 pens/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	4	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	4	QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	4	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	3	
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	3	
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	3	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	PA, QL (3 pens/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	4	QL (5 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	4	QL (4 pens/30 days)
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	4	QL (4 syringes/30 days)
ZITUVIO - sitagliptin tab 25 mg	4	QL (120 tablets/30 days)
ZITUVIO - sitagliptin tab 50 mg	4	QL (60 tablets/30 days)
ZITUVIO - sitagliptin tab 100 mg	4	QL (30 tablets/30 days)
<b>Blood Products and Modifiers</b>		
ADAKVEO - crizanlizumab-tmca iv soln 100 mg/10ml	5	PA
AGRYLIN - anagrelide hcl cap 0.5 mg	4	
ALVAIZ - eltrombopag choline tab 9 mg, 18 mg, 36 mg, 54 mg†	5	PA
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	2	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml	4	PA

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



Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	5	PA
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	4	
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	2	
ARIXTRA - fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	5	QL (30 syringes/90 days)
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA - ticagrelor tab 60 mg, 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
<i>cilostazol tab 50 mg, 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
<i>clopidogrel bisulfate tab 300 mg</i>	2	
CYKLOKAPRON - tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	4	
<i>dabigatran etexilate mesylate cap 75 mg, 150 mg</i>	2	QL (60 capsules/30 days)
<i>dabigatran etexilate mesylate cap 110 mg</i>	2	QL (120 capsules/30 days)
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	2	
DOPTelet - avatrombopag maleate tab 20 mg	5	PA
EFFIENT - prasugrel hcl tab 5 mg, 10 mg	4	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 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)
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	4	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml	4	QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	5	QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml	4	QL (30 vials/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 95000 unit/3.8ml	5	QL (10 vials/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
FYLNETRA - pegfilgrastim-pbbk soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	3	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%, 2000 unit/l-0.9%	2	
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	2	
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	2	
heparin sodium (porcine) pf inj 5000 unit/ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	2	
HEPARIN SODIUM/DEXTROSE - heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	4	
HEPARIN SODIUM/DEXTROSE - heparin sodium (porcine) 100 unit/ml in d5w	4	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%, 25000 unit/500ml-5%	4	
HEPARIN SODIUM/D5W - heparin sodium (porcine) 100 unit/ml in d5w	4	
HEPARIN SODIUM/NACL 0.45% - heparin sod (porcine) in nacl iv soln 25000 unit/250ml-0.45%, 12500 unit/250ml-0.45%	4	
HEPARIN SODIUM/SODIUM CHLORIDE - heparin sod (porcine) in nacl iv soln 25000 unit/250ml-0.45%, 25000 unit/500ml-0.45%	4	
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
LOVENOX - enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml	4	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj soln pref syr 100 mg/ml, 150 mg/ml	5	QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 300 mg/3ml	4	QL (10 vials/90 days)
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
MULPLETA - lusutrombopag tab 3 mg	5	PA
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	5	PA
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	5	PA
NEUPOGEN - filgrastim inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NEUPOGEN - filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml (600 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	5	PA
OXBRYTA - voxelotor tab for oral susp 300 mg	5	PA, QL (150 tablets/30 days)
OXBRYTA - voxelotor tab 300 mg	5	PA, QL (150 tablets/30 days)
OXBRYTA - voxelotor tab 500 mg	5	PA, QL (90 tablets/30 days)
PLAVIX - clopidogrel bisulfate tab 75 mg	4	
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	5	
PRADAXA - dabigatran etexilate mesylate cap 75 mg, 150 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	5	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	5	QL (120 packets/30 days)
<i>prasugrel hcl tab 5 mg, 10 mg</i>	2	
PROCRIIT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRIIT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg*	5	PA, QL (14 tablets/28 days)
REBLOZYL - luspaterecept-aamt for subcutaneous inj 25 mg, 75 mg	5	PA
RELEUKO - filgrastim-ayow soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
RETACRIIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
ROLVEDON - eflapegrastim-xnst soln prefilled syringe 13.2 mg/0.6ml	5	PA
SAVAYSA - edoxaban tosylate tab 15 mg, 30 mg, 60 mg	4	QL (30 tablets/30 days)
STIMUFEND - pegfilgrastim-fpgk soln prefilled syringe 6 mg/0.6ml	5	PA
TAVALISSE - fostamatinib disodium tab 100 mg, 150 mg	5	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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 for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
<b>Cardiovascular Agents</b>		
ACCUPRIL - quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	4	
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	4	
<i>acebutolol hcl cap 200 mg, 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide sodium for inj 500 mg</i>	2	
<i>acetazolamide tab 125 mg, 250 mg</i>	2	
ALDACTONE - spironolactone tab 25 mg, 50 mg, 100 mg	4	
<i>aliskiren fumarate tab 150 mg, 300 mg</i>	2	QL (30 tablets/30 days)
ALTACE - ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	4	
ALTOPREV - lovastatin tab er 24hr 20 mg, 40 mg, 60 mg	5	QL (30 tablets/30 days)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml), 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg, 200 mg, 400 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<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>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	2	QL (30 tablets/30 days)
ASPRUZYO SPRINKLE - ranolazine er granules packet 500 mg, 1000 mg	4	QL (60 packets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ATACAND - candesartan cilexetil tab 4 mg, 8 mg, 16 mg	4	QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 32 mg	4	QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	4	QL (30 tablets/30 days)
<i>atenolol &amp; chlorthalidone tab 50-25 mg, 100-25 mg</i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
ATORVALIQ - atorvastatin calcium susp 20 mg/5ml (4mg/ml)	4	QL (600 mls/30 days)
<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)
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	4	QL (30 tablets/30 days)
AVAPRO - irbesartan tab 75 mg, 150 mg, 300 mg	4	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	4	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	
BENICAR - olmesartan medoxomil tab 5 mg	4	QL (60 tablets/30 days)
BENICAR - olmesartan medoxomil tab 20 mg, 40 mg	4	QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	4	QL (30 tablets/30 days)
BETAPACE - sotalol hcl tab 80 mg, 120 mg, 160 mg	4	
BETAPACE AF - sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg	4	
<i>betaxolol hcl tab 10 mg, 20 mg</i>	2	
BIDIL - isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	4	
<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>	2	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	2	
BYSTOLIC - nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg	4	
CADUET - amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	4	
CAMZYOS - mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg*	5	PA, QL (30 capsules/30 days)
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
CARDENE IV - nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.86%	4	
CARDENE IV - nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.83%	4	
CARDIZEM - diltiazem hcl tab 30 mg, 60 mg, 120 mg	4	
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	4	
CARDIZEM LA - diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
CARDURA - doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	4	QL (60 tablets/30 days)
CAROSPIR - spironolactone susp 25 mg/5ml	4	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg	2	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	
chlorothiazide sodium for inj 500 mg	2	
chlorthalidone tab 25 mg, 50 mg	2	
cholestyramine light powder packets 4 gm	2	
cholestyramine light powder 4 gm/dose	2	
cholestyramine powder packets 4 gm	2	
cholestyramine powder 4 gm/dose	2	
choline fenofibrate cap dr 45 mg	2	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg	2	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	1	
CLONIDINE HYDROCHLORIDE ER - clonidine tab er 24hr 0.17 mg	4	
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	2	
colesevelam hcl packet for susp 3.75 gm	2	QL (30 packets/30 days)
colesevelam hcl tab 625 mg	2	QL (180 tablets/30 days)
COLESTID - colestipol hcl granules 5 gm	4	
COLESTID - colestipol hcl tab 1 gm	4	
colestipol hcl granule packets 5 gm	2	
colestipol hcl granules 5 gm	2	
colestipol hcl tab 1 gm	2	
CONJUPRI - levamlodipine maleate tab 2.5 mg, 5 mg	4	
COREG - carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	4	
COREG CR - carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg	4	
CORGARD - nadolol tab 20 mg, 40 mg	4	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	3	PA, QL (60 tablets/30 days)
COZAAR - losartan potassium tab 25 mg, 50 mg	4	QL (60 tablets/30 days)
COZAAR - losartan potassium tab 100 mg	4	QL (30 tablets/30 days)
CRESTOR - rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	4	QL (45 tablets/30 days), ST
CRESTOR - rosuvastatin calcium tab 40 mg	4	QL (30 tablets/30 days), ST
DEMSEER - metyrosine cap 250 mg	5	
DIBENZYLINE - phenoxybenzamine hcl cap 10 mg	5	
<i>dichlorphenamide tab 50 mg</i>	5	PA, QL (120 tablets/30 days)
<i>digitek - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>digox - digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin inj 0.25 mg/ml#</i>	2	
<i>digoxin oral soln 0.05 mg/ml#</i>	2	QL (150 mls/30 days)
<i>digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
DILTIAZEM HCL - diltiazem hcl iv for soln 100 mg	4	
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml), 50 mg/10ml (5 mg/ml), 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	2	
DIOVAN - valsartan tab 40 mg, 80 mg, 160 mg	4	QL (60 tablets/30 days)
DIOVAN - valsartan tab 320 mg	4	QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	4	QL (30 tablets/30 days)
<i>disopyramide phosphate cap 100 mg, 150 mg#</i>	2	PA (>=65 yr)
DIURIL - chlorothiazide susp 250 mg/5ml	4	
<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>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	5	PA
DYRENIUM - triamterene cap 50 mg, 100 mg	4	
EDARBI - azilsartan medoxomil tab 40 mg, 80 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg	4	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
EDECIN - ethacrynic acid tab 25 mg	4	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	2	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg, 50 mg</i>	2	
<i>ethacrynate sodium for inj 50 mg</i>	5	
<i>ethacrynic acid tab 25 mg</i>	2	
EVKEEZA - evinacumab-dgnb iv soln 345 mg/2.3ml (150 mg/ml), 1200 mg/8ml (150 mg/ml)	5	PA
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	4	QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	4	QL (30 tablets/30 days)
EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 5 mg, 10 mg, 20 mg, 40 mg	4	QL (30 capsules/30 days)
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	2	
FENOFIBRATE - fenofibrate cap 50 mg	4	QL (60 capsules/30 days)
FENOFIBRATE - fenofibrate cap 150 mg	4	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 43 mg</i>	2	QL (60 capsules/30 days)
<i>fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 40 mg, 48 mg, 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 120 mg, 145 mg, 160 mg</i>	2	QL (30 tablets/30 days)
FENOGLIDE - fenofibrate tab 40 mg	4	QL (60 tablets/30 days)
FENOGLIDE - fenofibrate tab 120 mg	4	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	2	
FLOLIPID - simvastatin susp 20 mg/5ml (4 mg/ml)	4	QL (150 mls/30 days)
FLOLIPID - simvastatin susp 40 mg/5ml (8 mg/ml)	4	QL (300 mls/30 days)
<i>fluvastatin sodium cap 20 mg, 40 mg</i>	2	QL (60 capsules/30 days)
<i>fluvastatin sodium tab er 24 hr 80 mg</i>	2	QL (30 tablets/30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	1	
FUROSCIX - furosemide subcutaneous cartridge kit 80 mg/10ml	4	

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



Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 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>guanfacine hcl tab 1 mg, 2 mg#</i>	2	
HEMANGEOL - propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	4	
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<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	
HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	4	QL (30 tablets/30 days)
<i>icosapent ethyl cap 0.5 gm</i>	2	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	2	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg</i>	1	
INDERAL LA - propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	5	
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	5	
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	5	
INPEFA - sotagliflozin tab 200 mg	5	QL (60 tablets/30 days)
INPEFA - sotagliflozin tab 400 mg	4	QL (30 tablets/30 days)
INSPRA - eplerenone tab 25 mg, 50 mg	4	
<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)
ISORDIL TITRADOSE - isosorbide dinitrate tab 5 mg, 40 mg	4	
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isradipine cap 2.5 mg, 5 mg</i>	2	
<i>ivabradine hcl tab 5 mg, 7.5 mg</i>	2	PA, QL (60 tablets/30 days)
JUXTAPID - lomitapide mesylate cap 5 mg, 10 mg, 20 mg, 30 mg*	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	4	
KATERZIA - amlodipine benzoate oral susp 1 mg/ml	4	
KERENDIA - finerenone tab 10 mg, 20 mg	3	PA, QL (30 tablets/30 days)
KEVEYIS - dichlorphenamide tab 50 mg*	5	PA, QL (120 tablets/30 days)
<i>labetalol hcl iv soln 5 mg/ml</i>	2	
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	2	
LANOXIN - digoxin inj 0.25 mg/ml#	4	
LANOXIN - digoxin tab 62.5 mcg (0.0625 mg), 125 mcg (0.125 mg), 250 mcg (0.25 mg)#	4	QL (30 tablets/30 days)
LANOXIN PEDIATRIC - digoxin inj 0.1 mg/ml#	4	
LASIX - furosemide tab 20 mg, 40 mg, 80 mg	4	
LESCOL XL - fluvastatin sodium tab er 24 hr 80 mg	4	QL (30 tablets/30 days), ST
LEVAMLODIPINE - levamlodipine maleate tab 2.5 mg, 5 mg	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	4	
LIPITOR - atorvastatin calcium tab 10 mg, 20 mg, 40 mg	4	QL (45 tablets/30 days), ST
LIPITOR - atorvastatin calcium tab 80 mg	4	QL (30 tablets/30 days), ST
LIPOFEN - fenofibrate cap 50 mg	4	QL (60 capsules/30 days)
LIPOFEN - fenofibrate cap 150 mg	4	QL (30 capsules/30 days)
<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	
LIVALO - pitavastatin calcium tab 1 mg, 2 mg	4	QL (45 tablets/30 days)
LIVALO - pitavastatin calcium tab 4 mg	4	QL (30 tablets/30 days)
LODOCO - colchicine (cardiovascular) tab 0.5 mg	4	
LOPID - gemfibrozil tab 600 mg	4	QL (60 tablets/30 days)
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	4	
<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)
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	4	
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	4	
LOTREL - amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg	4	
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LOVAZA - omega-3-acid ethyl esters cap 1 gm	4	
<i>matzim la - diltiazem hcl tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>methazolamide tab 25 mg, 50 mg</i>	2	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	2	
MICARDIS - telmisartan tab 20 mg, 40 mg, 80 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg	4	QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (60 tablets/30 days)
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>minoxidil tab 2.5 mg, 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	1	
MULTAQ - dronedarone hcl tab 400 mg	3	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	2	
NEXICLON XR - clonidine tab er 24hr 0.17 mg	4	
NEXLETOL - bempedoic acid tab 180 mg	4	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	4	PA, QL (30 tablets/30 days)
NEXTERONE - amiodarone hcl in dextrose 4.21% iv soln 150 mg/100ml	4	
NEXTERONE - amiodarone hcl in dextrose 4.14% iv soln 360 mg/200ml	4	
NIACIN - niacin (antihyperlipidemic) tab 500 mg	4	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</i>	2	QL (60 tablets/30 days)
NIACOR - niacin (antihyperlipidemic) tab 500 mg	4	
<i>nicardipine hcl cap 20 mg, 30 mg</i>	2	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	2	
NICARDIPINE HYDROCHLORIDE - nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%	4	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE - nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine cap 10 mg, 20 mg#</i>	2	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	2	
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 30 mg, 40 mg	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	2	
NITRO-BID - nitroglycerin oint 2%	4	
NITRO-DUR - nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	4	
NITRO-DUR - nitroglycerin td patch 24hr 0.3 mg/hr, 0.8 mg/hr	5	
NITROGLYCERIN - nitroglycerin iv soln 5 mg/ml	4	
<i>nitroglycerin oint 0.4%</i>	2	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
NITROLINGUAL - nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	4	
NITROSTAT - nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg	4	
NORLIQVA - amlodipine besylate oral soln 1 mg/ml	4	
NORPACE - disopyramide phosphate cap 100 mg, 150 mg#	4	PA (>=65 yr)
NORPACE CR - disopyramide phosphate cap er 12hr 100 mg, 150 mg#	4	PA (>=65 yr)
NORTHERA - droxidopa cap 100 mg, 200 mg, 300 mg*	5	PA
NORVASC - amlodipine besylate tab 2.5 mg, 5 mg, 10 mg	4	
NYMALIZE - nimodipine oral soln 6 mg/ml	5	
<i>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
<i>ormalvi - dichlorphenamide tab 50 mg</i>	5	PA, QL (120 tablets/30 days)
<i>pacerone - amiodarone hcl tab 100 mg, 200 mg, 400 mg</i>	2	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg, 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tab 5 mg, 10 mg</i>	2	
<i>pitavastatin calcium tab 1 mg, 2 mg</i>	2	QL (45 tablets/30 days)
<i>pitavastatin calcium tab 4 mg</i>	2	QL (30 tablets/30 days)
PRALUENT - alirocumab subcutaneous solution auto-injector 75 mg/ml, 150 mg/ml*	4	PA, QL (2 pens/28 days)
<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>	2	
<i>prevalite - cholestyramine light powder packets 4 gm</i>	2	
<i>prevalite - cholestyramine light powder 4 gm/dose</i>	2	
<i>procainamide hcl inj 100 mg/ml</i>	2	
<i>procainamide hcl inj 500 mg/ml</i>	2	
PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	4	
<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>	2	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
QBRELIS - lisinopril oral soln 1 mg/ml	5	
QUESTRAN - cholestyramine powder packets 4 gm	4	
QUESTRAN - cholestyramine powder 4 gm/dose	4	
QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose	4	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<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>	2	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto- injector 140 mg/ml	3	PA, QL (2 pens/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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>RYTHMOL SR - propafenone hcl cap er 12hr 225 mg, 325 mg</i>	4	
<i>RYTHMOL SR - propafenone hcl cap er 12hr 425 mg</i>	5	
<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>SOAANZ - torsemide tab 20 mg, 40 mg, 60 mg</i>	4	
<i>sorine - sotalol hcl tab 80 mg</i>	1	
<i>sorine - sotalol hcl tab 120 mg, 160 mg, 240 mg</i>	2	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg, 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg, 160 mg, 240 mg</i>	2	
<i>SOTYLIZE - sotalol hcl oral solution 5 mg/ml</i>	4	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	2	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
<i>SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	4	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>taztia xt - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>TEKTURNA - aliskiren fumarate tab 150 mg, 300 mg</i>	4	QL (30 tablets/30 days)
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	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>TENORETIC 100 - atenolol &amp; chlorthalidone tab 100-25 mg</i>	4	
<i>TENORETIC 50 - atenolol &amp; chlorthalidone tab 50-25 mg</i>	4	
<i>TENORMIN - atenolol tab 25 mg, 50 mg, 100 mg</i>	4	
<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>THALITONE - chlorthalidone tab 15 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
TIKOSYN - dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	4	
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	2	
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	4	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 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	
<i>triamterene cap 50 mg, 100 mg</i>	2	
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	4	QL (30 tablets/30 days)
TRICOR - fenofibrate tab 48 mg	4	QL (60 tablets/30 days)
TRICOR - fenofibrate tab 145 mg	4	QL (30 tablets/30 days)
TRILIPIX - choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	4	QL (60 capsules/30 days)
TRILIPIX - choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	4	QL (30 capsules/30 days)
VALSARTAN - valsartan oral soln 4 mg/ml	5	QL (20 bottles/30 days)
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	4	
VASOTEC - enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	4	
VECAMYL - mecamlamine hcl tab 2.5 mg	5	
verapamil hcl cap er 24hr 100 mg	2	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
verapamil hcl cap er 24hr 200 mg	2	
verapamil hcl cap er 24hr 300 mg	2	
verapamil hcl cap er 24hr 360 mg	2	
verapamil hcl iv soln 2.5 mg/ml	2	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	2	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	4	
VERELAN PM - verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	4	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	4	QL (30 tablets/30 days), ST
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml	5	PA, QL (8 pens/180 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml, 2.4 mg/0.75ml	5	PA, QL (4 pens/28 days)
WELCHOL - colesevelam hcl packet for susp 3.75 gm	4	QL (30 packets/30 days)
WELCHOL - colesevelam hcl tab 625 mg	4	QL (180 tablets/30 days)
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	4	
ZESTRIL - lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	4	
ZETIA - ezetimibe tab 10 mg	4	QL (30 tablets/30 days)
ZOCOR - simvastatin tab 10 mg, 40 mg	4	QL (45 tablets/30 days), ST
ZOCOR - simvastatin tab 20 mg	4	QL (60 tablets/30 days), ST
ZYPITAMAG - pitavastatin magnesium tab 2 mg	4	QL (45 tablets/30 days)
ZYPITAMAG - pitavastatin magnesium tab 4 mg	4	QL (30 tablets/30 days)
<b>Central Nervous System Agents</b>		
ADDERALL - amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	4	QL (60 tablets/30 days)
ADDERALL - amphetamine-dextroamphetamine tab 20 mg	4	QL (90 tablets/30 days)
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	4	QL (30 capsules/30 days)
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 3.1 mg, 6.3 mg	4	QL (60 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg	4	QL (30 tablets/30 days)
<i>amphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>amphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
<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>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	2	QL (30 capsules/30 days)
AMPYRA - dalfampridine tab er 12hr 10 mg*†	5	PA
APTENSIO XR - methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr)	4	PA, 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)
AUBAGIO - teriflunomide tab 7 mg, 14 mg*†	5	PA, QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg, 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (90 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg, 30 mg, 36 mg, 42 mg, 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg, 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	4	PA, QL (30 capsules/30 days)
BAFIERTAM - monomethyl fumarate capsule delayed release 95 mg*	5	PA, QL (120 capsules/30 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	4	PA, QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	4	PA, QL (60 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 8.6 mg	4	PA, QL (30 tablets/30 days)
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 17.3 mg, 25.9 mg	4	PA, QL (60 tablets/30 days)
<i>dalfampridine tab er 12hr 10 mg†</i>	2	PA
DAYBUE - trofinetide oral soln 200 mg/ml	5	PA, QL (8 bottles/30 days)
DAYTRANA - methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	4	PA, QL (30 patches/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 5 mg	4	QL (90 capsules/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg	4	QL (120 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	PA, QL (30 capsules/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	PA, QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	2	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1800 mls/30 days)
<i>dextroamphetamine sulfate tab 2.5 mg, 5 mg, 7.5 mg, 15 mg, 20 mg</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	2	QL (60 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>	5	PA, QL (60 capsules/30 days)
DYANAVEL XR - amphetamine extended release susp 2.5 mg/ml	4	QL (240 mls/30 days)
DYANAVEL XR - amphetamine tab extended release 5 mg, 10 mg, 15 mg, 20 mg	4	QL (30 tablets/30 days)
<i>edaravone inj 30 mg/100ml (0.3 mg/ml)</i>	5	PA
EVEKEO - amphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
EVEKEO - amphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
EVRYSDI - risdiplam for soln 0.75 mg/ml	5	PA, QL (240 mls/30 days)
EXSERVAN - riluzole oral film 50 mg*	5	
EXTAVIA - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>fingolimod hcl cap 0.5 mg</i>	5	PA, QL (30 capsules/30 days)
FIRDAPSE - amifampridine phosphate tab 10 mg	5	PA, QL (300 tablets/30 days)
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmd) tab 10 mg, 20 mg	4	
FOCALIN - dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	4	PA, QL (60 tablets/30 days)
FOCALIN XR - dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	PA, QL (30 capsules/30 days)
GILENYA - fingolimod hcl cap 0.25 mg, 0.5 mg	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#</i>	2	QL (30 tablets/30 days)
HORIZANT - gabapentin enacarbil tab er 300 mg, 600 mg	4	PA, QL (60 tablets/30 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	5	PA, QL (1 pack/28 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg	5	PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 60 mg, 80 mg	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 40 mg	5	PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate cap 60 mg, 80 mg	5	PA, QL (30 capsules/30 days)
INTUNIV - guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#	4	QL (30 tablets/30 days)
JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm)	4	PA, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
<i>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 tablets/30 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs)	5	PA
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg, 2 mg	5	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	PA, QL (1 pack/28 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	PA, QL (1 pack/28 days)
METADATE CD - methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	4	PA, QL (30 capsules/30 days)
<i>methamphetamine hcl tab 5 mg</i>	2	PA, QL (150 tablets/30 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)
<i>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</i>	2	PA, QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la), 60 mg (la), 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr)</i>	2	PA, QL (30 capsules/30 days)
<i>methylphenidate hcl chew tab 2.5 mg, 5 mg</i>	2	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	PA, QL (180 tablets/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	PA, QL (900 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg</i>	2	PA, QL (30 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	PA, QL (60 tablets/30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	2	PA, QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	2	PA, QL (60 tablets/30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	2	PA, QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 10 mg, 20 mg</i>	2	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	2	PA, QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er osmotic release (osm) 45 mg, 63 mg, 72 mg	4	PA, QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er 24hr 18 mg	4	PA, QL (30 tablets/30 days)
<i>methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	2	PA, QL (30 patches/30 days)
MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	QL (30 capsules/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
ONYDA XR - clonidine hcl extended release susp 0.1 mg/ml	4	QL (120 mls/30 days)
<i>paroxetine mesylate cap 7.5 mg#</i>	2	QL (30 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PONVORY - ponesimod tab 20 mg*	5	PA, QL (30 tablets/30 days)
PONVORY 14-DAY STARTER PACK - ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg*	5	PA, QL (1 pack/28 days)
<i>procentra - dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1800 mls/30 days)
QELBREE - viloxazine hcl cap er 24hr 100 mg, 200 mg	4	QL (90 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	4	QL (60 capsules/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg, 40 mg	4	PA, QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	4	PA, QL (60 tablets/30 days)
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	4	PA, QL (360 mls/30 days)
RADICAVA - edaravone inj 30 mg/100ml (0.3 mg/ml)	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RADICAVA ORS - edaravone oral susp 105 mg/5ml*	5	PA
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml*	5	PA
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION PACK - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
RELEXXII - methylphenidate hcl tab er osmotic release (osm) 36 mg	4	PA, QL (60 tablets/30 days)
RELEXXII - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	4	PA, QL (30 tablets/30 days)
<i>riluzole tab 50 mg</i>	2	
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	4	PA, QL (90 tablets/30 days)
RITALIN LA - methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la)	4	PA, QL (30 capsules/30 days)
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	4	QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	4	QL (1 pack/30 days)
SKYCLARYS - omaveloxolone cap 50 mg	5	PA, QL (90 capsules/30 days)
STRATTERA - atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg	4	QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 60 mg, 80 mg, 100 mg	4	QL (30 capsules/30 days)
TASCENSO ODT - fingolimod lauryl sulfate tablet disintegrating 0.25 mg, 0.5 mg	5	PA, QL (30 tablets/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg, 240 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
TEGLUTIK - riluzole susp 50 mg/10ml	5	
<i>teriflunomide tab 7 mg, 14 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>tetrabenazine tab 12.5 mg</i>	2	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
TIGLUTIK - riluzole susp 50 mg/10ml	5	
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	3	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
XELSTRYM - dextroamphetamine td patch 4.5 mg/9hr, 9 mg/9hr, 13.5 mg/9hr, 18 mg/9hr	4	QL (30 patches/30 days)
XENAZINE - tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
XENAZINE - tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	2	QL (180 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 2.5 mg, 5 mg, 7.5 mg, 15 mg, 20 mg	2	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 30 mg	2	QL (60 tablets/30 days)
ZEPOSIA - ozanimod hcl cap 0.92 mg	5	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	5	PA, QL (1 kit/28 days)
ZEPOSIA 7-DAY STARTER PACK - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	5	PA, QL (1 pack/28 days)
<b>Dental and Oral Agents</b>		
cevimeline hcl cap 30 mg	2	
chlorhexidine gluconate soln 0.12%	1	
EVOXAC - cevimeline hcl cap 30 mg	4	
KEPIVANCE - palifermin for iv inj 5.16 mg	5	
kourzeq - triamcinolone acetonide dental paste 0.1%	2	
oralone dental paste - triamcinolone acetonide dental paste 0.1%	2	
periogard - chlorhexidine gluconate soln 0.12%	1	
pilocarpine hcl tab 5 mg, 7.5 mg	2	
SALAGEN - pilocarpine hcl tab 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	2	
<b>Dermatological Agents</b>		
ABSORICA - isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	4	
ABSORICA LD - isotretinoin micronized cap 8 mg, 16 mg, 24 mg, 32 mg	5	
ACANYA - clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	4	
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin cap 10 mg, 17.5 mg, 25 mg	2	
ACZONE - dapsone gel 5%, 7.5%	4	
ADAPALENE - adapalene pads 0.1%	4	PA
ADAPALENE - adapalene soln 0.1%	4	PA
adapalene cream 0.1%	2	PA
adapalene gel 0.1%, 0.3%	2	PA
adapalene-benzoyl peroxide gel 0.1-2.5%, 0.3-2.5%	2	
AKLIEF - trifarotene cream 0.005%	4	PA
ala-cort - hydrocortisone cream 1%	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ala-cort - hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
ALA-SCALP - hydrocortisone lotion 2%	4	QL (118.4 mls/30 days)
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120 grams/30 days)
ALTABAX - retapamulin oint 1%	4	
ALTRENO - tretinoin lotion 0.05%	4	PA
AMCINONIDE - amcinonide cream 0.1%	4	QL (120 grams/30 days)
AMCINONIDE - amcinonide oint 0.1%	4	QL (120 grams/30 days)
<i>amnesteem - isotretinoin cap 10 mg, 20 mg, 40 mg</i>	2	
AMZEEQ - minocycline hcl micronized foam 4%	4	
APEXICON E - diflorasone diacetate emollient base cream 0.05%	4	QL (120 grams/30 days)
ARAZLO - tazarotene (acne) lotion 0.045%	4	PA
ATRALIN - tretinoin gel 0.05%	4	PA
<i>avita - tretinoin cream 0.025%</i>	2	PA
<i>avita - tretinoin gel 0.025%</i>	2	PA
<i>azelaic acid gel 15%</i>	2	
AZELEX - azelaic acid cream 20%	4	
BENZAMYCIN - benzoyl peroxide-erythromycin gel 5-3%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	2	QL (150 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	2	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>brimonidine tartrate gel 0.33%</i>	2	
BRYHALI - halobetasol propionate lotion 0.01%	4	QL (200 grams/28 days)
CABTREO - adapalene-benzoyl peroxide-clindamycin gel 0.15-3.1-1.2%	5	
CALCIPOTRIENE - calcipotriene foam 0.005%	4	QL (120 grams/30 days)
<i>calcipotriene cream 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	5	
<i>calcitrene - calcipotriene oint 0.005%</i>	2	QL (120 grams/30 days)
CALCITRIOL - calcitriol oint 3 mcg/gm	4	
CARAC - fluorouracil cream 0.5%	5	
<i>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%, 1.2-2.5%, 1.2-3.75%</i>	2	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate e - clobetasol propionate emollient base cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate emulsion foam 0.05%</i>	2	QL (200 grams/28 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (200 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate lotion 0.05%</i>	2	QL (177 mls/28 days)
<i>clobetasol propionate oint 0.05%</i>	2	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (200 mls/28 days)
<i>clobetasol propionate spray 0.05%</i>	2	QL (236 mls/28 days)
CLOBEX - clobetasol propionate lotion 0.05%	4	QL (177 mls/28 days)
CLOBEX - clobetasol propionate shampoo 0.05%	4	QL (236 mls/30 days)
CLOBEX - clobetasol propionate spray 0.05%	4	QL (236 mls/28 days)
<i>clocortolone pivalate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>clodan - clobetasol propionate shampoo 0.05%</i>	2	QL (236 mls/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	
CONDYLOX - podofilox gel 0.5%	4	
CORDRAN - flurandrenolide cream 0.05%	5	QL (120 grams/30 days)
CORDRAN - flurandrenolide lotion 0.05%	4	QL (120 mls/30 days)
CORDRAN - flurandrenolide tape 4 mcg/sqcm	4	QL (2 boxes/30 days)
CROTAN - crotamiton lotion 10%	5	
<i>dapsone gel 5%, 7.5%</i>	2	
DERMA-SMOOTH/FS BODY OIL - fluocinolone acetonide oil 0.01% (body oil)	4	QL (118.28 mls/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTH/FS SCALP OIL - fluocinolone acetonide oil 0.01% (scalp oil)	4	QL (118.28 mls/30 days)
<i>desonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>desonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	2	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	2	QL (120 grams/30 days)
DESOWEN - desonide cream 0.05%	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%, 0.25%</i>	2	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120 grams/30 days)
<i>desoximetasone oint 0.05%, 0.25%</i>	2	QL (120 grams/30 days)
<i>desoximetasone spray 0.25%</i>	2	QL (100 mls/30 days)
<i>desrx - desonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	2	PA
DIFFERIN - adapalene cream 0.1%	4	PA
DIFFERIN - adapalene gel 0.3%	4	PA
DIFFERIN - adapalene lotion 0.1%	4	PA
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	4	QL (120 grams/30 days)
<i>diflorasone diacetate oint 0.05%</i>	2	QL (120 grams/30 days)
DIPROLENE - betamethasone dipropionate augmented oint 0.05%	4	QL (200 grams/28 days)
<i>doxepin hcl cream 5%</i>	2	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	2	
DUOBRII - halobetasol propionate-tazarotene lotion 0.01-0.045%	3	
EFUDEX - fluorouracil cream 5%	4	
ELIDEL - pimecrolimus cream 1%	4	PA
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	5	
EPIDUO - adapalene-benzoyl peroxide gel 0.1-2.5%	4	
EPIDUO FORTE - adapalene-benzoyl peroxide gel 0.3-2.5%	4	
EPSOLAY - benzoyl peroxide cream 5%	4	
EUCRISA - crisaborole oint 2%	4	PA
FABIOR - tazarotene (acne) foam 0.1%	4	PA
FILSUVEZ - birch triterpenes gel 10%	5	PA
FINACEA - azelaic acid foam 15%	3	
FINACEA - azelaic acid gel 15%	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i>	2	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 grams/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide cream 0.1%</i>	2	QL (240 grams/28 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	3	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>flurandrenolide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>flurandrenolide lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halcinonide cream 0.1%</i>	2	QL (120 grams/30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (200 grams/28 days)
<i>halobetasol propionate foam 0.05%</i>	2	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (200 grams/28 days)
HALOG - halcinonide cream 0.1%	4	QL (120 grams/30 days)
HALOG - halcinonide oint 0.1%	4	QL (120 grams/30 days)
HALOG - halcinonide soln 0.1%	4	QL (120 mls/30 days)
HYDROCORTISONE - hydrocortisone lotion 2%	4	QL (118.4 mls/30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate lotion 0.1%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120 grams/30 days)
HYFTOR - sirolimus gel 0.2%*	5	PA
<i>imiquimod cream 3.75%</i>	5	PA
<i>imiquimod cream 5%</i>	2	PA
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin cream 1%</i>	2	PA
KENALOG - triamcinolone acetonide aerosol soln 0.147 mg/gm	4	QL (126 grams/30 days)
KLARON - sulfacetamide sodium lotion 10% (acne)	4	
KLISYRI - tirbanibulin ointment 1%	5	QL (5 packs/30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
LEXETTE - halobetasol propionate foam 0.05%	4	QL (200 grams/28 days)
LOCOID - hydrocortisone butyrate lotion 0.1%	4	QL (118 mls/30 days)
LOCOID LIPOCREAM - hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	QL (135 grams/30 days)
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	2	
<i>malathion lotion 0.5%</i>	2	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
METROCREAM - metronidazole cream 0.75%	4	
METROGEL - metronidazole gel 1%	4	
METROLOTION - metronidazole lotion 0.75%	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
MIRVASO - brimonidine tartrate gel 0.33%	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	2	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	2	QL (30 grams/30 days)
<i>myorisan - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
NATROBA - spinosad susp 0.9%	4	
NEO-SYNALAR - neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	4	
<i>neuac - clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	
NORITATE - metronidazole cream 1%	5	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
ONEXTON - clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	4	
OPZELURA - ruxolitinib phosphate cream 1.5%	5	PA
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	3	
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 20 mg	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
OVIDE - malathion lotion 0.5%	4	
PANDEL - hydrocortisone probutate cream 0.1%	4	QL (160 grams/30 days)
<i>permethrin cream 5%</i>	2	
<i>pimecrolimus cream 1%</i>	2	PA
<i>podofilox gel 0.5%</i>	2	
<i>podofilox soln 0.5%</i>	2	
PRUDOXIN - doxepin hcl cream 5%	4	PA
QBREXZA - glycopyrronium tosylate pad 2.4%	4	PA, QL (1 box/30 days)
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
RETIN-A - tretinoin cream 0.025%, 0.05%, 0.1%	4	PA
RETIN-A - tretinoin gel 0.01%, 0.025%	4	PA
RETIN-A MICRO - tretinoin microsphere gel 0.04%, 0.06%, 0.1%	4	PA
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.04%, 0.08%, 0.1%	4	PA
<i>rosadan - metronidazole cream 0.75%</i>	2	
<i>rosadan - metronidazole gel 0.75%</i>	2	
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
SILVADENE - silver sulfadiazine cream 1%	4	
<i>silver sulfadiazine cream 1%</i>	2	
SOOLANTRA - ivermectin cream 1%	4	PA
SORILUX - calcipotriene foam 0.005%	4	QL (120 grams/30 days)
SPINOSAD - spinosad susp 0.9%	4	
<i>ssd - silver sulfadiazine cream 1%</i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
SULFAMYLON - mafenide acetate cream 85 mg/gm	4	
SYNALAR - fluocinolone acetonide cream 0.025%	4	QL (120 grams/30 days)
SYNALAR - fluocinolone acetonide oint 0.025%	4	QL (120 grams/30 days)
TACLONEX - calcipotriene-betamethasone dipropionate susp 0.005-0.064%	5	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	PA
TAZAROTENE - tazarotene (acne) foam 0.1%	4	PA
<i>tazarotene cream 0.05%, 0.1%</i>	2	PA
<i>tazarotene gel 0.05%, 0.1%</i>	2	PA
TAZORAC - tazarotene cream 0.05%, 0.1%	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
TAZORAC - tazarotene gel 0.05%, 0.1%	4	PA
TEXACORT - hydrocortisone soln 2.5%	4	QL (120 mls/30 days)
TOPICORT - desoximetasone cream 0.05%, 0.25%	4	QL (120 grams/30 days)
TOPICORT - desoximetasone gel 0.05%	4	QL (120 grams/30 days)
TOPICORT - desoximetasone oint 0.05%, 0.25%	4	QL (120 grams/30 days)
TOPICORT - desoximetasone spray 0.25%	4	QL (100 mls/30 days)
<i>tovet - clobetasol propionate emulsion foam 0.05%</i>	2	QL (200 grams/28 days)
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
<i>tretinoin microsphere gel 0.04%, 0.08%, 0.1%</i>	2	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	2	QL (126 grams/30 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%, 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.05%</i>	2	QL (430 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
<i>trianex - triamcinolone acetonide oint 0.05%</i>	2	QL (430 grams/30 days)
<i>triderm - triamcinolone acetonide cream 0.1%, 0.5%</i>	2	QL (454 grams/30 days)
<i>tritocin - triamcinolone acetonide oint 0.05%</i>	2	QL (430 grams/30 days)
TWYNEO - tretinoin-benzoyl peroxide cream 0.1-3%	4	
ULTRAVATE - halobetasol propionate lotion 0.05%	4	QL (240 mls/30 days)
VANOS - fluocinonide cream 0.1%	5	QL (240 grams/28 days)
VECTICAL - calcitriol oint 3 mcg/gm	4	
VELTIN - clindamycin phosphate-tretinoin gel 1.2-0.025%	4	
VERDESO - desonide foam 0.05%	5	QL (100 grams/30 days)
VEREGEN - sinecatechins oint 15%	5	
VTAMA - tapinarof cream 1%	5	PA
WINLEVI - clascoterone cream 1%	4	PA
<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ZIANA - clindamycin phosphate-tretinoin gel 1.2-0.025%	4	
ZILXI - minocycline hcl micronized foam 1.5%	4	
ZONALON - doxepin hcl cream 5%	4	PA
ZORYVE - roflumilast cream 0.3%	4	PA
ZORYVE - roflumilast foam 0.3%	4	PA
ZYCLARA - imiquimod cream 3.75%	5	PA
ZYCLARA PUMP - imiquimod cream 2.5%, 3.75%	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
CARBAGLU - carglumic acid soluble tab 200 mg*	5	PA
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	4	
CLINIMIX E 2.75%/DEXTROSE 5% - amino acid electrolyte w/cal infusion 2.75% in d5w	4	BD
CLINIMIX E 4.25%/DEXTROSE 10% - amino acid electrolyte w/cal infusion 4.25% in d10w	4	BD
CLINIMIX E 4.25%/DEXTROSE 5% - amino acid electrolyte w/cal infusion 4.25% in d5w	4	BD
CLINIMIX E 5%/DEXTROSE 15% - amino acid electrolyte w/cal infusion 5% in d15w	4	BD
CLINIMIX E 5%/DEXTROSE 20% - amino acid electrolyte w/cal infusion 5% in d20w	4	BD
CLINIMIX E 8/10 - amino acid electrolyte w/cal infusion 8% in d10w	4	BD
CLINIMIX E 8/14 - amino acid electrolyte w/cal infusion 8% in d14w	4	BD
CLINIMIX 4.25%/DEXTROSE 10% - amino acid infusion 4.25% in d10w	4	BD
CLINIMIX 4.25%/DEXTROSE 5% - amino acid infusion 4.25% in d5w	4	BD
CLINIMIX 5%/DEXTROSE 15% - amino acid infusion 5% in d15w	4	BD
CLINIMIX 5%/DEXTROSE 20% - amino acid infusion 5% in d20w	4	BD
CLINIMIX 6/5 - amino acid infusion 6% in d5w	4	BD
CLINIMIX 8/10 - amino acid infusion 8% in d10w	4	BD
CLINIMIX 8/14 - amino acid infusion 8% in d14w	4	BD
CLINOLIPID - fat emulsion plant based (soy/olive) iv emulsion 20%	4	BD
CUVRIOR - trientine tetrahydrochloride tab 300 mg	5	PA, QL (300 tablets/30 days)
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg†</i>	5	PA
<i>deferasirox tab for oral susp 125 mg†</i>	2	PA
<i>deferasirox tab for oral susp 250 mg, 500 mg†</i>	5	PA
<i>deferasirox tab 90 mg†</i>	2	PA
<i>deferasirox tab 180 mg, 360 mg†</i>	5	PA
<i>deferiprone tab 500 mg, 1000 mg†</i>	5	PA
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 50%, 70%</i>	1	BD
DEXTROSE 10%/SODIUM CHLORIDE - dextrose 10% w/ sodium chloride 0.2%, 0.45%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
DEXTROSE 25% - dextrose inj 25%	4	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%, 0.3%, 0.45%, 0.9%</i>	2	
DOJOLVI - triheptanoin oral liquid 100%	5	
<i>electrolyte-a solution</i>	2	
<i>electrolyte-148 solution</i>	2	
EXJADE - deferasirox tab for oral susp 125 mg, 250 mg, 500 mg*†	5	PA
FERRIPROX - deferiprone oral soln 100 mg/ml	5	PA
FERRIPROX - deferiprone tab 500 mg, 1000 mg†	5	PA
FERRIPROX TWICE-A-DAY - deferiprone (twice daily) tab 1000 mg†	5	PA
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental)	5	QL (90 tablets/30 days)
FOSRENOL - lanthanum carbonate chew tab 750 mg (elemental)	5	QL (180 tablets/30 days)
FOSRENOL - lanthanum carbonate chew tab 1000 mg (elemental)	5	QL (120 tablets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%, 30% <i>irrigation solution, physiological</i>	4	BD
ISOLYTE-P/DEXTROSE 5% - electrolyte-p in d5w soln	2	
ISOLYTE-S - electrolyte-s solution	4	
ISOLYTE-S PH 7.4 - electrolyte-s (ph 7.4) solution	4	
JADENU - deferasirox tab 90 mg, 180 mg, 360 mg*†	5	PA
JADENU SPRINKLE - deferasirox granules packet 90 mg, 180 mg, 360 mg*†	5	PA
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	5	PA
JYNARQUE - tolvaptan tab 15 mg, 30 mg	5	PA
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kionex - sodium polystyrene sulfonate susp 15 gm/60ml</i>	2	
<i>klor-con - potassium chloride powder packet 20 meq</i>	2	
<i>klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq</i>	2	
<i>klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq</i>	2	
<i>klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq</i>	2	
<i>klor-con 8 - potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>klor-con 10 - potassium chloride tab er 10 meq</i>	2	
<i>lactated ringer's for irrigation</i>	2	
<i>lactated ringer's solution</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	5	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	QL (120 tablets/30 days)
<i>LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm</i>	4	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml), 4 gm/100ml (40 mg/ml), 20 gm/500ml (40 mg/ml), 40 gm/1000ml (40 mg/ml), 4 gm/50ml (80 mg/ml)</i>	2	
<i>multiple electrolytes injection type 1 - electrolyte-148 solution</i>	2	
<i>multiple electrolytes injection type 1 - electrolyte-a solution</i>	2	
<i>NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%</i>	4	BD
<i>OMEGAVEN - fat emulsion fish oil triglyceride based iv emul 5 gm/50ml, 10 gm/100ml</i>	4	BD
<i>physiolyte - irrigation solution, physiological</i>	2	
<i>PLASMA-LYTE A - electrolyte-a solution</i>	4	
<i>PLASMA-LYTE-148 - electrolyte-148 solution</i>	4	
<i>potassium chloride cap er 8 meq, 10 meq</i>	2	
<i>POTASSIUM CHLORIDE ER - potassium chloride tab er 15 meq</i>	4	
<i>potassium chloride inj 10 meq/100ml</i>	2	
<i>potassium chloride inj 10 meq/50ml</i>	2	
<i>potassium chloride inj 20 meq/100ml</i>	2	
<i>potassium chloride inj 20 meq/50ml</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride inj 40 meq/100ml</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
POTASSIUM CHLORIDE/DEXTROSE - potassium chloride 10 meq/l (0.075%) in dextrose 5% inj	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	3	
<i>potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)</i>	2	
PREMASOL - amino acid infusion 10%	4	BD
RENVELA - sevelamer carbonate packet 0.8 gm	5	QL (270 packets/30 days)
RENVELA - sevelamer carbonate packet 2.4 gm	4	QL (90 packets/30 days)
RENVELA - sevelamer carbonate tab 800 mg	5	
<i>ringer's solution</i>	2	
<i>ringer's solution for irrigation</i>	2	
SAMSCA - tolvaptan tab 15 mg, 30 mg	5	PA
<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	
<i>sevelamer hcl tab 400 mg, 800 mg</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium chloride preservative free inj 0.9%</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	2	
SPS - sodium polystyrene sulfonate rectal susp 30 gm/120ml	2	
<i>sps - sodium polystyrene sulfonate susp 15 gm/60ml</i>	2	
SYPRINE - trientine hcl cap 250 mg†	5	PA, QL (240 capsules/30 days)
<i>tis-u-sol - ringer's solution for irrigation</i>	2	
<i>tolvaptan tab 15 mg, 30 mg</i>	5	PA
TPN ELECTROLYTES - parenteral electrolyte conc	4	BD
TRAVASOL - amino acid infusion 10%	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl cap 250 mg†</i>	5	PA, QL (240 capsules/30 days)
TRIENTINE HYDROCHLORIDE - trientine hcl cap 500 mg	5	PA, QL (120 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
UROKIT-K 10 - potassium citrate tab er 10 meq (1080 mg)	4	
UROKIT-K 15 - potassium citrate tab er 15 meq (1620 mg)	4	
UROKIT-K 5 - potassium citrate tab er 5 meq (540 mg)	4	
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	QL (180 tablets/30 days)
VELTASSA - patiomer sorbitex calcium for susp packet 1 gm, 8.4 gm, 16.8 gm, 25.2 gm	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
XPHOZAH - tenapanor hcl tab 20 mg, 30 mg	5	QL (60 tablets/30 days)
<b>Gastrointestinal Agents</b>		
ACIPHEX - rabeprazole sodium ec tab 20 mg	4	QL (30 tablets/30 days), ST
<i>alose tron hcl tab 0.5 mg</i>	2	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)
AMITIZA - lubiprostone cap 8 mcg	4	QL (120 capsules/30 days)
AMITIZA - lubiprostone cap 24 mcg	4	QL (60 capsules/30 days)
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	2	
BENTYL - dicyclomine hcl inj 10 mg/ml#	4	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	
CARAFATE - sucralfate susp 1 gm/10ml	4	
CARAFATE - sucralfate tab 1 gm	4	
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
CLENPIQ - sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	4	
<i>constulose - lactulose solution 10 gm/15ml</i>	2	
CUVPOSA - glycopyrrolate oral soln 1 mg/5ml	4	
CYTOTEC - misoprostol tab 100 mcg, 200 mcg	4	
DEXILANT - dexlansoprazole cap delayed release 30 mg, 60 mg	4	QL (30 capsules/30 days)
<i>dexlansoprazole cap delayed release 30 mg, 60 mg</i>	2	QL (30 capsules/30 days)
<i>dicyclomine hcl cap 10 mg#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl inj 10 mg/ml#</i>	2	
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	2	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	2	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	2	PA (>=65 yr)
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml#	4	PA (>=65 yr)
<i>enulose - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 20 mg, 40 mg</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	2	QL (30 packets/30 days)
<i>esomeprazole sodium for intravenous soln 40 mg</i>	2	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine inj 40 mg/4ml, 200 mg/20ml</i>	2	
FAMOTIDINE PREMIXED - famotidine in nacl 0.9% iv soln 20 mg/50ml	4	
<i>famotidine preservative free inj 20 mg/2ml</i>	1	
<i>famotidine tab 20 mg, 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
<i>gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>gavilyte-n/flower pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>generlac - lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
GIMOTI - metoclopramide hcl nasal spray 15 mg/act*	5	
GLYCATE - glycopyrrolate tab 1.5 mg	4	
GLYCOPYRROLATE - glycopyrrolate tab 1.5 mg	5	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	2	
<i>glycopyrrolate inj 0.2 mg/ml, 0.4 mg/2ml (0.2 mg/ml), 1 mg/5ml (0.2 mg/ml), 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	2	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	2	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	4	
HELIDAC THERAPY - metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack	4	
IBSRELA - tenapanor hcl tab 50 mg	5	QL (60 tablets/30 days)
KONVOMEF - omeprazole-sodium bicarbonate for oral susp 2-84 mg/ml	4	QL (600 mls/30 days)
KRISTALOSE - lactulose oral crystal packet 10 gm, 20 gm	4	
LACTULOSE - lactulose oral crystal packet 10 gm	5	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg</i>	2	QL (30 tablets/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
LOMOTIL - diphenoxylate w/ atropine tab 2.5-0.025 mg#	4	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl cap 2 mg</i>	2	
LOTROXEX - alosetron hcl tab 0.5 mg, 1 mg	5	PA, QL (60 tablets/30 days)
<i>lubiprostone cap 8 mcg</i>	2	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	2	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg, 5 mg#</i>	2	PA (>=65 yr)
<i>metoclopramide hcl inj 5 mg/ml</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	1	
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg	4	
<i>misoprostol tab 100 mcg, 200 mcg</i>	2	
MOTEGRITY - prucalopride succinate tab 1 mg, 2 mg	4	QL (30 tablets/30 days)
MOVANTI - naloxegol oxalate tab 12.5 mg, 25 mg	3	
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
MYTESI - crofelemer tab delayed release 125 mg	5	
NEXIUM - esomeprazole magnesium cap delayed release 20 mg, 40 mg	4	QL (30 capsules/30 days), ST
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg	4	QL (30 packets/30 days), ST
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days)
NEXIUM I.V. - esomeprazole sodium for intravenous soln 40 mg	4	
NIZATIDINE - nizatidine cap 150 mg	4	
NIZATIDINE - nizatidine oral soln 15 mg/ml	4	
<i>nizatidine cap 300 mg</i>	2	
NULYTELY - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	4	
OCALIVA - obeticholic acid tab 5 mg, 10 mg*†	5	PA, QL (30 tablets/30 days)
OMECLAMOX-PAK - amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack	4	
<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>omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg</i>	2	QL (30 capsules/30 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg</i>	2	QL (30 packs/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 delayed release susp packet 40 mg</i>	2	QL (30 packs/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium for iv soln 40 mg</i>	2	
<i>peg-3350/electrolytes/ascorbate - 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	
<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	
PEPCID - famotidine tab 20 mg, 40 mg	4	
PLENVU - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	4	
PREVACID - lansoprazole cap delayed release 30 mg	4	QL (30 capsules/30 days), ST
PREVACID SOLUTAB - lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg	4	QL (30 tablets/30 days), ST
PRILOSEC - omeprazole magnesium for delayed release susp packet 2.5 mg	4	QL (90 packets/30 days)
PRILOSEC - omeprazole magnesium for delayed release susp packet 10 mg	4	QL (120 packets/30 days)
PROTONIX - pantoprazole sodium ec tab 20 mg	4	QL (30 tablets/30 days), ST
PROTONIX - pantoprazole sodium ec tab 40 mg	4	QL (60 tablets/30 days), ST
PROTONIX - pantoprazole sodium for delayed release susp packet 40 mg	4	QL (30 packs/30 days), ST
PROTONIX - pantoprazole sodium for iv soln 40 mg	4	
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3	
<i>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
REGLAN - metoclopramide hcl tab 5 mg, 10 mg	4	
RELISTOR - methylalntrexone bromide inj 8 mg/0.4ml (20 mg/ml), 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylalntrexone bromide tab 150 mg	5	PA
RELTONE - ursodiol cap 200 mg	5	
RELTONE - ursodiol cap 400 mg	4	
ROBINUL - glycopyrrolate tab 1 mg	4	
ROBINUL FORTE - glycopyrrolate tab 2 mg	5	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<i>sucrafate susp 1 gm/10ml</i>	2	
<i>sucrafate tab 1 gm</i>	2	
SUFLAVE - peg 3350-kcl-nacl-na sulfate-mag sulfate for soln 178.7 gm	4	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
SYMPROIC - naldemedine tosylate tab 0.2 mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TALICIA - amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg	4	
TRULANCE - plecanatide tab 3 mg	4	QL (30 tablets/30 days)
URSO FORTE - ursodiol tab 500 mg	4	
URSO 250 - ursodiol tab 250 mg	4	
URSODIOL - ursodiol cap 200 mg, 400 mg	5	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg, 500 mg</i>	2	
VIBERZI - eluxadoline tab 75 mg, 100 mg	5	PA, QL (60 tablets/30 days)
VOQUEZNA - vonoprazan fumarate tab 10 mg, 20 mg	4	QL (30 tablets/30 days)
VOQUEZNA DUAL PAK - amoxicillin cap 500 mg & vonoprazan tab 20 mg therapy pack	4	
VOQUEZNA TRIPLE PAK - amoxicillin cap & clarithromycin tab & vonoprazan tab pack	4	
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
ZEGERID - omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg	5	QL (30 capsules/30 days), ST
ZEGERID - omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg	5	QL (30 packs/30 days), ST
ZINPLAVA - bezlotoxumab iv soln 1000 mg/40ml (25 mg/ml)	5	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 500 mg, 1000 mg*	5	PA
<i>betaine powder for oral solution</i>	5	
BUPHENYL - sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	PA
BYLVAY - odeixibat cap 400 mcg, 1200 mcg*	5	PA
BYLVAY (PELLETS) - odeixibat pellets cap sprinkle 200 mcg, 600 mcg*	5	PA
CARNITOR - levocarnitine inj 200 mg/ml	4	
CARNITOR - levocarnitine oral soln 1 gm/10ml (10%)	4	
CARNITOR - levocarnitine tab 330 mg	4	
CARNITOR SF - levocarnitine oral soln 1 gm/10ml (10%)	4	
CERDELGA - eliglustat tartrate cap 84 mg	5	PA, QL (60 capsules/30 days)
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CHOLBAM - cholic acid cap 50 mg, 250 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
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	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml	5	PA
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
ENDARI - glutamine (sickle cell) powd pack 5 gm*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg, 35 mg*	5	
FILSPARI - sparsentan tab 200 mg, 400 mg	5	PA, QL (30 tablets/30 days)
GALAFOLD - migalastat hcl cap 123 mg	5	PA, QL (14 capsules/28 days)
GASTROCROM - cromolyn sodium oral conc 100 mg/5ml	4	
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	5	PA
<i>glutamine (sickle cell) powd pack 5 gm</i>	5	PA
<i>javygtor - sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>	5	PA
<i>javygtor - sapropterin dihydrochloride tab 100 mg†</i>	2	PA
JOENJA - leniolisib phosphate tab 70 mg	5	PA, QL (60 tablets/30 days)
KUVAN - sapropterin dihydrochloride powder packet 100 mg, 500 mg*†	5	PA
KUVAN - sapropterin dihydrochloride tab 100 mg*†	5	PA
<i>levocarnitine inj 200 mg/ml</i>	2	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	
<i>levocarnitine tab 330 mg</i>	2	
LIVMARLI - maralixibat chloride oral soln 9.5 mg/ml*	5	PA
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg*	5	
OLPRUVA - sodium phenylbutyrate packet for susp 2 gm therapy pack	5	PA
OLPRUVA - sodium phenylbutyrate packet for susp 3 gm therapy pack	5	PA
OLPRUVA - sodium phenylbutyrate packet for susp 4 gm therapy pack	5	PA
OLPRUVA - sodium phenylbutyrate packet for susp 5 gm therapy pack	5	PA

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Drug Name	Drug Tier	Requirements/Limits
OLPRUVA - sodium phenylbutyrate packet for susp 6 gm therapy pack	5	PA
OLPRUVA - sodium phenylbutyrate packet for susp 6.67 gm therapy pack	5	PA
OPFOLDA - miglustat (gaa deficiency) cap 65 mg	4	
ORFADIN - nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	5	PA
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit, 4200-14200-24600 unit, 10500-35500-61500 unit, 16800-56800-98400 unit, 21000-54700-83900 unit	4	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 37000-97300-149900 unit	5	
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit, 8000-28750-30250 unit, 16000-57500-60500 unit	4	
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	5	
PHEBURANE - sodium phenylbutyrate oral pellets 483 mg/gm*	5	PA
PROCYSBI - cysteamine bitartrate cap delayed release 25 mg, 75 mg	5	PA
PROCYSBI - cysteamine bitartrate delayed release granules packet 75 mg, 300 mg	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml*	5	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
REZDIFFRA - resmetirom 60 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	5	PA, QL (30 tablets/30 days)
RIVFLOZA - nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml, 160 mg/ml	5	PA
RIVFLOZA - nedosiran sodium subcutaneous soln 80 mg/0.5ml	5	PA
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg†</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg†</i>	2	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
SOHONOS - palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml*	5	PA
SUCRAID - sacrosidase soln 8500 unit/ml*	5	PA
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml*	5	PA
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	4	
VIOKACE - pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	5	
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg*	5	PA, QL (30 vials/30 days)
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOX - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
WAINUA - eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml	5	PA
XURIDEN - uridine triacetate oral granules packet 2 gm	5	
<i>yargesa - miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
ZAVESCA - miglustat cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZEMAIRA - alpha1-proteinase inhibitor (human) for iv soln 1000 mg, 4000 mg, 5000 mg*	5	PA
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, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	5	PA, QL (120 capsules/30 days)
<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	4	QL (30 capsules/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	2	
CARDURA XL - doxazosin mesylate tab er 24 hr 4 mg, 8 mg	4	QL (30 tablets/30 days)
CIALIS - tadalafil tab 2.5 mg, 5 mg	4	PA, QL (30 tablets/30 days)
CUPRIMINE - penicillamine cap 250 mg	5	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg, 15 mg</i>	2	QL (30 tablets/30 days)
DEPEN TITRATABS - penicillamine tab 250 mg	5	
DETROL - tolterodine tartrate tab 1 mg, 2 mg	4	QL (60 tablets/30 days), ST
DETROL LA - tolterodine tartrate cap er 24hr 2 mg, 4 mg	4	QL (30 capsules/30 days), ST
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 capsules/30 days)
ELMIRON - pentosan polysulfate sodium caps 100 mg	4	PA
ENTADFI - finasteride-tadalafil cap 5-5 mg	4	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine fumarate tab er 24hr 4 mg, 8 mg</i>	2	QL (30 tablets/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
FLOMAX - tamsulosin hcl cap 0.4 mg	4	QL (60 capsules/30 days)
GELNIQUE - oxybutynin chloride td gel 10%	4	QL (30 sachets/30 days)
GEMTESA - vibegron tab 75 mg	3	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	4	
LITHOSTAT - acetohydroxamic acid tab 250 mg	4	
<i>methergine - methylergonovine maleate tab 0.2 mg</i>	5	
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
OXLUMO - lumasiran sodium subcutaneous soln 94.5 mg/0.5ml	5	PA
OXYBUTYNIN CHLORIDE - oxybutynin chloride tab 2.5 mg	4	QL (90 tablets/30 days)
<i>oxybutynin chloride solution 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
OXYTROL - oxybutynin td patch twice weekly 3.9 mg/24hr	4	QL (8 patches/28 days)
<i>penicillamine cap 250 mg</i>	5	
<i>penicillamine tab 250 mg</i>	5	
PHEXXI - lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	4	
PROSCAR - finasteride tab 5 mg	4	QL (30 tablets/30 days)
RAPAFLO - silodosin cap 4 mg, 8 mg	4	QL (30 capsules/30 days)
<i>silodosin cap 4 mg, 8 mg</i>	2	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
<i>solifenacin succinate tab 5 mg, 10 mg</i>	2	QL (30 tablets/30 days)
<i>tadalafil tab 2.5 mg, 5 mg</i>	2	PA, QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
THIOLA - tiopronin tab 100 mg	5	
THIOLA EC - tiopronin tab delayed release 100 mg, 300 mg	5	
<i>tiopronin tab delayed release 100 mg, 300 mg</i>	5	
<i>tiopronin tab 100 mg</i>	5	
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	2	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	2	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg, 8 mg	4	QL (30 tablets/30 days), ST
<i>tropium chloride cap er 24hr 60 mg</i>	2	QL (30 capsules/30 days)
<i>tropium chloride tab 20 mg</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
UROXATRAL - alfuzosin hcl tab er 24hr 10 mg	4	QL (30 tablets/30 days)
VESICARE - solifenacin succinate tab 5 mg, 10 mg	4	QL (30 tablets/30 days), ST
VESICARE LS - solifenacin succinate susp 5 mg/5ml (1 mg/ml)	4	QL (2 bottles/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
ACTHAR GEL - corticotropin subcutaneous gel auto-injector 40 unit/0.5ml, 80 unit/ml*	5	PA
AGAMREE - vamorolone oral susp 40 mg/ml	5	PA, QL (3 bottles/30 days)
ALKINDI SPRINKLE - hydrocortisone cap sprinkle 0.5 mg*	4	
ALKINDI SPRINKLE - hydrocortisone cap sprinkle 1 mg, 2 mg, 5 mg*	5	
CORTEF - hydrocortisone tab 5 mg, 10 mg, 20 mg	4	
CORTROPHIN - corticotropin inj gel 80 unit/ml*	5	PA
<i>deflazacort susp 22.75 mg/ml</i>	5	PA
<i>deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg</i>	5	PA
DEPO-MEDROL - methylprednisolone acetate inj susp 20 mg/ml, 40 mg/ml, 80 mg/ml	4	
DEXABLISS - dexamethasone tab therapy pack 1.5 mg (39)	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	4	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	4	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml, 10 mg/ml, 20 mg/5ml, 120 mg/30ml, 100 mg/10ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
EMFLAZA - deflazacort susp 22.75 mg/ml	5	PA
EMFLAZA - deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg	5	PA
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hidex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
KENALOG-10 - triamcinolone acetonide inj susp 10 mg/ml	4	
KENALOG-40 - triamcinolone acetonide inj susp 40 mg/ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
KENALOG-80 - triamcinolone acetonide inj susp 80 mg/ml	4	
MEDROL - methylprednisolone tab 2 mg, 4 mg, 8 mg, 16 mg	4	
MEDROL DOSEPAK - methylprednisolone tab therapy pack 4 mg (21)	4	
<i>methylprednisolone acetate inj susp 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 40 mg, 125 mg, 500 mg, 1000 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	2	
<i>millipred - prednisolone tab 5 mg</i>	2	
ORAPRED ODT - prednisolone sod phos orally disintegr tab 10 mg, 15 mg, 30 mg	4	
PEDIAPRED - prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	4	
<i>prednisolone sod phos orally disintegr tab 10 mg</i>	2	
<i>prednisolone sod phos orally disintegr tab 15 mg</i>	2	
<i>prednisolone sod phos orally disintegr tab 30 mg</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml, 10 mg/5ml, 20 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml</i>	2	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisolone tab 5 mg</i>	2	
PREDNISONO INTENSOL - prednisone conc 5 mg/ml	4	
<i>prednisone oral soln 5 mg/5ml</i>	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	
RAYOS - prednisone tab delayed release 1 mg, 2 mg, 5 mg	5	PA
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 100 mg, 250 mg, 500 mg, 1000 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj pf 40 mg, 125 mg, 500 mg, 1000 mg	4	
SOLU-MEDROL - methylprednisolone sod succ for inj 500 mg, 1000 mg, 2000 mg	4	
TAPERDEX 12-DAY - dexamethasone tab therapy pack 1.5 mg (49)	4	
TAPERDEX 7-DAY - dexamethasone tab therapy pack 1.5 mg (27)	4	
<i>taperdex 6-day - dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
TARPEYO - budesonide delayed release cap 4 mg*	5	PA
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
DDAVP - desmopressin acetate inj 4 mcg/ml	4	
DDAVP - desmopressin acetate preservative free inj 4 mcg/ml	4	
DDAVP - desmopressin acetate tab 0.1 mg, 0.2 mg	4	
<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>	2	
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	5	PA
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	5	PA
HUMATROPE - somatropin for inj cartridge 6 mg (18 unit), 12 mg (36 unit), 24 mg	5	PA
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
NGENLA - somatrogon-ghla solution pen-injector 24 mg/1.2ml (20 mg/ml), 60 mg/1.2ml (50 mg/ml)	5	PA
NOCDURNA - desmopressin acetate sublingual tab 27.7 mcg, 55.3 mcg	4	PA, QL (30 tablets/30 days)
NORDITROPIN FLEXPPO - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	5	PA
NOVAREL - chorionic gonadotropin for im inj 5000 unit	4	PA
NUTROPIN AQ NUSPIN 10 - somatropin solution pen-injector 10 mg/2ml	5	PA
NUTROPIN AQ NUSPIN 20 - somatropin solution pen-injector 20 mg/2ml	5	PA
NUTROPIN AQ NUSPIN 5 - somatropin solution pen-injector 5 mg/2ml	5	PA
OMNITROPE - somatropin for inj 5.8 mg	3	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	3	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
SAIZEN - somatropin (non-refrigerated) for inj 5 mg	5	PA
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	5	PA
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SKYTROFA - lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg	5	PA
SOGROYA - somapacitan-beco solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml	5	PA
ZOMACTON - somatropin for inj 10 mg	5	PA
ZOMACTON - somatropin for subcutaneous inj 5 mg	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ACTIVEVELLA - estradiol & norethindrone acetate tab 1-0.5 mg#	4	
<i>afirmelle - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>altavera - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>alyacen 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>amabelz - estradiol &amp; norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#</i>	2	
<i>amethia - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>amethyst - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
ANGELIQ - drospirenone-estradiol tab 0.25-0.5 mg, 0.5-1 mg#	4	
ANNOVERA - segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	4	
<i>apri - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>ashlyna - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>aubra - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>aubra eq - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20mcg</i>	2	
<i>aurovela fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>aurovela fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1mg-20 mcg</i>	2	
<i>aurovela 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
AVEED - testosterone undecanoate im inj in oil 750 mg/3ml (250mg/ml)	4	PA
<i>aviane - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ayuna - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>azurette - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
BALCOLTRA - levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	4	
<i>balziva - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
BEYAZ - drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	4	
BIJUVA - estradiol-progesterone cap 0.5-100 mg, 1-100 mg#	4	
<i>blisovi fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>blisovi fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>briellyn - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>camila - norethindrone tab 0.35 mg</i>	2	
<i>camrese - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>camrese lo - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>charlotte 24 fe - norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>chateal - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30mcg</i>	2	
<i>chateal eq - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
CLIMARA - 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#	4	
CLIMARA PRO - estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
CRINONE - progesterone vaginal gel 4%, 8%	4	PA
<i>cryselle-28 - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>cyred - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>cyred eq - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
danazol cap 50 mg, 100 mg, 200 mg	2	PA
<i>dasetta 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>daysee - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>deblitane - norethindrone tab 0.35 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN - estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml	4	
<i>delyla - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
DEPO-PROVERA CONTRACEPTIVE - medroxyprogesterone acetate im susp 150 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4	
<i>depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</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%)#	4	
<i>dolishale - levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>dotti - 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>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#	4	
ELESTRIN - estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)#	4	
<i>elinest - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr</i>	2	
<i>emoquette - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>emzahh - norethindrone tab 0.35 mg</i>	2	
<i>enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>enskyce - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>errin - norethindrone tab 0.35 mg</i>	2	
<i>estarylla - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35mcg</i>	2	
ESTRACE - estradiol tab 0.5 mg, 1 mg, 2 mg#	4	
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg#</i>	2	

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



Drug Name	Drug Tier	Requirements/Limits
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)#</i>	2	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	1	
<i>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%)#</i>	2	
<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>	2	
<i>estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
<i>ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)</i>	4	
<i>ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)#</i>	4	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>EVAMIST - estradiol transdermal spray 1.53 mg/spray#</i>	4	
<i>EVISTA - raloxifene hcl tab 60 mg</i>	4	
<i>falmina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>fayosim - levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	2	
<i>FEMRING - estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr</i>	4	
<i>femynor - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>finzala - norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>fyavolv - norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg#</i>	2	
<i>fyavolv - norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg#</i>	2	
<i>gemmily - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>hailey fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>hailey fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fetab 1.5 mg-30 mcg</i>	2	
<i>hailey 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>heather - norethindrone tab 0.35 mg</i>	2	
<i>iclevia - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg, 10 mcg	4	
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg, 10 mcg	4	
<i>incassia - norethindrone tab 0.35 mg</i>	2	
INTRAROSA - prasterone vaginal insert 6.5 mg	4	PA
<i>introvale - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>jaimiess - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
JATENZO - testosterone undecanoate cap 158 mg, 198 mg, 237 mg	4	PA
<i>jencycla - norethindrone tab 0.35 mg</i>	2	
<i>jinteli - norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg#</i>	2	
<i>jolessa - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>joyeaux - levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20mcg (21)</i>	2	
<i>juleber - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>junel fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>junel fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>junel 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>junel 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>kaitlib fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>kalliga - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>kariva - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>kelnor 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>kelnor 1/50 - ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>kurvelo - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30mcg</i>	2	
<i>larin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>larin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>larin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>larissia - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20mcg</i>	2	
<i>layolis fe - norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#</i>	2	
<i>leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>lessina - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(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	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	2	
<i>levora 0.15/30-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>LO LOESTRIN FE - norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)</i>	4	
<i>lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>loestrin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fetab 1 mg-20 mcg</i>	2	
<i>loestrin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>loestrin 1/20-21 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>loestrin 1.5/30-21 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
<i>loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>low-ogestrel - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30mcg</i>	2	
<i>lutra - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>lyleq - norethindrone tab 0.35 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana - 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>lyza - norethindrone tab 0.35 mg</i>	2	
<i>marlissa - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 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, 625 mg/5ml#</i>	2	
<i>megestrol acetate tab 20 mg, 40 mg#</i>	2	
<i>MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg#</i>	4	
<i>MENOSTAR - estradiol td patch weekly 14 mcg/24hr#</i>	4	
<i>merzee - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20mcg (24)</i>	2	
<i>METHITEST - methyltestosterone oral tab 10 mg</i>	4	PA
<i>methyltestosterone cap 10 mg</i>	5	PA
<i>mibelas 24 fe - norethindrone ace-eth estradiol-fe chew tab1 mg-20 mcg (24)</i>	2	
<i>microgestin fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>microgestin fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 1/20 - norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>microgestin 1.5/30 - norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>microgestin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>mili - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>mimvey - estradiol &amp; norethindrone acetate tab 1-0.5 mg#</i>	2	
<i>MINIVELLE - 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>	4	
<i>mono-lynyah - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg#</i>	5	PA
<i>NATAZIA - estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg</i>	4	
<i>NATESTO - testosterone nasal gel 5.5 mg/act</i>	4	PA, QL (3 pump bottles/30 days)
<i>necon 0.5/35-28 - norethindrone &amp; ethinyl estradiol tab 0.5mg-35 mcg</i>	2	
<i>NEXTSTELLIS - drospirenone-estetrol tab 3-14.2 mg</i>	4	
<i>nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nora-be - norethindrone tab 0.35 mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 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-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg#</i>	2	
<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>norlyroc - norethindrone tab 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	
<i>nortrel 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>NUVARING - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	4	
<i>nylia 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>nymyo - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg &amp; elagolix 300mg cap pack#</i>	5	PA
<i>OSPHENA - ospemifene tab 60 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>philiith - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>pimtreea - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>pirmella 1/35 - norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg#</i>	2	
<i>pirmella 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>portia-28 - levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
PREMARIN - estrogens, conjugated for inj 25 mg	4	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
<i>progesterone cap 100 mg, 200 mg</i>	2	
PROMETRIUM - progesterone cap 100 mg, 200 mg	4	
PROVERA - medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	4	
QUARTETTE - levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	4	
<i>raloxifene hcl tab 60 mg</i>	2	
<i>reclipsen - desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>rivelsa - levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	2	
SAFYRAL - drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	4	
<i>setlakin - levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>sharobel - norethindrone tab 0.35 mg</i>	2	
<i>simliya - desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>simpesse - levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	
SLYND - drospirenone tab 4 mg	4	
<i>sprintec 28 - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>sronyx - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<i>tarina fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>tarina fe 1/20 eq - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)</i>	2	
<i>taysofy - norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
TESTIM - testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	2	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	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)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	2	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%), 10mg/act (2%)</i>	2	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	2	PA, QL (2 pump bottles/30 days)
<i>tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
TLANDO - testosterone undecanoate cap 112.5 mg	4	PA
<i>tri femynor - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-nymyo - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra lo - norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	2	
<i>trivora-28 - levonorgestrel-eth estra tab</i> 0.05-30/0.075-40/0.125-30mg-mcg	2	
<i>turqoz - norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
<i>tydemy - drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.03-0.451 mg#	2	
VAGIFEM - estradiol vaginal tab 10 mcg	4	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
<i>vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>vienva - levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>viorele - desogest-eth estrad &amp; eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	2	
VIVELLE-DOT - 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#	4	
VOGELXO - testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
VOGELXO PUMP - testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
<i>volnea - desogest-eth estrad &amp; eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	2	
<i>vyfemla - norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>vylibra - norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>wera - norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	
<i>wymzya fe - norethindrone &amp; ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	2	
<i>xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
XYOSTED - testosterone enanthate solution auto-injector 50 mg/0.5ml, 75 mg/0.5ml, 100 mg/0.5ml	4	PA
YASMIN 28 - drospirenone-ethinyl estradiol tab 3-0.03 mg#	4	
YAZ - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
<i>yuvaferm - estradiol vaginal tab 10 mcg</i>	2	
<i>zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>zovia 1/35 - ethynodiol diacetate &amp; ethinyl estradiol tab</i> 1mg-35 mcg	2	
<i>zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
CYTOMEL - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	4	
ERMEZA - levothyroxine sodium oral solution 150 mcg/5ml	4	

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



Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox - 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</i>	1	
<i>levo-t - 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</i>	1	
LEVOTHYROXINE SODIUM - levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	4	
LEVOTHYROXINE SODIUM - levothyroxine sodium iv soln 100 mcg/5ml (20 mcg/ml), 200 mcg/5ml (40 mcg/ml), 500 mcg/5ml (100 mcg/ml)	5	
<i>levothyroxine sodium for iv inj 100 mcg, 200 mcg, 500 mcg</i>	5	
<i>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</i>	1	
<i>levoxyl - 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</i>	1	
<i>liothyronine sodium iv soln 10 mcg/ml</i>	2	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	2	
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	3	
THYQUIDITY - levothyroxine sodium oral solution 100 mcg/5ml	4	
TIROSINT - levothyroxine sodium cap 13 mcg, 25 mcg, 37.5 mcg, 44 mcg, 50 mcg, 62.5 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	4	
TIROSINT-SOL - levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 37.5 mcg/ml, 44 mcg/ml, 50 mcg/ml, 62.5 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml	4	
<i>unithroid - 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</i>	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
ISTURISA - osilodrostat phosphate tab 1 mg	5	PA, QL (240 tablets/30 days)
ISTURISA - osilodrostat phosphate tab 5 mg	5	PA, QL (300 tablets/30 days)
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
<i>mifepristone tab 300 mg</i>	5	PA, QL (120 tablets/30 days)
RECORLEV - levoketoconazole tab 150 mg*	5	PA, QL (240 tablets/30 days)
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FENSOLVI - leuprolide acet (6 month) for inj pediatric kit 45 mg	5	PA
FIRMAGON - degarelix acetate for inj 80 mg, 120 mg/vial (240 mg dose)	4	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	4	PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	2	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	5	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
MYCAPSSA - octreotide acetate cap delayed release 20 mg	5	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), 1000 mcg/ml (1 mg/ml)</i>	2	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	2	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	2	PA
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
ORLISSA - elagolix sodium tab 150 mg, 200 mg	5	PA
SANDOSTATIN - octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	4	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg, 20 mg, 30 mg	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg, 20 mg, 30 mg, 40 mg, 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
<b>Immunological Agents</b>		
ABRILADA - adalimumab-afzb prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	5	PA
ABRILADA 1-PEN KIT - adalimumab-afzb auto-injector kit 40 mg/0.8ml	5	PA
ABRILADA 2-PEN KIT - adalimumab-afzb auto-injector kit 40 mg/0.8ml	5	PA
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	
ACTEMRA - tocilizumab iv inj 80 mg/4ml, 200 mg/10ml, 400 mg/20ml	5	PA
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	5	PA
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	5	PA
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ADALIMUMAB-AACF (2 PEN) - adalimumab-aacf auto-injector kit 40 mg/0.8ml	5	PA
ADALIMUMAB-AACF (2 SYRINGE) - adalimumab-aacf prefilled syringe kit 40 mg/0.8ml	5	PA
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) - adalimumab-aacf auto-injector kit 40 mg/0.8ml	5	PA
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN) - adalimumab-aacf auto-injector kit 40 mg/0.8ml	5	PA
ADALIMUMAB-AATY 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	5	PA
ADALIMUMAB-AATY 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 2-SYRINGE KIT - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	5	PA
ADALIMUMAB-ADAZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml	5	PA
ADALIMUMAB-ADAZ - adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	5	PA
ADALIMUMAB-FKJP - adalimumab-fkjp auto-injector kit 40 mg/0.8ml	5	PA
ADALIMUMAB-FKJP - adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	5	PA
ADBRY - tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml*	5	PA
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml*	5	PA
AMJEVITA - adalimumab-atto soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml, 80 mg/0.8ml	5	PA
AMJEVITA - adalimumab-atto soln prefilled syringe 10 mg/0.2ml, 20 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	5	PA
ARAVA - leflunomide tab 10 mg, 20 mg	5	
ARCALYST - rilonacept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3	
ASCENIV - immune globulin (human)-slra iv soln 5 gm/50ml	5	BD, PA
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	4	BD
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AVSOLA - infliximab-axxq for iv inj 100 mg	5	PA
<i>azasan - azathioprine tab 75 mg, 100 mg</i>	2	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg	3	BD
<i>azathioprine tab 50 mg, 75 mg, 100 mg</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit*	5	PA, QL (10 vials/30 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BIMZELX - bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
BIMZELX - bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml	5	PA
BIVIGAM - immune globulin (human) iv soln 5 gm/50ml, 10 gm/100ml	5	BD, PA
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3	
CELLCEPT - mycophenolate mofetil cap 250 mg	5	BD
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	5	BD
CELLCEPT - mycophenolate mofetil tab 500 mg	5	BD
CELLCEPT INTRAVENOUS - mycophenolate mofetil hcl for iv soln 500 mg	4	BD
CIBINQO - abrocitinib tab 50 mg, 100 mg, 200 mg	5	PA, QL (30 tablets/30 days)
CIMZIA - certolizumab pegol for inj kit 2 x 200 mg	5	PA
CIMZIA - certolizumab pegol prefilled syringe kit 200 mg/ml	5	PA
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 200 mg/ml	5	PA
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 1 gm/6ml, 1.65 gm/10ml, 2 gm/12ml, 3.3 gm/20ml, 4 gm/24ml, 8 gm/48ml	5	BD, PA
<i>cyclosporine cap 25 mg, 100 mg</i>	2	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	2	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	BD
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS - adalimumab-adbm auto-injector kit 40 mg/0.4ml	5	PA
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENG VAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml, 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml*	5	PA
ENTYVIO - vedolizumab for iv solution 300 mg	5	PA
ENTYVIO - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	4	BD
ERVEBO - ebola zaire virus vaccine live im susp	3	
<i>everolimus tab 0.25 mg, 0.5 mg</i>	2	BD
<i>everolimus tab 0.75 mg, 1 mg</i>	5	BD
FABHALTA - iptacopan hcl cap 200 mg	5	PA, QL (60 capsules/30 days)
FIRAZYR - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
FLEBOGAMMA DIF - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml	5	BD, PA
GAMASTAN - immune globulin (human) im inj	5	PA
GAMIFANT - emapalumab-lzsg iv soln 10 mg/2ml, 50 mg/10ml, 100 mg/20ml*	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm, 10 gm	5	BD, PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
<i>gengraf - cyclosporine modified cap 25 mg, 100 mg</i>	2	BD
<i>gengraf - cyclosporine modified oral soln 100 mg/ml</i>	2	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HULIO - adalimumab-fkjp auto-injector kit 40 mg/0.8ml	5	PA
HULIO - adalimumab-fkjp prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab auto-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab auto-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab auto-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab auto-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HYPERRAB - rabies immune globulin (human) inj 300 unit/ml, 900 unt/3ml (300 unt/ml), 1500 unt/5ml (300 unt/ml)	4	
HYRIMOZ - adalimumab-adaz soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml, 80 mg/0.8ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ - adalimumab-adaz soln prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml, 40 mg/0.8ml	5	PA
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK - adalimumab-adaz soln auto-injector 80 mg/0.8ml	5	PA
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK - adalimumab-adaz soln prefilled syr 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab-adaz soln prefilled syringe 80 mg/0.8ml	5	PA
HYRIMOZ PLAQUE PSORIASIS STARTER PACK - adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HYRIMOZ PLAQUE PSORIASIS/UEVITIS STARTER PACK - adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HYRIMOZ SENSOREADY PENS - adalimumab-adaz soln auto-injector 80 mg/0.8ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
IDACIO (2 PEN) - adalimumab-aacf auto-injector kit 40 mg/0.8ml	5	PA
IDACIO (2 SYRINGE) - adalimumab-aacf prefilled syringe kit 40 mg/0.8ml	5	PA
IDACIO STARTER PACKAGE FOR CROHNS DISEASE - adalimumab-aacf auto-injector kit 40 mg/0.8ml	5	PA
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS - adalimumab-aacf auto-injector kit 40 mg/0.8ml	5	PA
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
ILUMYA - tildrakizumab-asmn subcutaneous soln pref syringe 100 mg/ml	5	PA
IMOGAM RABIES-HT - rabies immune globulin (human) inj 300 unit/2ml (150 unt/ml)	4	
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD
IMURAN - azathioprine tab 50 mg	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
INFLECTRA - infliximab-dyyb for iv inj 100 mg	5	PA
INFLIXIMAB - infliximab for iv inj 100 mg	5	PA
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXCHIQ - chikungunya virus vaccine live for im solution	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
JYLAMVO - methotrexate oral soln 2 mg/ml	4	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	BD
KALBITOR - ecallantide inj 10 mg/ml	5	PA, QL (4 kits/30 days)
KEDRAB - rabies immune globulin (human) inj 300 unit/2ml (150 unt/ml), 1500 unt/10ml(150 unt/ml)	4	

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



Drug Name	Drug Tier	Requirements/Limits
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	5	PA
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	5	PA
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg, 20 mg</i>	2	
LITFULO - ritlecitinib tosylate cap 50 mg (base equiv)	5	PA
LUPKYNIS - voclosporin cap 7.9 mg*	5	PA, QL (180 capsules/30 days)
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
<i>methotrexate sodium for inj 1 gm</i>	2	
<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 250 mg/10ml (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>	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3	
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	2	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	2	BD
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
NEORAL - cyclosporine modified cap 25 mg, 100 mg	4	BD
NEORAL - cyclosporine modified oral soln 100 mg/ml	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
OCTAGAM - immune globulin (human) iv soln 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 10 gm/200ml, 25 gm/500ml, 2 gm/20ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
OMVOH - mirikizumab-mrkz iv soln 300 mg/15ml (20 mg/ml)	5	PA
OMVOH - mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	5	PA
OMVOH - mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	5	PA
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
ORLADEYO - berotralstat hcl cap 110 mg, 150 mg*	5	PA, QL (30 capsules/30 days)
OTREXUP - methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	4	PA
PANZYGA - immune globulin (human)-ifas iv soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	5	BD, PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PRIVIGEN - immune globulin (human) iv soln 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
PROGRAF - tacrolimus cap 0.5 mg, 1 mg	4	BD
PROGRAF - tacrolimus cap 5 mg	5	BD
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD

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

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD
RAPAMUNE - sirolimus tab 0.5 mg	4	BD
RAPAMUNE - sirolimus tab 1 mg, 2 mg	5	BD
RASUVO - methotrexate soln pf auto-injector 7.5 mg/0.15ml, 10 mg/0.2ml, 12.5 mg/0.25ml, 15 mg/0.3ml, 17.5 mg/0.35ml, 20 mg/0.4ml, 22.5 mg/0.45ml, 25 mg/0.5ml, 30 mg/0.6ml	4	PA
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	BD
REMICADE - infliximab for iv inj 100 mg	5	PA
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
REZUROCK - belumosudil mesylate tab 200 mg*	5	
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	5	PA, QL (8 vials/30 days)
<i>sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	4	BD
SANDIMMUNE - cyclosporine iv soln 50 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	5	PA
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml, 100 mg/ml	5	PA
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	5	PA
SIMPONI ARIA - golimumab iv soln 50 mg/4ml	5	PA
SIMULECT - basiliximab for iv soln 10 mg, 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	2	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	2	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
SOTYKTU - deucravacitinib tab 6 mg	5	PA
SPEVIGO - spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml, 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	2	BD
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	5	PA, QL (2 vials/30 days)
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	5	PA, QL (2 syringes/30 days)
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	5	PA
TALTZ - ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml, 40 mg/0.5ml, 80 mg/ml	5	PA
TAVNEOS - avacopan cap 10 mg*	5	PA, QL (180 capsules/30 days)
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
TEZSPIRE - tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	5	PA, QL (1 pen/28 days)
TEZSPIRE - tezepelumab-ekko subcutaneous soln pref syr 210 mg/1.91ml	5	PA, QL (1 syringe/28 days)
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalitis vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	3	
TREMFYA - guselkumab iv soln 200 mg/20ml (10 mg/ml)	5	PA
TREMFYA - guselkumab soln auto-injector 100 mg/ml, 200 mg/2ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml, 200 mg/2ml	5	PA
TREXALL - methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg	4	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	3	
VAXCHORA - cholera vaccine live attenuated for oral susp	3	
VELSIPITY - etrasimod arginine tab 2 mg	5	PA
VOYDEYA - danicopan tab therapy pack 50 mg & 100 mg	5	PA, QL (1 box/30 days)
VOYDEYA - danicopan tab 100 mg	5	PA, QL (180 tablets/30 days)
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	5	PA
XEMBIFY - immune globulin (human)-klhw subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	5	BD, PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLREMDI - mavorixafor cap 100 mg	5	PA, QL (120 capsules/30 days)
YF-VAX - yellow fever vaccine subcutaneous inj	3	
YUFLYMA CD/UC/HS STARTER - adalimumab-aaty auto-injector kit 80 mg/0.8ml	5	PA
YUFLYMA 1-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	5	PA
YUFLYMA 2-PEN KIT - adalimumab-aaty auto-injector kit 40 mg/0.4ml	5	PA
YUFLYMA 2-SYRINGE KIT - adalimumab-aaty prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	5	PA
YUSIMRY - adalimumab-aqvh soln auto-injector 40 mg/0.8ml	5	PA
ZILBRYSQ - zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml, 23 mg/0.574ml, 32.4 mg/0.81ml	5	PA, QL (30 syringes/30 days)
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	5	BD
ZYMFENTRA 1-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ ml	5	PA
ZYMFENTRA 2-PEN - infliximab-dyyb soln auto-injector kit 120 mg/ ml	5	PA
ZYMFENTRA 2-SYRINGE - infliximab-dyyb soln prefilled syringe kit 120 mg/ml	5	PA
<b>Inflammatory Bowel Disease Agents</b>		
ANUSOL-HC - hydrocortisone perianal cream 2.5%	4	QL (454 grams/30 days)
APRISO - mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE - sulfasalazine tab 500 mg	4	
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	4	
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	2	PA, QL (90 capsules/30 days)
<i>budesonide rectal foam 2 mg/act</i>	2	
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
CANASA - mesalamine suppos 1000 mg	5	
COLAZAL - balsalazide disodium cap 750 mg	4	
CORTENEMA - hydrocortisone enema 100 mg/60ml	4	
DELZICOL - mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
EOHILIA - budesonide oral suspension 2 mg/10ml	5	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
LIALDA - mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
<i>mesalamine cap dr 400 mg</i>	2	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	2	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	2	QL (240 capsules/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)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
PENTASA - mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
<i>procto-med hc - hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>procto-pak - hydrocortisone perianal cream 1%</i>	1	
<i>proctocort - hydrocortisone perianal cream 1%</i>	1	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	4	
<i>proctosol hc - hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>proctozone-hc - hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
ROWASA - mesalamine rectal enema 4 gm & cleanser wipe kit	4	
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	4	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
UCERIS - budesonide rectal foam 2 mg/act	4	

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Drug Name	Drug Tier	Requirements/Limits
UCERIS - budesonide tab er 24hr 9 mg	5	PA, QL (30 tablets/30 days)
<b>Metabolic Bone Disease Agents</b>		
ACTONEL - risedronate sodium tab 35 mg	4	QL (4 tablets/28 days)
ACTONEL - risedronate sodium tab 150 mg	4	QL (1 tablet/28 days)
<i>alendronate sodium oral soln 70 mg/75ml</i>	2	QL (300 mls/28 days)
<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)
ATELVIA - risedronate sodium tab delayed release 35 mg	4	QL (4 tablets/28 days)
BINOSTO - alendronate sodium effervescent tab 70 mg	4	QL (4 tablets/28 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	5	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	2	
<i>cinacalcet hcl tab 30 mg, 60 mg</i>	2	PA
<i>cinacalcet hcl tab 90 mg</i>	5	PA
<i>doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	2	
EVENITY - romosozumab-aqqg inj soln prefilled syringe 105 mg/1.17ml	5	PA
FORTEO - teriparatide soln pen-inj 600 mcg/2.4ml	5	PA
FOSAMAX - alendronate sodium tab 70 mg	4	QL (4 tablets/28 days)
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit, 70-5600 mg-unit	4	QL (4 tablets/28 days)
HECTOROL - doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	4	
<i>ibandronate sodium iv soln 3 mg/3ml</i>	2	
<i>ibandronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	5	
PAMIDRONATE DISODIUM - pamidronate disodium iv soln 6 mg/ml	4	
<i>pamidronate disodium iv soln 3 mg/ml, 9 mg/ml</i>	2	
<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	4	PA
RAYALDEE - calcifediol cap er 30 mcg	5	
RECLAST - zoledronic acid iv soln 5 mg/100ml	5	
<i>risedronate sodium tab delayed release 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	2	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)

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Drug Name	Drug Tier	Requirements/Limits
ROCALTROL - calcitriol cap 0.25 mcg, 0.5 mcg	4	
ROCALTROL - calcitriol oral soln 1 mcg/ml	4	
SENSIPAR - cinacalcet hcl tab 30 mg	4	PA
SENSIPAR - cinacalcet hcl tab 60 mg, 90 mg	5	PA
TERIPARATIDE - teriparatide soln pen-inj 620 mcg/2.48ml	5	PA
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
ZEMPLAR - paricalcitol cap 1 mcg, 2 mcg	4	
ZEMPLAR - paricalcitol iv soln 2 mcg/ml, 5 mcg/ml	4	
ZOLEDRONIC ACID - zoledronic acid iv soln 4 mg/100ml	5	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	
<b>Ophthalmic Agents</b>		
ACULAR - ketorolac tromethamine ophth soln 0.5%	4	
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	4	
ACUVAIL - ketorolac tromethamine (pf) ophth soln 0.45%	4	
<i>ak-poly-bac - bacitracin-polymyxin b ophth oint</i>	2	
ALOCRIAL - nedocromil sodium ophth soln 2%	4	
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%, 0.15%	3	
ALREX - loteprednol etabonate ophth susp 0.2%	4	
<i>apraclonidine hcl ophth soln 0.5%</i>	2	
<i>atropine sulfate ophth soln 1%</i>	2	
AZASITE - azithromycin ophth soln 1%	3	
<i>azelastine hcl ophth soln 0.05%</i>	2	
AZOPT - brinzolamide ophth susp 1%	4	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
BEPREVE - bepotastine besilate ophth soln 1.5%	4	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETIMOL - timolol ophth soln 0.25%, 0.5%	3	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	2	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.1%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophth soln 0.15%, 0.2%</i>	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	2	
<i>bromfenac sodium ophth soln 0.07%, 0.075%, 0.09% (once-daily)</i>	2	
BROMSITE - bromfenac sodium ophth soln 0.075%	4	
<i>carteolol hcl ophth soln 1%</i>	2	
CEQUA - cyclosporine (ophth) soln 0.09% (pf)	4	PA, QL (60 vials/30 days)
CILOXAN - ciprofloxacin hcl ophth oint 0.3%	4	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
COSOPT - dorzolamide hcl-timolol maleate ophth soln 2-0.5%	4	
COSOPT PF - dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	4	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	2	
DUREZOL - difluprednate ophth emulsion 0.05%	4	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
FLAREX - fluorometholone acetate ophth susp 0.1%	4	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
FML FORTE - fluorometholone ophth susp 0.25%	4	
FML LIQUIFILM - fluorometholone ophth susp 0.1%	4	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
IOPIDINE - apraclonidine hcl ophth soln 1%	4	
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	4	

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

Drug Name	Drug Tier	Requirements/Limits
IYUZEH - latanoprost (pf) ophth soln 0.005%	4	QL (90 single-use container(s)/90 days)
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	2	
<i>levofloxacin ophth soln 0.5%</i>	2	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX - loteprednol etabonate ophth susp 0.5%	4	
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	4	
<i>loteprednol etabonate ophth gel 0.5%</i>	2	
<i>loteprednol etabonate ophth susp 0.2%, 0.5%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
MAXIDEX - dexamethasone ophth susp 0.1%	4	
MAXITROL - neomycin-polymyxin-dexamethasone ophth oint 0.1%	4	
MAXITROL - neomycin-polymyxin-dexamethasone ophth susp 0.1%	4	
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	4	PA, QL (4 bottles/30 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	2	
NATACYN - natamycin ophth susp 5%	4	
<i>neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE - neomycin-polymyxin-hc ophth susp	4	
NEVANAC - nepafenac ophth susp 0.1%	4	
OCUFLOX - ofloxacin ophth soln 0.3%	4	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	5	PA
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	2	
<i>polycin - bacitracin-polymyxin b ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
PRED FORTE - prednisolone acetate ophth susp 1%	4	

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Drug Name	Drug Tier	Requirements/Limits
PRED MILD - prednisolone acetate ophth susp 0.12%	4	
<i>prednisolone acetate ophth susp 1%</i>	2	
<i>prednisolone sodium phosphate ophth soln 1%</i>	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	3	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>tafluprost preservative free ophth soln 0.0015%</i>	2	QL (90 single-use container(s)/90 days)
<i>timolol maleate in ocudose - timolol maleate preservative free ophth soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%, 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate preservative free ophth soln 0.25%, 0.5%</i>	2	
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%, 0.5%	4	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
TOBRADEX - tobramycin-dexamethasone ophth susp 0.3-0.1%	4	
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	4	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
TOBREX - tobramycin ophth oint 0.3%	4	
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	4	QL (15 mls/75 days)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	2	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
TYRVAYA - varenicline tartrate nasal soln 0.03 mg/act	4	PA, QL (2 bottles/30 days)
VERKAZIA - cyclosporine (ophth) emulsion 0.1%	5	PA, QL (120 vials/30 days)
VEVYE - cyclosporine (ophth) soln 0.1%	4	PA, QL (1 bottle/30 days)
VIGAMOX - moxifloxacin hcl ophth soln 0.5%	4	

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

Drug Name	Drug Tier	Requirements/Limits
VUITY - pilocarpine hcl ophth soln 1.25%	4	QL (15 mls/90 days)
VYZULTA - latanoprostene bunod ophth soln 0.024%	4	QL (15 mls/75 days)
XALATAN - latanoprost ophth soln 0.005%	4	QL (15 mls/75 days)
XDEMY - lotilaner ophth soln 0.25%	5	PA
XELPROS - latanoprost ophth emulsion 0.005%	4	QL (15 mls/75 days)
XIIDRA - lifitegrast ophth soln 5%	4	PA, QL (60 containers/30 days)
ZERVIATE - cetirizine hcl ophth soln 0.24%	4	
ZIOPTAN - tafluprost preservative free ophth soln 0.0015%	4	QL (90 single-use container(s)/90 days)
ZIRGAN - ganciclovir ophth gel 0.15%	4	
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	2	
CETRAXAL - ciprofloxacin hcl otic soln 0.2%	4	
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	4	
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2%	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	4	
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	4	
DERMOTIC - fluocinolone acetonide (otic) oil 0.01%	4	
<i>flac - fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
OTOVEL - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	4	
<b>Respiratory Tract/Pulmonary Agents</b>		
ACCOLATE - zafirlukast tab 10 mg	4	
<i>acetylcysteine inhal soln 10%, 20%</i>	2	BD
ADCIRCA - tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADRENALIN - epinephrine inj 1 mg/ml (1:1000), 30 mg/30ml (1 mg/ml) (1:1000)	4	
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	4	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
AIRDUO RESPICLICK 113/14 - fluticasone-salmeterol aer powder ba 113-14 mcg/act	4	QL (1 inhaler/30 days)
AIRDUO RESPICLICK 232/14 - fluticasone-salmeterol aer powder ba 232-14 mcg/act	4	QL (1 inhaler/30 days)
AIRDUO RESPICLICK 55/14 - fluticasone-salmeterol aer powder ba 55-14 mcg/act	4	QL (1 inhaler/30 days)
AIRSUPRA - albuterol-budesonide inhalation aerosol 90-80 mcg/act	4	QL (3 inhalers/30 days)
ALBUTEROL SULFATE HFA (authorized generic for Ventolin HFA) - albuterol sulfate inhal aero 108 mcg/act	2	QL (36 grams/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	2	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>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	2	
ALVESCO - ciclesonide inhal aerosol 80 mcg/act	4	QL (1 inhaler/30 days)
ALVESCO - ciclesonide inhal aerosol 160 mcg/act	4	QL (2 inhalers/30 days)
<i>alyq - tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>ambrisentan tab 5 mg, 10 mg*</i>	2	PA, QL (30 tablets/30 days)
<i>aminophylline inj 25 mg/ml</i>	2	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
<i>arformoterol tartrate soln nebu 15 mcg/2ml</i>	2	BD
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
AUVI-Q - epinephrine solution auto-injector 0.1 mg/0.1ml, 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 bottle/30 days)
BETHKIS - tobramycin nebu soln 300 mg/4ml	5	BD, PA
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	4	QL (1 inhaler/30 days)
<i>bosentan tab 62.5 mg, 125 mg*</i>	2	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (1 inhaler/30 days)
<i>breynd - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BRONCHITOL - mannitol inhal cap 40 mg*	5	
BRONCHITOL TOLERANCE TEST - mannitol inhal cap 40 mg*	5	
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml	4	BD
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	BD
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>	2	QL (3 inhalers/30 days)
<i>caffeine citrate oral soln 60 mg/3ml</i>	2	
CARBINOXAMINE MALEATE - carbinoxamine maleate soln 4 mg/5ml#	4	PA (>=65 yr)
CARBINOXAMINE MALEATE - carbinoxamine maleate tab 6 mg#	4	PA (>=65 yr)
<i>carbinoxamine maleate tab 4 mg#</i>	2	PA (>=65 yr)
CAYSTON - aztreonam lysine for inhal soln 75 mg*	5	PA
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
CINQAIR - reslizumab iv infusion soln 100 mg/10ml (10 mg/ml)	5	PA
CLARINEX - desloratadine tab 5 mg	4	
CLARINEX-D 12 HOUR - desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	4	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA (>=65 yr)
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)#</i>	5	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	2	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	2	PA (>=65 yr)
DALIRESP - roflumilast tab 250 mcg, 500 mcg	4	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
DESLORATADINE ODT - desloratadine tab orally disintegrating 2.5 mg, 5 mg	4	
<i>desloratadine tab 5 mg</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
DUAKLIR PRESSAIR - acclidinium br-formoterol fum aero pow br act 400-12 mcg/act	5	QL (1 inhaler/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
DYMISTA - azelastine hcl-fluticasone prop nasal spray 137-50 mcg/ act	4	QL (1 bottle/30 days)
<i>elixophyllin - theophylline elixir 80 mg/15ml</i>	2	
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
<i>epinephrine inj 1 mg/ml (1:1000), 30 mg/30ml (1 mg/ml) (1:1000)</i>	2	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	2	
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml, 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE DISKUS - fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act	4	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE DISKUS - fluticasone propionate aer pow ba 250 mcg/act	4	QL (4 inhalers/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	4	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (1 inhaler/30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	2	BD
GRASTEK - timothy grass pollen allergen ext sl tab 2800 bau	4	PA, QL (30 tablets/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	5	BD, PA
LETAIRIS - ambrisentan tab 5 mg, 10 mg*	5	PA, QL (30 tablets/30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	2	BD
<i>levalbuterol hcl soln nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	BD
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 inhalers/30 days)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
LIQREV - sildenafil citrate oral susp 10 mg/ml	5	PA, QL (244 mls/30 days)
<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>	2	
<i>montelukast sodium oral granules packet 4 mg</i>	2	
<i>montelukast sodium tab 10 mg</i>	1	
NUCALA - mepolizumab for inj 100 mg*	5	PA
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml*	5	PA
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml*	5	PA
ODACTRA - dust mite mixed ext sl tab 12 sq-hdm	4	PA, QL (30 tablets/30 days)
OFEV - nintedanib esylate cap 100 mg, 150 mg*†	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (1 bottle/30 days)
OMNARIS - ciclesonide nasal susp 50 mcg/act	4	QL (1 inhaler/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
OPSYNVI - macitentan-tadalafil tab 10-20 mg, 10-40 mg	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg, 1 mg, 2.5 mg, 5 mg	5	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	5	PA
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	5	PA, QL (120 tablets/30 days)
PALFORZIA INITIAL DOSE ESCALATION - peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg	4	PA
PALFORZIA LEVEL 1 - peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose)	4	PA
PALFORZIA LEVEL 10 - peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose)	4	PA
PALFORZIA LEVEL 11 (MAINTENANCE) - peanut allergen powder-dnfp maintenance packet 300 mg	4	PA
PALFORZIA LEVEL 11 (TITRATION) - peanut allergen powder-dnfp titration packet 300 mg	4	PA
PALFORZIA LEVEL 2 - peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose)	4	PA
PALFORZIA LEVEL 3 - peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose)	4	PA
PALFORZIA LEVEL 4 - peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose)	4	PA
PALFORZIA LEVEL 5 - peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose)	4	PA
PALFORZIA LEVEL 6 - peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose)	4	PA
PALFORZIA LEVEL 7 - peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose)	4	PA
PALFORZIA LEVEL 8 - peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose)	4	PA
PALFORZIA LEVEL 9 - peanut powder-dnfp pack 2 x 100 mg (200 mg dose)	4	PA
PERFOROMIST - formoterol fumarate soln nebu 20 mcg/2ml	5	BD
PIRFENIDONE - pirfenidone tab 534 mg	5	PA, QL (90 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	4	QL (2 canisters/30 days)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml#</i>	2	PA (>=65 yr)
<i>promethazine vc - promethazine &amp; phenylephrine syrup 6.25-5mg/5ml#</i>	2	PA (>=65 yr)
PROVENTIL HFA - albuterol sulfate inhal aero 108 mcg/act	4	QL (36 grams/30 days)
PULMICORT - budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BD
PULMICORT FLEXHALER - budesonide inhal aero powd 90 mcg/act (breath activated)	4	QL (1 inhaler/30 days)
PULMICORT FLEXHALER - budesonide inhal aero powd 180 mcg/act (breath activated)	4	QL (2 inhalers/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QNASL - beclomethasone dipropionate nasal aerosol 80 mcg/act	4	QL (1 inhaler/30 days)
QNASL CHILDRENS - beclomethasone dipropionate nasal aerosol 40 mcg/act	4	QL (1 inhaler/30 days)
QUZYTIR - cetirizine hcl iv soln 10 mg/ml	4	
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
REMODULIN - 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)*	5	BD
REVATIO - sildenafil citrate iv soln 10 mg/12.5ml	5	PA, QL (90 vials/30 days)
REVATIO - sildenafil citrate tab 20 mg	5	PA, QL (90 tablets/30 days)
<i>ribavirin for inhal soln 6 gm</i>	5	
<i>roflumilast tab 250 mcg, 500 mcg</i>	2	PA, QL (30 tablets/30 days)
RYALTRIS - olopatadine hcl-mometasone furoate nasal susp 665-25 mcg/act	4	QL (1 bottle/30 days)
RYCLORA - dexchlorpheniramine maleate oral soln 2 mg/5ml#	4	PA (>=65 yr)
RYVENT - carbinoxamine maleate tab 6 mg#	4	PA (>=65 yr)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
<i>sildenafil citrate for suspension 10 mg/ml</i>	2	PA, QL (224 mls/30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml</i>	5	PA, QL (90 vials/30 days)
<i>sildenafil citrate tab 20 mg</i>	2	PA, QL (90 tablets/30 days)
SINGULAIR - montelukast sodium chew tab 4 mg, 5 mg	4	
SINGULAIR - montelukast sodium oral granules packet 4 mg	4	
SINGULAIR - montelukast sodium tab 10 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act	4	QL (1 cartridge/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
TADLIQ - tadalafil oral susp 20 mg/5ml (pah)	5	PA, QL (2 bottles/30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	2	
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	2	
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	4	
<i>theophylline elixir 80 mg/15ml</i>	2	
THEOPHYLLINE ER - theophylline tab er 12hr 100 mg, 200 mg	4	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg</i>	2	QL (30 capsules/30 days)
TOBI - tobramycin nebu soln 300 mg/5ml	5	BD, PA
TOBI PODHALER - tobramycin inhal cap 28 mg	5	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	2	BD, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg, 125 mg*	5	PA, QL (60 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	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>	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
TUDORZA PRESSAIR - acclidinium bromide aerosol powd breath activated 400 mcg/act	4	QL (1 inhaler/30 days)
TYVASO DPI INSTITUTIONAL KIT - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge*	5	PA, QL (1 pack/28 days)
TYVASO DPI MAINTENANCE KIT - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge, 112 x 32mcg & 112 x 48mcg*	5	PA, QL (1 pack/28 days)
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg*	5	PA, QL (1 pack/28 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	5	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (1 inhaler/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 inhalers/30 days)
YUPELRI - revefenacin inhalation solution 175 mcg/3ml	5	BD
<i>zafirlukast tab 10 mg, 20 mg</i>	2	
<i>zileuton tab er 12hr 600 mg</i>	5	
ZYFLO - zileuton tab 600 mg	5	
<b>Skeletal Muscle Relaxants</b>		
AMRIX - cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg#	5	
<i>chlorzoxazone tab 250 mg, 375 mg, 500 mg, 750 mg#</i>	2	
<i>cyclobenzaprine hcl cap er 24hr 15 mg, 30 mg#</i>	2	
<i>cyclobenzaprine hcl tab 5 mg, 7.5 mg, 10 mg#</i>	2	
<i>fexmid - cyclobenzaprine hcl tab 7.5 mg#</i>	2	
<i>lorzone - chlorzoxazone tab 375 mg, 750 mg#</i>	2	
<i>metaxalone tab 400 mg, 800 mg#</i>	2	
<i>methocarbamol inj 1000 mg/10ml#</i>	2	
<i>methocarbamol tab 500 mg, 750 mg#</i>	2	
<i>norgesic - orphenadrine w/ aspirin &amp; caffeine tab 25-385-30mg#</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
NORGESIC FORTE - orphenadrine w/ aspirin & caffeine tab 50-770-60 mg#	4	
<i>orphenadrine citrate inj 30 mg/ml#</i>	2	
<i>orphenadrine citrate tab er 12hr 100 mg#</i>	2	
<i>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg, 50-770-60 mg#</i>	2	
<i>orphengesic forte - orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg#</i>	2	
<b>Sleep Disorder Agents</b>		
AMBIEN - zolpidem tartrate tab 5 mg, 10 mg#	4	QL (30 tablets/30 days)
AMBIEN CR - zolpidem tartrate tab er 6.25 mg, 12.5 mg#	4	QL (30 tablets/30 days)
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	2	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	2	QL (30 tablets/30 days)
EDLUAR - zolpidem tartrate sl tab 5 mg, 10 mg#	4	QL (30 tablets/30 days)
<i>estazolam tab 1 mg, 2 mg</i>	2	PA, QL (30 tablets/30 days)
<i>eszopiclone tab 1 mg, 2 mg, 3 mg#</i>	2	QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE - flurazepam hcl cap 15 mg, 30 mg	4	PA, QL (30 capsules/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml*	5	PA, QL (158 mls/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm*	5	PA, QL (30 packets/30 days)
LUNESTA - eszopiclone tab 1 mg, 2 mg, 3 mg#	4	QL (30 tablets/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	2	PA, QL (30 tablets/30 days)
NUVIGIL - armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	4	PA, QL (30 tablets/30 days)
PROVIGIL - modafinil tab 100 mg, 200 mg	5	PA, QL (30 tablets/30 days)
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	4	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	2	QL (30 tablets/30 days)
RESTORIL - temazepam cap 7.5 mg, 15 mg, 22.5 mg, 30 mg	4	QL (30 capsules/30 days)
ROZEREM - ramelteon tab 8 mg	4	QL (30 tablets/30 days)
SILENOR - doxepin hcl (sleep) tab 3 mg, 6 mg	4	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
SUNOSI - solriamfetol hcl tab 75 mg, 150 mg	4	PA, QL (30 tablets/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 7.5 mg, 22.5 mg</i>	2	QL (30 capsules/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	5	PA, QL (60 tablets/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	2	QL (60 capsules/30 days)
ZOLPIDEM TARTRATE - zolpidem tartrate cap 7.5 mg	4	QL (30 capsules/30 days)
<i>zolpidem tartrate sl tab 1.75 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate sl tab 3.5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab er 6.25 mg, 12.5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	2	QL (30 tablets/30 days)

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mg.....	105	diclofenac potassium tab 50 mg.....	2
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mg.....	89	diclofenac sodium gel 1% (1.16% diethylamine	
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mg.....	89	mg.....	2
dextroamphetamine sulfate cap er 24hr 5		diclofenac sodium tab delayed release 50	
mg.....	89	mg.....	2
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mg, 15 mg, 20 mg.....	89	mg.....	2

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<i>digoxin inj 0.25 mg/ml</i> .....	78	<i>divalproex sodium tab delayed release 250 mg, 500 mg</i> .....	20
<i>digoxin oral soln 0.05 mg/ml</i> .....	78	<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i> .....	20
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<i>hidex 6-day - dexamethasone tab therapy pack 1.5</i>		<i>mg</i> .....	3
<i>mg (21)</i> .....	114	<i>hydrocodone bitartrate cap er 12hr 40</i>	
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<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100</i>		<i>hydrocortisone w/ acetic acid otic soln</i>	
<i>mg</i> .....	80	<i>1-2%</i> .....	147
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<i>hydromorphone hcl preservative free inj 10 mg/</i>		<i>ibuprofen tab 800 mg</i> .....	4
<i>ml</i> .....	4	<i>icatibant acetate subcutaneous soln pref syr 30</i>	
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<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	62	<i>(1 mg/ml), 20 mg/20ml (1 mg/ml)</i> .....	40
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50</i>		IDHIFA.....	40
<i>mg</i> .....	62	IFEX.....	40
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<i>hydroxyzine pamoate cap 25 mg, 50</i>		<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml</i>	
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<i>indomethacin cap 25 mg</i> .....	4	<i>ipratropium bromide nasal soln 0.03% (21 mcg/</i>	
<i>indomethacin cap 50 mg</i> .....	4	<i>spray)</i> .....	151
<i>indomethacin cap er 75 mg</i> .....	4	<i>ipratropium bromide nasal soln 0.06% (42 mcg/</i>	
<i>indomethacin suppos 50 mg</i> .....	4	<i>spray)</i> .....	151
<i>indomethacin susp 25 mg/5ml</i> .....	4	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg,</i>	
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INFLECTRA.....	135	<i>irbesartan tab 75 mg, 150 mg, 300 mg</i> .....	80
INFLIXIMAB.....	135	IRESSA.....	40
INGREZZA.....	90	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml</i>	
INLYTA.....	40	<i>(20 mg/ml), 300 mg/15ml (20 mg/ml)</i> .....	40
INNOPRAN XL.....	80	<i>irinotecan hcl inj 500 mg/25ml (20 mg/</i>	
INPEFA.....	80	<i>ml)</i> .....	40
INQOVI.....	40	<i>irrigation solution, physiological</i> .....	102
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INSULIN ASPART.....	66	<i>isibloom - desogestrel &amp; ethinyl estradiol tab 0.15</i>	
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INSULIN LISPRO.....	66	<i>mg</i> .....	80
INSULIN LISPRO JUNIOR KWIKPEN.....	66	<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg,</i>	
INSULIN LISPRO KWIKPEN.....	66	<i>40 mg</i> .....	80
INSULIN LISPRO PROTAMINE/INSULIN LISPRO		<i>isosorbide mononitrate tab 10 mg</i> .....	80
KWIKPEN.....	66	<i>isosorbide mononitrate tab 20 mg</i> .....	80
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INTELENCE.....	58	<i>mg</i> .....	80
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INTRAROSA.....	121	<i>mg</i> .....	80
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INTUNIV.....	90	<i>40 mg</i> .....	97
INVANZ.....	15	<i>isradipine cap 2.5 mg, 5 mg</i> .....	80
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<i>itraconazole oral soln 10 mg/ml</i> .....	31	<i>junel fe 1/20 - norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	121
<i>ivabradine hcl tab 5 mg, 7.5 mg</i> .....	80	<i>junel fe 1.5/30 - norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	121
<i>ivermectin cream 1%</i> .....	98	<i>junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	121
<i>ivermectin tab 3 mg</i> .....	48	JUXTAPID.....	80
IWILFIN.....	40	JYLAMVO.....	135
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REVATIO.....	153	<i>mg.....</i>	25
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REXULTI.....	54	<i>rivelsa - levonor-eth est tab 0.15-0.02/0.025/0.03 mg</i>	
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<i>rifampin cap 150 mg, 300 mg.....</i>	35	<i>ropinirole hydrochloride tab 0.5 mg, 2 mg, 4</i>	
<i>rifampin for inj 600 mg.....</i>	35	<i>mg.....</i>	50
<i>riluzole tab 50 mg.....</i>	92	<i>ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6</i>	
<i>ringer's solution.....</i>	104	<i>mg, 8 mg, 12 mg.....</i>	50
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ROZEREM.....	156	<i>selegiline hcl tab 5 mg</i> .....	50
ROZLYTREK.....	44	<i>selenium sulfide lotion 2.5%</i> .....	99
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<i>rufinamide susp 40 mg/ml</i> .....	23	SENSIPAR.....	143
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<i>rufinamide tab 400 mg</i> .....	23	SEROQUEL.....	55
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<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg</i> .....	70	<i>simvastatin tab 5 mg, 10 mg, 40 mg</i> .....	85
SCEMBLIX.....	45	<i>simvastatin tab 80 mg</i> .....	85

SINEMET.....	50	<i>sotalol hcl (afib/afI) tab 80 mg.....</i>	85
SINGULAIR.....	153	<i>sotalol hcl tab 120 mg, 160 mg, 240</i>	
<i>sirolimus oral soln 1 mg/ml.....</i>	138	<i>mg.....</i>	85
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg.....</i>	138	<i>sotalol hcl tab 80 mg.....</i>	85
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SOAANZ.....	85	<i>spironolactone tab 25 mg, 50 mg, 100</i>	
<i>sodium chloride inj 2.5 meq/ml</i>		<i>mg.....</i>	85
(14.6%).....	104	SPORANOX.....	32
<i>sodium chloride irrigation soln 0.9%.....</i>	104	SPRAVATO 56MG DOSE.....	28
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teaspoonful.....	111	SPS.....	104
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<i>sodium polystyrene sulfonate powder.....</i>	104	gm/60ml.....	104
<i>sodium polystyrene sulfonate susp 15</i>		<i>sronyx - levonorgestrel &amp; ethinyl estradiol tab 0.1</i>	
gm/60ml.....	104	mg-20 mcg.....	125
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gm/177ml.....	108	STALEVO 100.....	50
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mg.....	113	STALEVO 75.....	50
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<i>subvenite starter kit/green - lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> .....	23	SYMBICORT.....	154
<i>subvenite starter kit/orange - lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> .....	23	SYMBYAX.....	63
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<i>sucralfate tab 1 gm</i> .....	108	SYMFI LO.....	60
SUFLAVE.....	108	SYMLINPEN 120.....	70
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<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	146	SYNAGIS.....	139
<i>sulfadiazine tab 500 mg</i> .....	17	SYNALAR.....	99
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....	17	SYNAREL.....	130
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	17	SYNDROS.....	30
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i> .....	17	SYNJARDY.....	70
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<i>sulfasalazine tab 500 mg</i> .....	141	SYNRIBO.....	45
<i>sulfasalazine tab delayed release 500 mg</i> .....	141	SYNTHROID.....	128
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<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300</i>		<i>triamcinolone acetonide cream</i>	
<i>mg</i> .....	8	<i>0.025%</i> .....	100
<i>tramadol hcl tab er 24hr biphasic release 100</i>		<i>triamcinolone acetonide cream 0.1%,</i>	
<i>mg</i> .....	8	<i>0.5%</i> .....	100
<i>tramadol hcl tab er 24hr biphasic release 200</i>		<i>triamcinolone acetonide dental paste</i>	
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<i>trandolapril-verapamil hcl tab er 1-240</i>		<i>triamcinolone acetonide oint 0.025%,</i>	
<i>mg</i> .....	86	<i>0.1%</i> .....	100
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>triamcinolone acetonide oint 0.05%</i> .....	100
<i>mg</i> .....	86	<i>triamcinolone acetonide oint 0.5%</i> .....	100
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VANCOMYCIN HYDROCHLORIDE.....	18	VERDESO.....	100
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE.....	18	VEREGEN.....	100
VANDAZOLE.....	18	VERELAN.....	87
VANFLYTA.....	46	VERELAN PM.....	87
VANOS.....	100	VERKAZIA.....	146
VAQTA.....	140	VERQUVO.....	87
varenicline tartrate tab 0.5 mg, 1 mg.....	9	VERSACLOZ.....	55
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....	9	VERZENIO.....	46
VARIVAX.....	140	VESICARE.....	114
VARUBI.....	30	VESICARE LS.....	114
VASCEPA.....	86	vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg.....	127
VASERETIC.....	87	VEVYE.....	146

VFEND.....	32	voriconazole for inj 200 mg.....	32
VFEND IV.....	32	voriconazole for susp 40 mg/ml.....	32
V-GO 20.....	71	voriconazole tab 50 mg, 200 mg.....	32
V-GO 30.....	71	VOSEVI.....	60
V-GO 40.....	71	VOTRIENT.....	47
VIBERZI.....	109	VOWST.....	109
VIBRAMYCIN.....	18	VOXZOGO.....	112
VICTOZA.....	71	VOYDEYA.....	140
VIDAZA.....	46	VPRIV.....	112
<i>vienna - levonorgestrel &amp; ethinyl estradiol tab 0.1</i>		VRAYLAR.....	55
<i>mg-20 mcg.....</i>	127	VTAMA.....	100
<i>vigabatrin powd pack 500 mg.....</i>	24	VUITY.....	147
<i>vigabatrin tab 500 mg.....</i>	24	VUMERITY.....	92
<i>vigadrone - vigabatrin powd pack 500</i>		VYEPTI.....	34
<i>mg.....</i>	24	<i>vyfemla - norethindrone &amp; ethinyl estradiol tab 0.4</i>	
<i>vigadrone - vigabatrin tab 500 mg.....</i>	24	<i>mg-35 mcg.....</i>	127
VIGAFYDE.....	24	<i>vylibra - norgestimate &amp; ethinyl estradiol tab 0.25</i>	
VIGAMOX.....	146	<i>mg-35 mcg.....</i>	127
<i>vigpoder - vigabatrin powd pack 500</i>		VYNDAMAX.....	112
<i>mg.....</i>	24	VYNDAQEL.....	112
VIIBRYD.....	28	VYTORIN.....	87
VIJOICE.....	46	VYVANSE.....	92
<i>vilazodone hcl tab 10 mg, 20 mg, 40</i>		VYXEOS.....	47
<i>mg.....</i>	28	VYZULTA.....	147
VIMOVO.....	8	<b>W</b>	
VIMPAT.....	24	WAINUA.....	112
VINBLASTINE SULFATE.....	47	WAKIX.....	156
<i>vincasar pfs - vincristine sulfate iv soln 1 mg/</i>		<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg,</i>	
<i>ml.....</i>	47	<i>5 mg, 6 mg, 7.5 mg, 10 mg.....</i>	75
<i>vincristine sulfate iv soln 1 mg/ml.....</i>	47	<i>water for irrigation, sterile irrigation</i>	
<i>vinorelbine tartrate inj 10 mg/ml, 50 mg/5ml (10 mg/</i>		<i>soln.....</i>	105
<i>ml).....</i>	47	WEGOVI.....	87
VIOKACE.....	112	WELCHOL.....	87
<i>viorele - desogest-eth estrad &amp; eth estrad tab</i>		WELIREG.....	47
<i>0.15-0.02/0.01 mg(21/5).....</i>	127	WELLBUTRIN SR.....	28
VIRACEPT.....	60	WELLBUTRIN XL.....	29
VIREAD.....	60	<i>wera - norethindrone &amp; ethinyl estradiol tab 0.5</i>	
VISTARIL.....	62	<i>mg-35 mcg.....</i>	127
VITRAKVI.....	47	WINLEVI.....	100
VIVELLE-DOT.....	127	WINREVAIR.....	155
VIVITROL.....	9	<i>wixela inhub - fluticasone-salmeterol aer powder ba</i>	
VIVJOA.....	32	<i>100-50 mcg/act.....</i>	155
VIZIMPRO.....	47	<i>wixela inhub - fluticasone-salmeterol aer powder ba</i>	
VOGELXO.....	127	<i>250-50 mcg/act.....</i>	155
VOGELXO PUMP.....	127	<i>wixela inhub - fluticasone-salmeterol aer powder ba</i>	
<i>volnea - desogest-eth estrad &amp; eth estrad tab</i>		<i>500-50 mcg/act.....</i>	155
<i>0.15-0.02/0.01 mg(21/5).....</i>	127	<i>wymzya fe - norethindrone &amp; ethinyl estradiol-fe</i>	
VONJO.....	47	<i>chew tab 0.4 mg-35 mcg.....</i>	127
VOQUEZNA.....	109	<b>X</b>	
VOQUEZNA DUAL PAK.....	109	XACIATO.....	18
VOQUEZNA TRIPLE PAK.....	109	XALATAN.....	147
VORANIGO.....	47		

XALKORI.....	47	YUFLYMA 2-SYRINGE KIT.....	140
XANAX.....	62	YUFLYMA CD/UC/HS STARTER.....	140
XANAX XR.....	62	YUPELRI.....	155
XARELTO.....	75	YUSIMRY.....	140
XARELTO STARTER PACK.....	75	<i>yuvafem - estradiol vaginal tab 10</i>	
XATMEP.....	140	<i>mcg.....</i>	127
XCOPRI.....	24	<b>Z</b>	
XDEMVI.....	147	<i>zafemy - norelgestromin-ethinyl estradiol td ptwk</i>	
XELJANZ.....	140	<i>150-35 mcg/24hr.....</i>	127
XELJANZ XR.....	140	<i>zafirlukast tab 10 mg, 20 mg.....</i>	155
XELPROS.....	147	<i>zaleplon cap 10 mg.....</i>	157
XELSTRYM.....	93	<i>zaleplon cap 5 mg.....</i>	157
XEMBIFY.....	140	ZALTRAP.....	47
XENAZINE.....	93	ZANAFLEX.....	56
XERAFA.....	18	ZANOSAR.....	47
XERESE.....	60	ZARONTIN.....	24
XERMELO.....	109	ZARXIO.....	75
XGEVA.....	143	ZAVESCA.....	112
XHANCE.....	155	ZAVZPRET.....	34
XIFAXAN.....	18	<i>zebutal - butalbital-acetaminophen-caffeine cap</i>	
XIGDUO XR.....	71	<i>50-325-40 mg.....</i>	8
XIIDRA.....	147	ZEGALOGUE.....	71
XOFLUZA.....	61	ZEGERID.....	109
XOLAIR.....	140	ZEJULA.....	47
XOLREMDI.....	140	ZELAPAR.....	50
XOPENEX HFA.....	155	ZELBORAF.....	47
XOSPATA.....	47	ZEMAIRA.....	112
XPHOZAH.....	105	ZEMBRACE SYMTOUCH.....	34
XPOVIO.....	47	ZEMDRI.....	18
XPOVIO 60 MG TWICE WEEKLY.....	47	ZEMPLAR.....	143
XPOVIO 80 MG TWICE WEEKLY.....	47	<i>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40</i>	
XTAMPZA ER.....	8	<i>mg.....</i>	100
XTANDI.....	47	ZENPEP.....	112
<i>xulane - norelgestromin-ethinyl estradiol td ptwk</i>		<i>zenzedi - dextroamphetamine sulfate tab 10</i>	
<i>150-35 mcg/24hr.....</i>	127	<i>mg.....</i>	93
XULTOPHY 100/3.6.....	71	<i>zenzedi - dextroamphetamine sulfate tab 2.5 mg, 5</i>	
XURIDEN.....	112	<i>mg, 7.5 mg, 15 mg, 20 mg.....</i>	93
XYLOCAINE.....	9	<i>zenzedi - dextroamphetamine sulfate tab 30</i>	
XYLOCAINE-MPF.....	9	<i>mg.....</i>	93
XYOSTED.....	127	ZEPATIER.....	61
XYREM.....	156	ZEPOSIA.....	93
XYWAV.....	157	ZEPOSIA 7-DAY STARTER PACK.....	93
<b>Y</b>		ZEPOSIA STARTER KIT.....	93
<i>yargesa - miglustat cap 100 mg.....</i>	112	ZEPZELCA.....	47
YASMIN 28.....	127	ZERBAXA.....	18
YAZ.....	127	ZERVIAE.....	147
YERVOY.....	47	ZESTORETIC.....	87
YF-VAX.....	140	ZESTRIL.....	87
YONDELIS.....	47	ZETIA.....	87
YONSA.....	47	ZIAGEN.....	61
YUFLYMA 1-PEN KIT.....	140	ZIANA.....	100
YUFLYMA 2-PEN KIT.....	140	<i>zidovudine cap 100 mg.....</i>	61

zidovudine syrup 10 mg/ml.....	61	ZOVIRAX.....	61
zidovudine tab 300 mg.....	61	ZTALMY.....	24
ZIEXTENZO.....	75	ZTLIDO.....	9
ZILBRYSQ.....	140	ZUBSOLV.....	9
<i>zileuton tab er 12hr 600 mg.....</i>	155	<i>zumandimine - drospirenone-ethinyl estradiol tab</i>	
ZILXI.....	100	3-0.03 mg.....	127
ZIMHI.....	9	ZURZUVAE.....	29
ZINPLAVA.....	109	ZYCLARA.....	100
ZIOPTAN.....	147	ZYCLARA PUMP.....	100
<i>ziprasidone hcl cap 20 mg, 40 mg.....</i>	55	ZYDELIG.....	48
<i>ziprasidone hcl cap 60 mg, 80 mg.....</i>	55	ZYFLO.....	155
<i>ziprasidone mesylate for inj 20 mg.....</i>	55	ZYKADIA.....	48
ZIPSOR.....	8	ZYLET.....	147
ZIRABEV.....	48	ZYMFENTRA 1-PEN.....	140
ZIRGAN.....	147	ZYMFENTRA 2-PEN.....	140
ZITHROMAX.....	18	ZYMFENTRA 2-SYRINGE.....	140
ZITHROMAX TRI-PAK.....	18	ZYNLONTA.....	48
ZITHROMAX Z-PAK.....	18	ZYPITAMAG.....	87
ZITUVIO.....	71	ZYPREXA.....	55
ZOCOR.....	87	ZYPREXA RELPREVV.....	55
ZOKINVY.....	112	ZYPREXA ZYDIS.....	55
ZOLEDRONIC ACID.....	143	ZYTIGA.....	48
<i>zoledronic acid inj conc for iv infusion 4</i>		ZYVOX.....	19
<i>mg/5ml.....</i>	143		
<i>zoledronic acid iv soln 5 mg/100ml.....</i>	143		
ZOLINZA.....	48		
<i>zolmitriptan nasal spray 5 mg/spray</i>			
<i>unit.....</i>	34		
<i>zolmitriptan orally disintegrating tab 2.5 mg, 5</i>			
<i>mg.....</i>	34		
<i>zolmitriptan tab 2.5 mg, 5 mg.....</i>	34		
ZOLOFT.....	29		
ZOLPIDEM TARTRATE.....	157		
<i>zolpidem tartrate sl tab 1.75 mg.....</i>	157		
<i>zolpidem tartrate sl tab 3.5 mg.....</i>	157		
<i>zolpidem tartrate tab 5 mg, 10 mg.....</i>	157		
<i>zolpidem tartrate tab er 6.25 mg, 12.5</i>			
<i>mg.....</i>	157		
ZOMACTON.....	117		
ZOMIG.....	34		
<i>zomig - zolmitriptan tab 2.5 mg, 5 mg.....</i>	34		
ZONALON.....	100		
ZONEGRAN.....	24		
ZONISADE.....	24		
<i>zonisamide cap 25 mg, 50 mg, 100</i>			
<i>mg.....</i>	24		
ZONTIVITY.....	75		
ZORTRESS.....	140		
ZORYVE.....	100		
ZOSYN.....	18		
<i>zovia 1/35 - ethynodiol diacetate &amp; ethinyl estradiol</i>			
<i>tab 1mg-35 mcg.....</i>	127		

# BlueMedicare Rx (PDP)

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-247-4142 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llámenos al 1-888-247-4142 (TTY: 711). Alguien que hable inglés le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** ft1i'H3/41 , '¿ á{JD \*' :M!!}J1tffl \*rft11'HI 1?JJitt1Já{J1:f:1i:iJ f i'ñJ° If D  
\_in \*' //3&E€ 1-888-247-4142 (TTY: 711)° 1f i}t: X/ Xá{Jl11=:A.in=M!!}Jft° J!fii-J , '¿ \*°

**Chinese Cantonese:** ft:1ittft1r,á{J{l {5li: !Jo/J{ 1UifaJ t 1f kFoi, 1Jttf1rH3/41 , '¿J:á{Jffi rnirn r}° Dwffi  
i, J:fi, § ÍÍ 1-888-247-4142 (TTY: 711) f ft1r,° ft1r,tff !B-/1tÉf{]§B8- 81A:@'. tw: 1t:t3/41 - \_s}/°  
r rifil,'¿l:O1°

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-247-4142 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng English o Tagalog. Ito ay libreng serbisyo.

**French:** Nous fournissons gratuitement les services d'un interprete pour répondre a toutes les questions que vous pouvez avoir sur notre régime d'assurance maladie ou de médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-247-4142 (TTY: 711). Un interlocuteur qui parle anglais/français peut vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch VI thông dịch miễn phí để trả lời các câu hỏi về sức khỏe hoặc thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-247-4142 (TTY: 711) sẽ có nhân viên nói tiếng Anh/Việt giúp đỡ quý vị. Dịch vụ thông dịch miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Die Dolmetscher erreichen Sie unter 1-888-247-4142 (TTY: 711). Man wird Ihnen dort auf Deutsch oder Englisch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** tgl{s} .li 1 S!i: -P:JJ.°--1= 1011 { !- 011 lg-"8"B e \_ .=v\_;;} :.Y.li J-71:l] \_ 7<ll i?"6").=v..  
y\_9-. ls7l:ll A\_ °1 %"6"} 1-888-247-4142 (TTY: 711) 18-2..s.. "8"B ? 1-].2... °a /  
- 3\_ 15tg\_;;}7} 2r\_Q} -1=\_ yq, 01 ls71:llA :.Y.lis.. 3/4°J yq,

**Russian:** ECJIH y Bac B03HHKHYT BOIIpüCbl 0THOCHTeJibH0 IIJiaHa Me,D;HLJ;HHCK0ro CTpaxoBaHml HJIH IIJiaHa II0JiyqeHH51 JieKapCTB, Bbl M0)l(eTe BOCIT0Jib30BaTbC51 HaIIIHMH 6ecrrJiaTHbIMH ycJiyraMH rpeBo.n;qHK0B. IT06bl BOCIT0Jib30BaTbC51 ycJiyraMH rpeBo.n;qHKa, II03BOHHTe HaM 110 TeJie<poHy 1-888-247-4142 (TTY: 711). BaM OKa)l(eT IIOMOHb C0TPY.D;HHK, KOTüpbIH rübüHT rro-aHrJIHHCKH HJIH Ha BallleM 513bIKe. ,D:aHHa51 ycJiyra 6ecrrJiaTHa51.

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4.iJI e, dJ..d .. .9--'.9 . 1-888-247-4142 (TTY: 711) J Js. 1/2 JLai I 153--' ,g/ F:..o Js.  
-4 cloJ.i.. ol..l, 1/2yJI / <1/2 l

**Hindi:** 7:l"T"&cflm-;rrciiWRit 3lfqcfiW 'm cfil "Ocfi('ffq "Cffif i t  
'q''i. qi"Bcfi('ffq, 1-888-247-4142 (TTY: 711) "CfiR ./ cf''lfi1  
q af cfxBcnilli. ooi.

## BlueMedicare Rx (PDP)

### Multi-language Interpreter Services

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-247-4142 (TTY: 711). Un nostro incaricato che parla inglese/italiano vi fomira l'assistenza necessaria. Il servizio e gratuito.

**Portugués:** Dispomos de servi9os de interpreta9ifo gratuitos para responder a qualquer questao que voce tiver acerca de nosso plano de saúde ou de medica9ao. Para obter um intérprete, contate-nos pelo número 1-888-247-4142 (TTY: 711). Voce encontrará alguém que fale o idioma ingles ou portugues para ajudá-lo. Este servi9o é gratuito.

**French Creole:** Nou genyen sevis entepret gratis pou reponn tout kesyon ou ta genyen konsenan asirans maladi oswa asirans medikaman nou an. Poujwenn yon entepret, jis rele nou nan 1-888-247-4142 (TTY: 711). Yon moun ki pale Angle/Kreyól kapab ede w. Sa a se yon sevis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoze w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza należy zadzwonić pod numer 1-888-247-4142 (TTY: 711). Osoba znając polski i angielski udzieli Panstwu pomocy. Usługa ta jest bezpłatna.

**Japanese:** ;t±O)fü! 1i i .í t. tí 1r 1i ii.= 00 -t :5 i{> 1:J 6 .:"Jír" ,.: B :Z. -t :5 t. :fj ,.=, ffii;fitO)il!í§R-tt-1:.' 7- .:"JtL lcBf'J .í-t° il!í§R .:"\$ O):ijJirti, 1-888-247-4142(TTY:711) .í-Z:B !í!i<t!' ° B11s:!i§.í t. tí !g !íli-tfúi:3 o):!f iJ;3t;jiP t. l .í -t° .: N li ffl;j;40)-tt- !: 7- 1: -t°

# Blue Medicare Rx Enhanced<sup>SM</sup> (PDP) Enhanced Plan (Employer Group)

An updated formulary is located on our website at **Medicare.BlueCrossNC.com**. You may also call Customer Service for updated formulary information.

This formulary was updated on  
11/01/2024

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

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For more recent information or other questions, please contact Customer Service:

**Blue Medicare Rx<sup>SM</sup> PDP**

**Phone: 1-888-247-4142** (TTY users should call 711) **Hours: 7 days a week, 8 a.m. – 8 p.m.**

Or visit **Medicare.BlueCrossNC.com**