Hamaspik Medicare Select (HMO-DSNP)
and
Hamaspik Medicare Choice (HMO-DSNP)

2025 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File Submission ID: 25014

This formulary was updated on 12/01/2025.

For more recent information or other questions, please contact us at 888-426-2774. (TTY users, call 711.) We are open 7 days a week, from 8:00 am to 8:00 pm, October 1, 2024, through March 31, 2025; and Monday through Friday, 8:00 am to 8:00 pm, from April 1, 2025, through September 30, 2025.

Note:

This document is available for free in Spanish. Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.

This information is also available in alternate formats such as large print and Braille. Please call Member Services at the above numbers for more information.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2026.

Hamaspik Medicare Select and Hamaspik Medicare Choice are an HMO D-SNP with a Medicare contract. Enrollment in a Hamaspik Medicare Advantage plan depends on contract renewal.

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 Hamaspik, Inc. When it refers to “plan” or “our plan,” it means Hamaspik Medicare Select and Hamaspik Medicare Choice.

This document includes the Drug List (formulary) for our plan which is current as of 12/01/2025.

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, 2026, and from time to time during the year.

What is the Hamaspik Medicare Select and Hamaspik Medicare Choice formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Hamaspik Medicare Select and Hamaspik Medicare Choice, 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. Hamaspik Medicare Select and Hamaspik Medicare Choice will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 change?

Most changes in drug coverage happen on January 1st, but we may add or remove drugs on the formulary during the year, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.hamaspik.com.

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. 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, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 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 1st of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2025. To get updated information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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 10. 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 142. 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 number where you can find coverage information. Turn to the listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Hamaspik Medicare Select and Hamaspik Medicare Choice covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Hamaspik Medicare Select or Hamaspik Medicare Choice requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Hamaspik Medicare Select or Hamaspik Medicare Choice before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** Hamaspik Medicare Select or Hamaspik Medicare Choice limits the amount of the drug that we will cover. For example, Hamaspik Medicare Select or Hamaspik Medicare Choice provides provides 3 units per 28 days per prescription for Ozempic. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Hamaspik Medicare Select or Hamaspik Medicare Choice 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, Hamaspik Medicare Select or Hamaspik Medicare Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. 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 Hamaspik Medicare Select or Hamaspik Medicare Choice 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 Hamaspik Medicare Select or Hamaspik Medicare Choice formulary?" on the following for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan also covers certain over-the-counter drugs as a supplemental benefit. (This benefit is separate from your Medicare prescription drug coverage, and is described in Chapter 4 of your Evidence of Coverage.) Some over-the-counter drugs are less expensive than prescription drugs and work just as well. For more information, call Member Services. The cost of these OTC drugs will not count toward your total Part D drug costs.

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 Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Hamaspik Medicare Select or Hamaspik Medicare Choice does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Hamaspik Medicare Select or Hamaspik Medicare Choice. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by us.

- You can ask Hamaspik Medicare Select or Hamaspik Medicare Choice 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 Hamaspik Medicare Select or Hamaspik Medicare Choice Formulary?

You can ask Hamaspik Medicare Select or Hamaspik Medicare Choice 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Hamaspik Medicare Select or Hamaspik Medicare Choice 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, Hamaspik Medicare Select or Hamaspik Medicare Choice will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 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. If coverage is not approved, 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.

For more information

For more detailed information about your Hamaspik Medicare Select or Hamaspik Medicare Choice prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Hamaspik Medicare Select or Hamaspik Medicare Choice, 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.

Hamaspik Medicare Select or Hamaspik Medicare Choice Formulary

The formulary that begins on the next provides coverage information about the drugs covered by Hamaspik Medicare Select or Hamaspik Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 142.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BRILINTA 60 MG TABLET) and generic drugs are listed in lower-case italics (e.g., *bumetanide 0.5 mg tablet*).

The information in the Requirements/Limits column tells you if *bumetanide 0.5 mg tablet* has any special requirements for coverage of your drug.

FORMULARY KEY TO ABBREVIATIONS

LA – **Limited Availability:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-888-426-2774. (TTY users, call 711.)

PA – **Prior Authorization:** The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug.

PA – Part B vs. D Determination: This prescription drug may be covered under Medicare Part B or Part D, depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL – **Quantity Limit:** For certain drugs, the Plan limits the amount of the drug that we will cover.

ST – **Step Therapy:** In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics, Other		
butalbital-acetaminophen butalbital-acetaminophn 50-325	1	QL (180 PER 30 DAYS)
butalbital-acetaminophen-caffe (50-300-40, 50-325-40)	1	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine cp	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
tencon 50-325 mg tablet	1	QL (180 PER 30 DAYS)
ZEBUTAL 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50 MG-200 MCG TAB	1	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	1	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	1	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	1	QL (30 PER 30 DAYS)
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)	1	QL (60 PER 30 DAYS)
celecoxib 400 mg capsule	1	QL (30 PER 30 DAYS)
DAYPRO 600 MG CAPLET	1	QL (90 PER 30 DAYS)
diclofenac potassium 50 mg tablet	1	QL (120 PER 30 DAYS)
diclofenac sodium (dr 25 mg tab, ec 25 mg tab)	1	QL (240 PER 30 DAYS)
diclofenac sodium (dr 50 mg tab, ec 50 mg tab)	1	QL (120 PER 30 DAYS)
diclofenac sodium (dr 75 mg tab, ec 75 mg tab)	1	QL (60 PER 30 DAYS)
diclofenac sodium 1% gel	1	
diclofenac sodium 1.5% topical soln	1	PA
diclofenac sodium er 100 mg tab	1	QL (60 PER 30 DAYS)
diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diclofenac sodium-misoprostol diclofenac-misoprost 50-0.2 mg	1	QL (120 PER 30 DAYS)
ec-naproxen dr 375 mg tablet	1	QL (120 PER 30 DAYS)
ec-naproxen dr 500 mg tablet	1	QL (90 PER 30 DAYS)
etodolac (400 mg tablet, 500 mg tablet)	1	QL (60 PER 30 DAYS)
etodolac 200 mg capsule	1	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	1	QL (90 PER 30 DAYS)
etodolac er (er 400 mg tablet, er 500 mg tablet)	1	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	1	QL (30 PER 30 DAYS)
flurbiprofen 100 mg tablet	1	QL (90 PER 30 DAYS)
ibu 400 mg tablet	1	QL (240 PER 30 DAYS)
ibu 600 mg tablet	1	QL (150 PER 30 DAYS)
ibu 800 mg tablet	1	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	1	
ibuprofen 400 mg tablet	1	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	1	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	1	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	1	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	1	QL (120 PER 30 DAYS)
indomethacin er 75 mg capsule	1	QL (60 PER 30 DAYS)
ketorolac tromethamine 10 mg tablet	1	
meloxicam 15 mg tablet	1	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	1	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	1	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	1	QL (60 PER 30 DAYS)
naproxen (375 mg tablet, dr 375 mg tablet)	1	QL (120 PER 30 DAYS)
naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)	1	QL (90 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	1	QL (1800 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
naproxen 250 mg tablet	1	QL (180 PER 30 DAYS)
naproxen sodium 275 mg tab	1	QL (150 PER 30 DAYS)
naproxen sodium 550 mg tab	1	QL (90 PER 30 DAYS)
oxaprozin (600 mg caplet, 600 mg tablet)	1	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	1	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	1	QL (30 PER 30 DAYS)
sulindac (150 mg tablet, 200 mg tablet)	1	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM)	1	PA, QL (60 PER 30 DAYS)
buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)	1	PA, QL (4 PER 28 DAYS)
BUTRANS (5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH)	1	PA, QL (4 PER 28 DAYS)
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)	1	PA, QL (15 PER 30 DAYS)
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	1	PA, QL (60 PER 30 DAYS)
levorphanol tartrate (2 mg tablet, 3 mg tablet)	1	QL (120 PER 30 DAYS)
methadone hcl 10 mg tablet	1	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	1	QL (180 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	1	PA, QL (90 PER 30 DAYS)
tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Opioid Analgesics, Short-acting		
acetaminophen-codeine #4 tablet	1	QL (180 PER 30 DAYS)
acetaminophen-codeine (#2 tablet, #3 tablet)	1	QL (360 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	1	QL (2700 PER 30 DAYS)
butorphanol tartrate 10 mg/ml spray	1	QL (48 PER 30 DAYS)
codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)	1	QL (180 PER 30 DAYS)
endocet (2.5-325 mg tablet, 5-325 mg tablet)	1	QL (360 PER 30 DAYS)
endocet 10-325 mg tablet	1	QL (180 PER 30 DAYS)
endocet 7.5-325 mg tablet	1	QL (240 PER 30 DAYS)
fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)	1	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen (5-300 mg, 5-325 mg)	1	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (7.5, 7.5, 10-300 mg, 10-325 mg)	1	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	1	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen (5-200 mg, 7.5, 10)	1	QL (150 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	1	QL (1440 PER 30 DAYS)
hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)	1	PA
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	1	QL (180 PER 30 DAYS)
morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)	1	QL (2700 PER 30 DAYS)
morphine sulfate 100 mg/5 ml conc	1	QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
morphine sulfate 20 mg/5 ml soln	1	QL (1350 PER 30 DAYS)
morphine sulfate ir 15 mg tab	1	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	1	QL (180 PER 30 DAYS)
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)	1	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	1	QL (360 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)	1	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10	1	QL (180 PER 30 DAYS)
oxycodone-acetaminophen oxycodone-acetaminophn 7.5-325	1	QL (240 PER 30 DAYS)
ROXICODONE (15 MG TABLET, 30 MG TABLET)	1	QL (180 PER 30 DAYS)
tramadol hcl 50 mg tablet	1	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen tramadol-acetaminophn 37.5-325	1	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

dermacinrx lidocan 5% patch	1	PA, QL (90 PER 30 DAYS)
lidocaine 5% ointment	1	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	1	PA, QL (90 PER 30 DAYS)
lidocaine hcl 4% solution	1	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	1	
lidocaine hcl viscous (2% 15 ml cup, 2% soln)	1	
lidocaine-prilocaine cream	1	PA, QL (60 PER 30 DAYS)
lidocan iii 5% patch	1	PA, QL (90 PER 30 DAYS)
lidocan iv 5% patch	1	PA, QL (90 PER 30 DAYS)
lidocan v 5% patch	1	PA, QL (90 PER 30 DAYS)
LIDODERM 5% PATCH	1	PA, QL (90 PER 30 DAYS)
ZTLIDO 1.8% TOPICAL SYSTEM	1	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
acamprosate calcium dr 333 mg tab	1	
disulfiram (250 mg tablet, 500 mg tablet)	1	
Opioid Dependence		
buprenorphine hcl (2 mg tablet, 8 mg tablet)	1	QL (90 PER 30 DAYS)
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	1	QL (120 PER 30 DAYS)
buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)	1	QL (60 PER 30 DAYS)
buprenorphine-naloxone 8-2 mg tab	1	QL (90 PER 30 DAYS)
naltrexone hcl 50 mg tablet	1	
SUBLOCADE (100 MG/0.5 ML SYRING, 300 MG/1.5 ML SYRING)	1	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	1	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	1	QL (120 PER 30 DAYS)
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT)	1	
Opioid Reversal Agents		
KLOXXADO 8 MG NASAL SPRAY	1	
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray)	1	
NARCAN 4 MG NASAL SPRAY	1	
OPVEE 2.7 MG NASAL SPRAY	1	
REXTOVY 4 MG NASAL SPRAY	1	
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	1	
NICOTROL CARTRIDGE INHALER	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NICOTROL NS 10 MG/ML SPRAY	1	
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet, varenicline starting month box)	1	
Antibacterials		
Aminoglycosides		
amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl)	1	
ARIKAYCE 590 MG/8.4 ML VIAL	1	PA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)	1	
gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)	1	
HUMATIN 250 MG CAPSULE	1	
neomycin sulfate 500 mg tablet	1	
streptomycin sulfate 1 gm vial	1	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	1	
Antibacterials, Other		
AZACTAM (1 GM VIAL, 2 GM VIAL)	1	
aztreonam (1 gm vial, 2 gm vial)	1	
CLEOCIN 2% VAGINAL CREAM	1	
CLEOCIN HCL (75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE)	1	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLEOCIN T 1% LOION	1	
clindacin etz 1% pledget	1	
clindacin p 1% ledgets	1	
clindamycin (pediatric) (pedi) 75 mg/5 ml	1	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
clindamycin phosphate (ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel)	1	
clindamycin phosphate-d5w (300 mg/50, 600 mg/50, 900 mg/50)	1	
clindamycin-0.9% nacl (300 mg/50, 600 mg/50, 900 mg/50)	1	
colistimethate 150 mg vial	1	
CUBICIN 500 MG VIAL	1	
CUBICIN RF 500 MG VIAL	1	
DALVANCE 500 MG VIAL	1	
daptomycin 500 mg vial	1	
FLAGYL 375 CAPSULE	1	
IMPAVIDO 50 MG CAPSULE	1	
linezolid (100 mg/5 ml susp, 600 mg tablet)	1	PA
linezolid-0.9% nacl 600mg/300ml-0.9%nacl	1	
linezolid-d5w 600 mg/300 ml-d5w	1	
methenamine hippurate 1 gm tablet	1	
METRO IV 500 MG/100 ML	1	
metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)	1	
nitrofurantoin (50 mg cap, 100 mg cap)	1	
nitrofurantoin mono-macro mono-mcr 100 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIVEXTRO 200 MG TABLET	1	PA
SIVEXTRO 200 MG VIAL	1	
tigecycline 50 mg vial	1	
tinidazole (250 mg tablet, 500 mg tablet)	1	
trimethoprim 100 mg tablet	1	
TYGACIL 50 MG VIAL	1	
vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1.75 gram vial, hcl 2 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)	1	
vancomycin hcl 125 mg capsule	1	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	1	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	1	PA
ZYVOX 600 MG/300 ML-D5W	1	
Beta-lactam, Cephalosporins		
cefaclor (250 mg capsule, 500 mg capsule)	1	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	1	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	1	
cefazolin sodium-dextrose 1 g/50 ml-dextrose	1	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	1	
cefepime (1 gm, 2 gm)	1	
cefepime hcl (1 gm vial, 2 gram vial)	1	
cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)	1	
cefixime 400 mg capsule	1	
cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefoxitin sodium (1 gm, 2 gm)	1	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	1	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	1	
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	1	
ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	1	
cefuroxime (250 mg tab, 500 mg tab)	1	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	1	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)	1	
tazicef (1 gm add-vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial)	1	
TEFLARO (400 MG VIAL, 600 MG VIAL)	1	
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	1	
amoxicillin-clavulanate pot er amox-clav 1,000-62.5 mg tab	1	
amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	1	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)	1	
ampicillin trihydrate 500 mg capsule	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)	1	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	1	
dicloxacillin sodium (250 mg capsule, 500 mg capsule)	1	
EXTENCILLINE (1,200,000 UNIT VL, 2,400,000 UNIT VL)	1	
lentocilin s 1,200,000unit	1	
nafcillin (1 gm/ 50 ml, 2 gm/ 100 ml)	1	
nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bottle, 10 gm bulk vial)	1	
penicillin g potassium (5 million, 20 million)	1	
penicillin g sodium na 5 million unit	1	
penicillin gk-iso-osm dextrose (2 million unit/50 ml, 3 million unit/50 ml)	1	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	1	
pfizerpen (5 million vial, 20 million vial)	1	
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)	1	
ZOSYN 2.25 GM/50 ML GALAXY BAG	1	
Carbapenems		
ertapenem 1 gram vial	1	
imipenem-cilastatin sodium (250 mg, 500 mg)	1	
INVANZ 1 GM VIAL	1	
meropenem (1 gm vial, 500 mg vial)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
meropenem-0.9% nacl (1 gram/50, 500 mg/50)	1	
Macrolides		
azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)	1	
clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)	1	
clarithromycin er 500 mg tab	1	
DIFICID 200 MG TABLET	1	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	1	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	1	
ery 2% pads	1	
ERY-TAB (DR 250 MG TABLET, DR 333 MG TABLET, DR 500 MG TABLET)	1	
ERYPED 200 MG/5 ML SUSPENSION	1	
ERYPED 400 MG/5 ML SUSPENSION	1	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	1	
erythromycin (2% solution, 250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	1	
erythromycin ethylsuccinate (200 mg/5 ml, 400 mg/5 ml)	1	
erythromycin lactobionate 500 mg vial	1	
fidaxomicin 200 mg tablet	1	QL (20 PER 10 OVER TIME)
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	1	
ZITHROMAX TRI-PAK 500 MG TAB	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Quinolones		
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	1	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)	1	
levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)	1	
levofloxacin-d5w (250 mg/50, 500 mg/100, 750 mg/150)	1	
moxifloxacin 400 mg/250 ml bag	1	
moxifloxacin hcl 400 mg tablet	1	
ofloxacin 400 mg tablet	1	
Sulfonamides		
BACTRIM 400-80 MG TABLET	1	
BACTRIM DS 800-160 MG TABLET	1	
sulfadiazine 500 mg tablet	1	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	1	
Tetracyclines		
avidoxy 100 mg tablet	1	
demeclocycline hcl (150 mg tablet, 300 mg tablet)	1	
doxy 100 mg vial	1	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)	1	
doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)	1	
minocycline hcl (50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mondoxyne nl 100 mg capsule	1	
NUZYRA (100 MG VIAL, 150 MG TABLET)	1	
tetracycline hcl (250 mg capsule, 500 mg capsule)	1	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	1	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	1	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	1	
DEPAKOTE (DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET)	1	
DEPAKOTE ER (ER 250 MG TABLET, ER 500 MG TABLET)	1	
DEPAKOTE SPRINKLE DR 125 MG CP	1	
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	1	
divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	1	
divalproex sodium er (er 250 mg tab, er 500 mg tab)	1	
EPIDIOLEX (100 MG/ML SOLN PACK, 100 MG/ML SOLUTION)	1	PA
EPRONTIA 25 MG/ML SOLUTION	1	
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	1	
FINTEPLA 2.2 MG/ML SOLUTION	1	PA, QL (360 PER 30 DAYS)
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FYCOMPA 0.5 MG/ML ORAL SUSP	1	QL (680 PER 28 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	1	
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	1	
LAMICTAL (BLUE) TAB START KIT	1	
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
lamotrigine (blue) tab start kit-blue	1	
lamotrigine er (er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)	1	
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	1	
levetiracetam er (er 500 mg tablet, er 750 mg tablet)	1	
perampanel (2 mg tablet, 4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)	1	QL (30 PER 30 DAYS)
roweepra 500 mg tablet	1	
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	1	
subvenite (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
subvenite (blue) tab start kit	1	
topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 25 mg/ml solution, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Calcium Channel Modifying Agents		
CELONTIN 300 MG CAPSULE	1	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	1	
methsuximide 300 mg capsule	1	
ZARONTIN 250 MG CAPSULE	1	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam (10 mg tablet, 20 mg tablet)	1	PA, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	1	PA, QL (480 PER 30 DAYS)
diazepam (2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))	1	QL (5 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	1	QL (2160 PER 30 DAYS)
gabapentin 100 mg capsule	1	QL (1080 PER 30 DAYS)
gabapentin 300 mg capsule	1	QL (360 PER 30 DAYS)
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	1	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	1	QL (135 PER 30 DAYS)
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	1	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	1	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	1	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	1	QL (900 PER 30 DAYS)
MYSOLINE (50 MG TABLET, 250 MG TABLET)	1	
NAYZILAM 5 MG NASAL SPRAY	1	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	1	QL (2160 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEURONTIN 100 MG CAPSULE	1	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	1	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	1	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	1	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	1	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	1	PA, QL (480 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	1	
pregabalin (225 mg capsule, 300 mg capsule)	1	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	1	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	1	QL (900 PER 30 DAYS)
primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)	1	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	1	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	1	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	1	PA, QL (240 PER 30 DAYS)
tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)	1	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)	1	QL (10 PER 30 DAYS)
vigabatrin (500 mg powder packt, 500 mg tablet)	1	QL (180 PER 30 DAYS)
vigadrone (500 mg powder packet, 500 mg tablet)	1	QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML ORAL SOLN	1	QL (750 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vigpoder 500 mg powder packet	1	QL (180 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	1	PA, QL (1100 PER 30 DAYS)
Sodium Channel Agents		
APTIOM (200 MG TABLET, 400 MG TABLET)	1	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	1	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	1	
carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	1	
carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)	1	
CARBATROL (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE)	1	
DILANTIN (DILANTIN 30 MG CAPSULE, DILANTIN 30 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 50 MG INFATAB)	1	
DILANTIN-125 MG/5 ML SUSP	1	
epitol 200 mg tablet	1	
eslicarbazepine acetate (200 mg tablet, 400 mg tablet)	1	QL (30 PER 30 DAYS)
eslicarbazepine acetate (600 mg tablet, 800 mg tablet)	1	QL (60 PER 30 DAYS)
lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)	1	
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	1	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	1	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	1	
rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)	1	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	1	
TEGRETOL XR (100 MG TABLET, 200 MG TABLET, 400 MG TABLET)	1	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	1	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	1	
XCOPRI (12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	1	
ZONEGRAN (25 MG CAPSULE, 100 MG CAPSULE)	1	
ZONISADE 100 MG/5 ML ORAL SUSP	1	
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	1	
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY (5 MG/DAY PATCH, 10MG/DAY PATCH)	1	
ARICEPT (5 MG TABLET, 10 MG TABLET)	1	
donepezil hcl (5 mg tablet, 10 mg tablet, 23 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)	1	
EXELON (4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	1	
galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)	1	
galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)	1	
galantamine hydrobromide 4 mg/ml oral soln	1	
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet, hcl 10 mg/5 ml cup)	1	PA
memantine hcl er (er 7 mg capsule, er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)	1	PA
NAMENDA (5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	1	PA
Antidepressants		
Antidepressants, Other		
AUVELITY ER 45-105 MG TABLET	1	QL (60 PER 30 DAYS)
bupropion hcl 100 mg tablet	1	QL (120 PER 30 DAYS)
bupropion hcl 75 mg tablet	1	QL (60 PER 30 DAYS)
bupropion hcl sr (150 mg tablet, 200 mg tablet)	1	QL (60 PER 30 DAYS)
bupropion hcl sr 100 mg tablet	1	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	1	QL (60 PER 30 DAYS)
bupropion xl hcl 150 mg tablet	1	QL (90 PER 30 DAYS)
bupropion xl hcl 300 mg tablet	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EXXUA (ER 18.2 MG TAB (TITRATN), ER 18.2 MG TABLET, ER 36.3 MG TABLET, ER 54.5 MG TABLET, ER 72.6 MG TABLET)	1	QL (30 PER 30 DAYS)
mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	1	QL (30 PER 30 DAYS)
mirtazapine 15 mg tablet	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	1	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	1	QL (45 PER 30 DAYS)
WELLBUTRIN SR (SR 150 MG TABLET, SR 200 MG TABLET)	1	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	1	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	1	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	1	QL (14 PER 365 OVER TIME)
Monoamine Oxidase Inhibitors		
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	1	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TABLET	1	
NARDIL 15 MG TABLET	1	
PARNATE 10 MG TABLET	1	
phenelzine sulfate 15 mg tab	1	
tranylcypromine sulfate 10 mg tab	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
CELEXA (10 MG TABLET, 20 MG TABLET)	1	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	1	QL (30 PER 30 DAYS)
citalopram hbr (10 mg tablet, 20 mg tablet)	1	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	1	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	1	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	1	QL (90 PER 30 DAYS)
desvenlafaxine succinate er (er 25 mg, er 50 mg, er 100mg)	1	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	1	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	1	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	1	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	1	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	1	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	1	QL (90 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet)	1	QL (45 PER 30 DAYS)
escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)	1	QL (600 PER 30 DAYS)
escitalopram oxalate 20 mg tablet	1	QL (30 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	1	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	QL (28 PER 28 DAYS)
fluoxetine dr 90 mg capsule	1	QL (4 PER 28 DAYS)
fluoxetine hcl (10 mg capsule, 10 mg tablet)	1	QL (90 PER 30 DAYS)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	1	QL (600 PER 30 DAYS)
fluoxetine hcl 20 mg capsule	1	QL (120 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	1	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluvoxamine maleate 100 mg tab	1	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	1	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	1	QL (30 PER 30 DAYS)
nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)	1	
paroxetine cr (25 mg tablet, 37.5 mg tablet)	1	QL (60 PER 30 DAYS)
paroxetine cr 12.5 mg tablet	1	QL (30 PER 30 DAYS)
paroxetine er (er 25 mg tablet, er 37.5 mg tablet)	1	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	1	QL (30 PER 30 DAYS)
paroxetine hcl (10 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	1	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	1	QL (30 PER 30 DAYS)
paroxetine hcl 30 mg tablet	1	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	1	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	1	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	1	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	1	QL (60 PER 30 DAYS)
PRISTIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET)	1	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	1	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	1	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	1	QL (60 PER 30 DAYS)
RALDESY 10 MG/ML SOLUTION	1	QL (1200 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	1	QL (45 PER 30 DAYS)
sertraline hcl 100 mg tablet	1	QL (60 PER 30 DAYS)
sertraline hcl 20 mg/ml oral conc	1	QL (300 PER 30 DAYS)
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	1	QL (30 PER 30 DAYS)
venlafaxine besylate er 112.5 mg tb	1	QL (60 PER 30 DAYS)
venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	1	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	1	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	1	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	1	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1	QL (30 PER 30 DAYS)
vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	1	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	1	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	1	QL (300 PER 30 DAYS)
Tricyclics		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)	1	
clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)	1	
desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	1	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	1	
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	1	
NORPRAMIN (10 MG TABLET, 25 MG TABLET)	1	
nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
protriptyline hcl (5 mg tablet, 10 mg tablet)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)	1	
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	1	PA
compro 25 mg suppository	1	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	1	
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	1	PA
prochlorperazine 25 mg supp	1	
prochlorperazine maleate (5 mg tablet, 10 mg tab)	1	
promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 12.5 mg/10 ml cup, 25 mg suppository, 25 mg tablet, 50 mg tablet)	1	PA
promethegan (12.5 mg suppos, 25 mg suppository)	1	PA
scopolamine 1 mg/3 day patch	1	PA
Emetogenic Therapy Adjuncts		
aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack)	1	PA
dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	PA
EMEND (80 MG CAPSULE, TRIPACK)	1	PA
granisetron hcl 1 mg tablet	1	PA
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 8 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)	1	

Antifungals

AMBISOME 50 MG VIAL	1	PA
amphotericin b 50 mg vial	1	PA
amphotericin b liposome 50 mg	1	PA
CANCIDAS (IV 50 MG VIAL, IV 70 MG VIAL)	1	
caspofungin acetate (50 mg vial, 70 mg vial)	1	
ciclodan 8% solution	1	QL (6.6 PER 30 DAYS)
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	1	
ciclopirox 8% solution	1	QL (6.6 PER 30 DAYS)
clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)	1	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL)	1	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	1	
econazole nitrate 1% cream	1	
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	1	
flucytosine (250 mg capsule, 500 mg capsule)	1	PA
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	1	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	1	
itraconazole 100 mg capsule	1	QL (120 PER 30 DAYS)
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
klayesta 100,000 unit/gm powd	1	
LOPROX 1% SHAMPOO	1	
micafungin (50 mg vial, 100 mg vial)	1	
micafungin-0.9% nacl (50 mg/50ml-0.9%nacl, 100 mg/100-0.9%nacl, 150 mg/150-0.9%nacl)	1	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL)	1	PA
nyamyc 100,000 unit/gm powder	1	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	1	
nystop 100,000 unit/gm powder	1	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl)	1	PA
SPORANOX 100 MG CAPSULE	1	QL (120 PER 30 DAYS)
terbinafine hcl 250 mg tablet	1	QL (30 PER 30 DAYS)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	1	
VFEND IV 200 MG VIAL	1	PA
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)	1	PA
voriconazole (hpbcd) 200 mg vl	1	PA

Antigout Agents

allopurinol (100 mg tablet, 300 mg tablet)	1	
colchicine 0.6 mg tablet	1	
COLCRYS 0.6 MG TABLET	1	
probenecid 500 mg tablet	1	
probenecid-colchicine tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimigraine Agents		
dihydroergotamine mesylate 4 mg/ml spry	1	PA, QL (8 PER 28 DAYS)
ergotamine-caffeine 1-100mg tb	1	
MIGRANAL NASAL SPRAY	1	PA, QL (8 PER 28 DAYS)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG AUTOINJECTOR 140 MG/ML	1	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	1	PA, QL (2 PER 30 DAYS)
EMGALITY PEN 120 MG/ML	1	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	1	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	1	PA, QL (2 PER 30 DAYS)
NURTEC ODT 75 MG TABLET	1	PA, QL (16 PER 30 DAYS)
UBRELVY (50 MG TABLET, 100 MG TABLET)	1	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	1	ST, QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	1	QL (6 PER 30 DAYS)
MAXALT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
naratriptan hcl (1 mg tablet, 2.5 mg tablet)	1	QL (18 PER 30 DAYS)
rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)	1	QL (18 PER 30 DAYS)
sumatriptan (5 mg, 20 mg)	1	QL (12 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	QL (18 PER 30 DAYS)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)	1	QL (6 PER 30 DAYS)
sumatriptan succinate 6 mg/0.5 ml vial	1	QL (5 PER 30 DAYS)
zolmitriptan odt (2.5 mg odt, 5 mg odt)	1	QL (12 PER 30 DAYS)
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	1	
pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)	1	
pyridostigmine bromide er 180 mg tab	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	1	
MYCOBUTIN 150 MG CAPSULE	1	
rifabutin 150 mg capsule	1	
Antituberculars		
cycloserine 250 mg capsule	1	
ethambutol hcl (100 mg tablet, 400 mg tablet)	1	
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	1	
PRETOMANID 200 MG TABLET	1	
PRIFTIN 150 MG TABLET	1	
pyrazinamide 500 mg tablet	1	
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	1	
SIRTURO (20 MG TABLET, 100 MG TABLET)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRECATOR 250 MG TABLET	1	
Antineoplastics		
Alkylating Agents		
cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)	1	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	1	
LEUKERAN 2 MG TABLET	1	
MATULANE 50 MG CAPSULE	1	PA
VALCHLOR 0.016% GEL	1	PA, QL (60 PER 30 DAYS)
Antiandrogens		
abiraterone acetate 250 mg tab	1	PA, QL (120 PER 30 DAYS)
abirtega 250 mg tablet	1	PA, QL (120 PER 30 DAYS)
bicalutamide 50 mg tablet	1	
CASODEX 50 MG TABLET	1	
ERLEADA 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	1	PA, QL (120 PER 30 DAYS)
EULEXIN 125 MG CAPSULE	1	
NILANDRON 150 MG TABLET	1	
nilutamide 150 mg tablet	1	
NUBEQA 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
YONSA 125 MG TABLET	1	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	1	PA, QL (21 PER 28 DAYS)
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	PA, QL (30 PER 30 DAYS)
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	1	PA, QL (21 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	1	PA, QL (60 PER 30 DAYS)
THALOMID 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
THALOMID 50 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
Antiestrogens/Modifiers		
FARESTON 60 MG TABLET	1	
INLURIYO 200 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ORSERDU 345 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SOLTAMOX 20 MG/10 ML SOLN	1	
tamoxifen citrate (10 mg tablet, 20 mg tablet)	1	
toremifene citrate 60 mg tab	1	
Antimetabolites		
mercaptopurine (20 mg/ml suspen, 50 mg tablet)	1	
PURIXAN 20 MG/ML ORAL SUSP	1	
TABLOID 40 MG TABLET	1	
Antineoplastics, Other		
AVMAPKI-FAKZYNJA CO-PACK	1	PA, QL (66 PER 28 DAYS)
HYDREA 500 MG CAPSULE	1	
hydroxyurea 500 mg capsule	1	
INQOVI 35 MG-100 MG TABLET	1	PA, QL (5 PER 28 DAYS)
IWILFIN 192 MG TABLET	1	PA, QL (240 PER 30 DAYS)
KISQALI FEMARA CO-PACK 200 MG	1	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	1	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	1	PA, QL (91 PER 28 DAYS)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	1	
LONSURF 15 MG-6.14 MG TABLET	1	PA, QL (100 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LONSURF 20 MG-8.19 MG TABLET	1	PA, QL (80 PER 28 DAYS)
LYSODREN 500 MG TABLET	1	
MODEYSO 125 MG CAPSULE	1	PA, QL (20 PER 28 DAYS)
NIPENT 10 MG VIAL	1	
ONUREG (200 MG TABLET, 300 MG TABLET)	1	PA, QL (14 PER 28 DAYS)
ORGOVYX 120 MG TABLET	1	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	1	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	1	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	1	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	1	PA, QL (32 PER 28 DAYS)
ZOLINZA 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
anastrozole 1 mg tablet	1	
ARIMIDEX 1 MG TABLET	1	
AROMASIN 25 MG TABLET	1	
exemestane 25 mg tablet	1	
FEMARA 2.5 MG TABLET	1	
letrozole 2.5 mg tablet	1	
Molecular Target Inhibitors		
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALUNBRIG 30 MG TABLET	1	PA, QL (120 PER 30 DAYS)
AUGTYRO 160 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	1	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	1	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	1	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
BRUKINSA 160 MG TABLET	1	PA, QL (60 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
CALQUENCE (100 MG CAPSULE, 100 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	1	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	1	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	1	PA, QL (84 PER 28 DAYS)
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	1	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	1	PA, QL (63 PER 28 DAYS)
DANZITEN (71 MG TABLET, 95 MG TABLET)	1	PA, QL (112 PER 28 DAYS)
dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dasatinib 20 mg tablet	1	PA, QL (90 PER 30 DAYS)
DAURISMO 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ERIVEDGE 150 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
erlotinib hcl (100 mg tablet, 150 mg tablet)	1	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	1	PA, QL (60 PER 30 DAYS)
everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)	1	PA, QL (60 PER 30 DAYS)
everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	PA, QL (30 PER 30 DAYS)
everolimus 3 mg tab for susp	1	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	1	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	1	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
gefitinib 250 mg tablet	1	PA, QL (30 PER 30 DAYS)
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	1	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	1	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	1	PA, QL (84 PER 28 DAYS)
HERNEXEOS 60 MG TABLET	1	PA, QL (180 PER 60 DAYS)
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	1	PA, QL (21 PER 28 DAYS)
IBTROZI 200 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IDHIFA (50 MG TABLET, 100 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	1	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	1	PA, QL (324 PER 30 DAYS)
IMKELDI 80 MG/ML SOLUTION	1	PA, QL (280 PER 28 DAYS)
INLYTA 1 MG TABLET	1	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	1	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ITOVEBI 3 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	1	PA, QL (30 PER 30 DAYS)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	1	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	1	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	1	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
KOSELUGO 5 MG SPRINKLE CAPSULE	1	PA, QL (600 PER 30 DAYS)
KOSELUGO 7.5 MG SPRINKLE CAP	1	PA, QL (360 PER 30 DAYS)
KRAZATI 200 MG TABLET	1	PA, QL (180 PER 30 DAYS)
lapatinib 250 mg tablet	1	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAZCLUZE 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	1	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	1	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	1	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	1	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TABLET	1	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LYNPARZA (100 MG TABLET, 150 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	1	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	1	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	1	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	1	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	1	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	1	PA, QL (180 PER 30 DAYS)
NERLYNX 40 MG TABLET	1	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	1	PA, QL (3 PER 28 DAYS)
ODOMZO 200 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	1	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	1	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	1	PA, QL (24 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA 25 MG/ML ORAL SUSP	1	PA, QL (96 PER 28 DAYS)
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
pazopanib hcl 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	1	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	1	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	1	PA, QL (30 PER 30 DAYS)
QINLOCK 50 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TABLET	1	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	1	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	1	PA, QL (240 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
ROMVIMZA (14 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	1	PA, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAPSULE	1	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	1	PA, QL (336 PER 28 DAYS)
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	1	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	1	PA, QL (300 PER 30 DAYS)
sorafenib 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRYCEL 20 MG TABLET	1	PA, QL (90 PER 30 DAYS)
STIVARGA 40 MG TABLET	1	PA, QL (84 PER 28 DAYS)
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	1	PA, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	1	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
TABRECTA (150 MG TABLET, 200 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	1	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	1	PA, QL (840 PER 28 DAYS)
TAGRISSO (40 MG TABLET, 80 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	1	PA, QL (30 PER 30 DAYS)
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	1	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TABLET	1	PA, QL (240 PER 30 DAYS)
TEPMETKO 225 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TABLET	1	PA, QL (60 PER 30 DAYS)
torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	PA, QL (30 PER 30 DAYS)
torpenz 5 mg tablet	1	PA, QL (60 PER 30 DAYS)
TRUQAP (160 MG TABLET, 200 MG TABLET)	1	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	1	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	1	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYKERB 250 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	1	PA, QL (42 PER 28 DAYS)
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	1	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	1	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	1	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	1	PA, QL (180 PER 30 DAYS)
XOSPATA 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	1	PA, QL (240 PER 30 DAYS)
ZYDELIG (100 MG TABLET, 150 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
KANJINTI (150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	1	PA
ONTRUZANT (150 MG VIAL, 420 MG VIAL)	1	PA
RIABNI (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	1	PA
RUXIENCE (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	1	PA
TRAZIMERA (150 MG VIAL, 420 MG VIAL)	1	PA
ZIRABEV (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	1	PA
Retinoids		
bexarotene (1% gel, 75 mg capsule)	1	PA
PANRETIN 0.1% GEL	1	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	1	PA
tretinoin 10 mg capsule	1	PA
Treatment Adjuncts		
mesna 400 mg tablet	1	
MESNEX 400 MG TABLET	1	
Antiparasitics		
Anthelmintics		
albendazole 200 mg tablet	1	
benznidazole (12.5 mg tablet, 100 mg tablet)	1	
BILTRICIDE 600 MG TABLET	1	
ivermectin 3 mg tablet	1	PA
praziquantel 600 mg tablet	1	
STROMECTOL 3 MG TABLET	1	PA
Antiprotozoals		
atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)	1	PA, QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
atovaquone-proguanil hcl (62.5, 250)	1	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	1	
COARTEM TABLETS	1	
DARAPRIM 25 MG TABLET	1	PA
hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	1	
LAMPIT (30 MG TABLET, 120 MG TABLET)	1	
MALARONE (62.5-25 MG PED TAB, 250-100 MG TABLET)	1	
mefloquine hcl 250 mg tablet	1	
NEBUPENT 300 MG INHAL POWDER	1	PA
nitazoxanide 500 mg tablet	1	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	1	
pentamidine isethionate 300 mg inhal powdr	1	PA
pentamidine isethionate 300 mg inject vial	1	
PLAQUENIL 200 MG TABLET	1	
primaquine 26.3 mg tablet	1	
pyrimethamine 25 mg tablet	1	PA
quinine sulfate 324 mg capsule	1	PA

Antiparkinson Agents

Antiparkinson Agents, Other

amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	1	
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	1	PA
carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)	1	
COMTAN 200 MG TABLET	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
entacapone 200 mg tablet	1	
TASMAR 100 MG TABLET	1	
tolcapone 100 mg tablet	1	
trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)	1	PA
Dopamine Agonists		
APOKYN 30 MG/3 ML CARTRIDGE	1	PA, QL (60 PER 30 DAYS)
apomorphine hcl 30 mg/3 ml cartrdg	1	PA, QL (60 PER 30 DAYS)
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	1	
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	1	
pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)	1	
ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)	1	
ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa 25 mg tablet	1	
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)	1	
carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)	1	
INBRIJA 42 MG INHALATION CAP	1	PA, QL (300 PER 30 DAYS)
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SINEMET (10-100 MG TABLET, 25-100 MG TABLET)	1	
SINEMET 10-100 MG TABLET	1	
SINEMET 25-100 MG TABLET	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT (0.5 MG TABLET, 1 MG TABLET)	1	
rasagiline mesylate (0.5 mg tab, 1 mg tab)	1	
selegiline hcl (5 mg capsule, 5 mg tablet)	1	
Antipsychotics		
1st Generation/Typical		
fluphenazine decanoate 125 mg/5 ml	1	PA
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)	1	PA
HALDOL DECANOATE 100 AMPUL	1	PA
HALDOL DECANOATE 50 AMPUL	1	PA
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	PA
haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)	1	PA
haloperidol decanoate 100 mg/ml amp	1	PA
haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)	1	PA
loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)	1	PA
molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)	1	PA
pimozide (1 mg tablet, 2 mg tablet)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	PA
thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	1	PA
trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	1	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	1	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	1	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	1	QL (1 PER 28 DAYS)
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	1	PA, QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	1	PA, QL (45 PER 30 DAYS)
aripiprazole 1 mg/ml solution	1	PA, QL (750 PER 30 DAYS)
aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)	1	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	1	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	1	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	1	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	1	QL (3.2 PER 28 DAYS)
ARISTADA INITIO ER 675 MG/2.4	1	QL (2.4 PER 42 OVER TIME)
asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA, QL (60 PER 30 DAYS)
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
FANAPT FNPT TITRTION PCK	1	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK C	1	PA, QL (8 PER 28 OVER TIME)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	1	PA, QL (90 PER 30 DAYS)
GEODON (20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE)	1	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	1	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	1	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	1	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	1	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	1	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	1	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	1	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	1	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	1	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	1	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	1	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	1	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
olanzapine (15 mg tablet, 20 mg tablet)	1	PA, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	1	PA, QL (90 PER 30 DAYS)
olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)	1	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	1	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	1	PA, QL (30 PER 30 DAYS)
paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)	1	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	1	PA, QL (60 PER 30 DAYS)
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	1	QL (1 PER 28 DAYS)
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	PA, QL (120 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	1	PA, QL (60 PER 30 DAYS)
quetiapine fumarate 150 mg tablet	1	PA, QL (150 PER 30 DAYS)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	1	PA, QL (30 PER 30 DAYS)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	1	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	1	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL)	1	QL (2 PER 28 DAYS)
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)	1	QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	1	PA, QL (480 PER 30 DAYS)
risperidone 4 mg tablet	1	QL (120 PER 30 DAYS)
risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)	1	QL (2 PER 28 DAYS)
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	1	PA, QL (60 PER 30 DAYS)
risperidone odt 4 mg	1	PA, QL (120 PER 30 DAYS)
SAPHRIS (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	1	PA, QL (60 PER 30 DAYS)
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	1	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	1	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	1	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	1	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	1	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	1	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	1	QL (0.14 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY ER 75 MG/0.21 ML SYRINGE	1	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	1	QL (30 PER 30 DAYS)
ziprasidone hcl (20 mg capsule, 40 mg capsule)	1	QL (90 PER 30 DAYS)
ziprasidone hcl (60 mg capsule, 80 mg capsule)	1	QL (60 PER 30 DAYS)
ziprasidone mesylate 20 mg/ml vial	1	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	1	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	1	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT)	1	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	1	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
Antipsychotics, Other		
COBENFY (50 MG-20 MG CAPSULE, 100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE)	1	Cobenfy PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	1	Cobenfy PA, QL (56 PER 28 DAYS)
Treatment-Resistant		
clozapine (25 mg tablet, 50 mg tablet)	1	PA, QL (90 PER 30 DAYS)
clozapine 100 mg tablet	1	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
clozapine odt (odt 25 mg tablet, odt 100 mg tablet)	1	PA, QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clozapine odt 12.5 mg tablet	1	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	1	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	1	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	1	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	1	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	1	PA, QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
DANTRIUM 25 MG CAPSULE	1	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1	
tizanidine hcl (2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule)	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	1	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TABLET	1	QL (30 PER 30 DAYS)
GENVOYA TABLET	1	QL (30 PER 30 DAYS)
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	1	QL (60 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	1	QL (180 PER 30 DAYS)
ISENTRESS HD 600 MG TABLET	1	QL (60 PER 30 DAYS)
JULUCA 50-25 MG TABLET	1	QL (30 PER 30 DAYS)
STRIBILD TABLET	1	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIVICAY 10 MG TABLET	1	QL (240 PER 30 DAYS)
TIVICAY PD 5 MG TAB FOR SUSP	1	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	1	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	1	QL (30 PER 30 DAYS)
EDURANT PED 2.5MG TAB FOR SUSP	1	QL (180 PER 30 DAYS)
efavirenz 600 mg tablet	1	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop efavir-emtri-tenof 600-200-300	1	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)	1	QL (30 PER 30 DAYS)
etravirine (100 mg tablet, 200 mg tablet)	1	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	1	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	1	QL (120 PER 30 DAYS)
nevirapine 200 mg tablet	1	QL (60 PER 30 DAYS)
nevirapine 50 mg/5 ml susp	1	QL (1200 PER 30 DAYS)
nevirapine er 400 mg tablet	1	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	1	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	1	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml solution	1	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	1	QL (60 PER 30 DAYS)
abacavir-lamivudine 600-300 mg	1	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	1	QL (30 PER 30 DAYS)
COMPLERA TABLET	1	QL (30 PER 30 DAYS)
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	1	QL (30 PER 30 DAYS)
emtricitabine 200 mg capsule	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
emtricitabine-rilpivirne-tenof emtricit-rilp-tenof 200-25-300	1	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg, 200-300mg)	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	1	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	1	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	1	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	1	QL (30 PER 30 DAYS)
EPZICOM TABLET	1	QL (30 PER 30 DAYS)
lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)	1	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	1	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	1	QL (30 PER 30 DAYS)
lamivudine-zidovudine tablet	1	QL (60 PER 30 DAYS)
ODEFSEY TABLET	1	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	1	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	1	QL (180 PER 30 DAYS)
tenofovir disoproxil fumarate 300 mg tb	1	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	1	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	1	QL (180 PER 30 DAYS)
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	1	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	1	QL (30 PER 30 DAYS)
VIREAD POWDER	1	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	1	QL (960 PER 30 DAYS)
zidovudine 100 mg capsule	1	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zidovudine 50 mg/5 ml syrup	1	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	1	QL (60 PER 30 DAYS)
maraviroc 150 mg tablet	1	QL (60 PER 30 DAYS)
maraviroc 300 mg tablet	1	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	1	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	1	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	1	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	1	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	1	QL (120 PER 30 DAYS)
SUNLENCA (4- 300 MG TABLET, 300 MG TABLET)	1	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	1	QL (5 PER 28 OVER TIME)
TYBOST 150 MG TABLET	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	1	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 300 mg cap)	1	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	1	QL (60 PER 30 DAYS)
darunavir 600 mg tablet	1	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	1	QL (30 PER 30 DAYS)
EVOTAZ 300 MG-150 MG TABLET	1	QL (30 PER 30 DAYS)
fosamprenavir calcium 700 mg tablet	1	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	1	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	1	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	1	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	1	QL (120 PER 30 DAYS)
lopinavir-ritonavir 80-20mg/ml	1	QL (480 PER 30 DAYS)
lopinavir-ritonavir lopinavir-ritonavr 100-25mg tb	1	QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lopinavir-ritonavir lopinavir-ritonavr 200-50mg tb	1	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	1	QL (360 PER 30 DAYS)
PREZCOBIX (675 MG TABLET, 800 MG TABLET)	1	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	1	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	1	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	1	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	1	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	1	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	1	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	1	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	1	QL (240 PER 30 DAYS)
ritonavir 100 mg tablet	1	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	1	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	1	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	1	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY 200 MG TABLET	1	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	1	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	1	
valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil 10 mg tab	1	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	1	
entecavir (0.5 mg tablet, 1 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lamivudine 100 mg tablet	1	
lamivudine hbv 100 mg tablet	1	
Anti-hepatitis C (HCV) Agents		
MAVYRET (50-20 MG PELLET PACKET, 100-40 MG TABLET)	1	PA
ribavirin (200 mg capsule, 200 mg tablet)	1	
ZEPATIER 50-100 MG TABLET	1	PA
Anti-influenza Agents		
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	1	QL (84 PER 365 OVER TIME)
oseltamivir phosphate 30 mg capsule	1	QL (168 PER 365 OVER TIME)
oseltamivir phosphate 6 mg/ml suspension	1	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	1	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	1	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	1	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	1	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	1	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	1	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg capsule, 200 mg/5 ml susp, 200 mg/5 ml susp cup, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)	1	
acyclovir 5% ointment	1	PA
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	1	PA
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	1	
valacyclovir (1 gram tablet, 500 mg tablet)	1	
VALTREX (1 GRAM, 500 MG)	1	
ZOVIRAX 5% OINTMENT	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiviral, Coronavirus agents		
PAXLOVID (EUA) (150-100 MG PACK, 300-100 MG PACK)	1	
PAXLOVID 150-100 MG (MODERATE)	1	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	1	QL (30 PER 30 OVER TIME)
PAXLOVID 300/150-100MG(SEVERE)	1	QL (11 PER 30 OVER TIME)
Anxiolytics		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam er (er 0.5 mg tablet, er 1 mg tablet)	1	QL (30 PER 30 DAYS)
alprazolam er 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam er 3 mg tablet	1	QL (90 PER 30 DAYS)
alprazolam xr (0.5 mg tablet, 1 mg tablet)	1	QL (30 PER 30 DAYS)
alprazolam xr 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam xr 3 mg tablet	1	QL (90 PER 30 DAYS)
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	1	
chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)	1	PA, QL (120 PER 30 DAYS)
chlordiazepoxide hcl 25 mg capsule	1	PA, QL (360 PER 30 DAYS)
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)	1	QL (90 PER 30 DAYS)
clonazepam (0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)
clonazepam (2 mg odt, 2 mg tablet)	1	QL (300 PER 30 DAYS)
clorazepate dipotassium 15 mg tablet	1	PA, QL (180 PER 30 DAYS)
clorazepate dipotassium 3.75 mg tablet	1	PA, QL (120 PER 30 DAYS)
clorazepate dipotassium 7.5 mg tablet	1	PA, QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA, QL (120 PER 30 DAYS)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)	1	PA, QL (1200 PER 30 DAYS)
diazepam (5 mg/ml, 25 mg/5 ml)	1	PA, QL (240 PER 30 DAYS)
hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet)	1	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	1	PA
lorazepam (0.5 mg tablet, 1 mg tablet)	1	PA, QL (120 PER 30 DAYS)
lorazepam (2 mg tablet, 2 mg/ml oral concent)	1	PA, QL (150 PER 30 DAYS)
lorazepam intensol 2 mg/ml	1	PA, QL (150 PER 30 DAYS)
oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)	1	PA, QL (120 PER 30 DAYS)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (er 300 mg, er 450 mg)	1	
lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)	1	
LITHOBID ER 300 MG TABLET	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose 100 mg tablet	1	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	1	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	1	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTOS 15 MG TABLET	1	QL (90 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	1	PA, QL (3.4 PER 28 DAYS)
CYCLOSET 0.8 MG TABLET	1	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	1	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	1	QL (60 PER 30 DAYS)
gauze pad gnp sterile pads 2" x 2"	1	PA
gauze pads & dressings - pads 2 x 2	1	PA
glimepiride 1 mg tablet	1	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 PER 30 DAYS)
glipizide 2.5 mg tablet	1	QL (480 PER 30 DAYS)
glipizide 5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	1	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	1	QL (120 PER 30 DAYS)
glyburide 1.25 mg tablet	1	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	1	QL (120 PER 30 DAYS)
glyburide micronized 1.5 mg tab	1	QL (240 PER 30 DAYS)
glyburide micronized 3 mg tablet	1	QL (120 PER 30 DAYS)
glyburide micronized 6 mg tablet	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
glyburide-metformin hcl glyburid-metformin 1.25-250 mg	1	QL (240 PER 30 DAYS)
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	1	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	1	PA
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	1	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	1	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	1	QL (60 PER 30 DAYS)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1	QL (30 PER 30 DAYS)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	1	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	1	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	1	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	1	QL (30 PER 30 DAYS)
metformin hcl 1,000 mg tablet	1	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	1	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	1	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 PER 30 DAYS)
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	1	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tablet	1	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	1	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	1	PA, QL (3 PER 28 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pioglitazone hcl (30 mg tablet, 45 mg tablet)	1	QL (30 PER 30 DAYS)
pioglitazone hcl 15 mg tablet	1	QL (90 PER 30 DAYS)
pioglitazone-glimepiride (30, 30)	1	QL (30 PER 30 DAYS)
pioglitazone-metformin (15, 15)	1	QL (90 PER 30 DAYS)
repaglinide 0.5 mg tablet	1	QL (960 PER 30 DAYS)
repaglinide 1 mg tablet	1	QL (480 PER 30 DAYS)
repaglinide 2 mg tablet	1	QL (240 PER 30 DAYS)
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
saxagliptin hcl (2.5 mg tablet, 5 mg tablet)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)	1	QL (30 PER 30 DAYS)
saxagliptin-metformin er saxagliptn-metform 2.5-1000	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-33 MCG/ML PEN	1	QL (18 PER 30 DAYS)
sterile pads ft 2" x 2"	1	PA
SYMLINPEN 120 SYMLININJECTOR	1	
SYMLINPEN 60 SYMLININJECTOR	1	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	1	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	1	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	1	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	1	QL (30 PER 30 DAYS)
TRADJENTA 5 MG TABLET	1	QL (30 PER 30 DAYS)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	1	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	1	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	1	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	1	QL (4 PER 30 DAYS)
diazoxide 50 mg/ml oral susp	1	
GLUCAGEN 1 MG HYPOKIT	1	QL (4 PER 30 DAYS)
glucagon emergency kit (glucagon 1 mg emergency kit, glucagon 1 mg vial, glucagon 1 mg emergency kit, glucagon 1 mg vial)	1	QL (4 PER 30 DAYS)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2-PK 1 MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2-PK 1 MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
PROGLYCEM 50 MG/ML ORAL SUSP	1	
Insulins		
autoshield duo pen needle ndl 30g 5mm	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
droplet insulin syringe (0.3 ml 29g 12.7mm(1/2), 0.3 ml 30g 12.7mm(1/2), ins 0.3ml 30g 8mm(1/2), ins 0.3ml 31g 6mm(1/2), ins 0.3ml 31g 8mm(1/2), ins 0.5 ml 29g 12.7mm, ins 0.5 ml 30g 12.7mm, ins syr 0.5 ml 31g 6mm, ins syr 0.5 ml 31g 8mm, ins syr 0.5ml 30g 8mm, ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 6mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)	1	PA
droplet micron pen needle 34g 3.5mm	1	PA
droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)	1	PA
easy comfort insulin syringe (0.5ml, 1 ml)	1	PA
easy comfort pen needle (4mm, 5mm)	1	PA
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	1	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN JR 100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 VIAL	1	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN 70-30 VIAL	1	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMULIN N 100 UIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN 100 UIT/ML	1	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500 UNIT/ML VIAL	1	PA
insulin pen needle	1	PA
insulin syringe (disp) u-100 0.3 ml	1	PA
insulin syringe (disp) u-100 1 ml	1	PA
insulin syringe (disp) u-100 1/2 ml	1	PA
insulin syringe (syr 0.5 ml 28g 12.7mm, syringe 1 ml 27g 16mm, syringe 1ml 28g 12.7mm)	1	PA
LANTUS 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 UNIT/ML	1	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 UNIT/ML	1	QL (60 PER 30 DAYS)
nano 2nd gen pen needle 3g 4mm	1	PA
nano pen needle 32g 4mm	1	PA
needles, insulin disp., safety	1	PA
NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL)	1	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN (70, RELION 70)	1	QL (60 PER 30 DAYS)
NOVOLIN N (N 100 UNIT/ML VIAL, RELION N 100 UNIT/ML)	1	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U)	1	QL (60 PER 30 DAYS)
NOVOLIN R (R 100 UNIT/ML VIAL, RELION R 100 UNIT/ML)	1	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U)	1	QL (60 PER 30 DAYS)
NOVOLOG (100 UNIT/ML VIAL, RELION 100 UNIT/ML VL)	1	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN (100 UNIT/ML, RELION U)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL)	1	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN)	1	QL (60 PER 30 DAYS)
NOVOLOG PENFILL 100 UNIT/ML	1	QL (60 PER 30 DAYS)
omnipod 5 (g6/libre 2 plus)	1	PA, QL (15 PER 30 DAYS)
omnipod 5 dexg7g6 intro(gen 5)	1	PA, QL (1 PER 720 OVER TIME)
omnipod 5 dexg7g6 pods (gen 5)	1	PA, QL (15 PER 30 DAYS)
omnipod 5 g6-g7 intro kt(gen5)	1	PA, QL (1 PER 720 OVER TIME)
omnipod 5 g6-g7 pods (gen 5)	1	PA, QL (15 PER 30 DAYS)
omnipod 5 intro(g6/libre2plus)	1	PA, QL (1 PER 720 OVER TIME)
omnipod classic pods (gen 3) pods(gen3) 5pk	1	PA, QL (15 PER 30 DAYS)
omnipod dash intro kit (gen 4)	1	PA, QL (1 PER 720 OVER TIME)
omnipod dash pdm kit (gen 4)	1	PA, QL (1 PER 720 OVER TIME)
omnipod dash pods (gen 4) 5pk	1	PA, QL (15 PER 30 DAYS)
omnipod go pods (10 unit/day, 15 unit/day, 20 unit/day, 25 unit/day, 30 unit/day, 35 unit/day, 40 unit/day)	1	PA, QL (10 PER 30 DAYS)
pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)	1	PA
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	1	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	1	QL (60 PER 30 DAYS)
true comfort safety pen needle (31g 5mm, 31g 6mm, 32g 4mm)	1	PA
ultiguard safepack-pen needle gnp	1	PA
ultra-fine insulin syringe (0.3 ml 30g 12.7mm, 0.3ml 31g 6mm (1/2), 0.3ml 31g 8mm (1/2), ins syr 1ml 31g 6mm, ins syr 1ml 31g 8mm, syr 0.3 ml 31g 6mm, syr 0.3 ml 31g 8mm, 0.5 ml 30g 12.7mm, syr 0.5 ml 31g 6mm, syr 0.5 ml 31g 8mm, syr 1 ml 30g 12.7mm)	1	PA
ultra-fine pen needle (ndl 29g 12.7mm, needle 31g 5mm, needle 31g 8mm, needle 32g 6mm)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
unifine otc pen needle (31g 5mm, 32g 4mm)	1	PA
unifine pentips 32g 4mm	1	PA
unifine pentips plus 33g 4mm	1	PA

Blood Products and Modifiers

Anticoagulants

dabigatran etexilate (75 mg cap, 150 mg cp)	1	QL (60 PER 30 DAYS)
dabigatran etexilate 110 mg cp	1	QL (120 PER 30 DAYS)
ELIQUIS (0.5 MG PKT(1X0.5MG TB), 1.5 MG PKT(3X0.5MG TB), 2 MG PKT(4X 0.5 MG TB))	1	QL (560 PER 28 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	1	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ELIQUIS SPRINKLE 0.15 MG CAP	1	QL (74 PER 30 DAYS)
enoxaparin sodium (100 mg/ml, 150 mg/ml)	1	QL (30 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml, 120 mg/0.8 ml)	1	QL (24 PER 90 OVER TIME)
enoxaparin sodium 30 mg/0.3 ml syr	1	QL (9 PER 90 OVER TIME)
enoxaparin sodium 40 mg/0.4 ml syr	1	QL (12 PER 90 OVER TIME)
enoxaparin sodium 60 mg/0.6 ml syr	1	QL (18 PER 90 OVER TIME)
fondaparinux sodium 10 mg/0.8 ml syr	1	QL (24 PER 90 OVER TIME)
fondaparinux sodium 2.5 mg/0.5 ml syr	1	QL (15 PER 90 OVER TIME)
fondaparinux sodium 5 mg/0.4 ml syr	1	QL (12 PER 90 OVER TIME)
fondaparinux sodium 7.5 mg/0.6 ml syr	1	QL (18 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	1	
jantoven (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	1	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	1	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	1	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	1	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	1	QL (18 PER 90 OVER TIME)
rivaroxaban 1 mg/ml suspension	1	QL (620 PER 30 DAYS)
rivaroxaban 2.5 mg tablet	1	QL (60 PER 30 DAYS)
warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	1	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	1	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	1	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (51 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	1	

Blood Products and Modifiers, Other

AGRYLIN 0.5 MG CAPSULE	1	
anagrelide hcl (0.5 mg capsule, 1 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	1	PA
FULPHILA 6 MG/0.6 ML SYRINGE	1	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	1	PA
LEUKINE 250 MCG VIAL	1	PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	1	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	1	PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	1	PA
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	1	PA
UDENYCA 6 MG/0.6 ML SYRINGE	1	PA
UDENYCA AUTOINJECTOR 6 MG/0.6 ML	1	PA
UDENYCA ONBODY 6 MG/0.6 ML	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZIEXTENZO 6 MG/0.6 ML SYRINGE	1	PA
Hemostasis Agents		
tranexamic acid 650 mg tablet	1	
Platelet Modifying Agents		
aspirin-dipyridamole er 25-200 mg	1	
BRILINTA (60 MG TABLET, 90 MG TABLET)	1	
CABLIVI (11 MG KIT, 11 MG VIAL)	1	
cilostazol (50 mg tablet, 100 mg tablet)	1	
clopidogrel 75 mg tablet	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	1	
PLAVIX 75 MG TABLET	1	
prasugrel hcl (5 mg tablet, 10 mg tablet)	1	
ticagrelor (60 mg tablet, 90 mg tablet)	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)	1	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1	
droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)	1	PA
guanfacine hcl (1 mg tablet, 2 mg tablet)	1	
midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	1	PA
Alpha-adrenergic Blocking Agents		
CARDURA (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	1	QL (60 PER 30 DAYS)
phenoxybenzamine hcl 10 mg cap	1	
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)	1	
terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)	1	QL (60 PER 30 DAYS)
terazosin hcl 1 mg capsule	1	QL (90 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	1	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	1	QL (30 PER 30 DAYS)
AVAPRO (75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	1	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	1	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	1	QL (60 PER 30 DAYS)
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)	1	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tb	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	1	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	1	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	1	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	1	QL (30 PER 30 DAYS)
EDARBI (40 MG TABLET, 80 MG TABLET)	1	QL (30 PER 30 DAYS)
irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)	1	QL (30 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	1	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	1	QL (30 PER 30 DAYS)
MICARDIS (20 MG TABLET, 40 MG TABLET, 80 MG TABLET)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olmesartan medoxomil (20 mg tab, 40 mg tab)	1	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	1	QL (60 PER 30 DAYS)
telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	QL (30 PER 30 DAYS)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	1	QL (60 PER 30 DAYS)
valsartan 320 mg tablet	1	QL (30 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ALTACE (1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	1	
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
LOTENSIN (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1	
moexipril hcl (7.5 mg tablet, 15 mg tablet)	1	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	1	
quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	
trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)	1	
VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZESTRIL (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	1	
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	1	
dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)	1	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	1	
MULTAQ 400 MG TABLET	1	
PACERONE (PACERONE 100 MG TABLET, PACERONE 400 MG TABLET, PACERONE 200 MG TABLET)	1	
propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)	1	
propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)	1	
quinidine gluconate er 324 mg tab	1	
quinidine sulfate (200 mg tab, 300 mg tab)	1	
sorine (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	1	
sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	1	
sotalol af (80 mg tablet, 120 mg tablet, 160 mg tablet)	1	
TIKOSYN (125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE)	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl (200 mg capsule, 400 mg capsule)	1	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
betaxolol hcl (10 mg tablet, 20 mg tablet)	1	
bisoprolol fumarate (5 mg tab, 10 mg tab)	1	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	1	
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	1	
carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule, er 80 mg capsule)	1	
COREG CR (CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE, CR 80 MG CAPSULE)	1	
INDERAL LA (60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE)	1	
INDERAL XL (80 MG CAPSULE, 120 MG CAPSULE)	1	
INNOPRAN XL (80 MG CAPSULE, 120 MG CAPSULE)	1	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	1	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	1	
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)	1	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	1	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
pindolol (5 mg tablet, 10 mg tablet)	1	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	1	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TENORMIN (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
TOPROL XL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)	1	
isradipine (2.5 mg capsule, 5 mg capsule)	1	
nicardipine hcl (20 mg capsule, 30 mg capsule)	1	
nifedipine (10 mg capsule, 20 mg capsule)	1	
nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)	1	
nimodipine 30 mg capsule	1	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet)	1	
NORVASC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	1	
PROCARDIA XL (30 MG TABLET, 60 MG TABLET, 90 MG TABLET)	1	
SULAR (ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET)	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM (30 MG TABLET, 60 MG TABLET, 120 MG TABLET)	1	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	1	
CARDIZEM LA (120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cartia xt (120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule)	1	
dilt-xr (120 mg capsule, 180 mg capsule, 240 mg capsule)	1	
diltiazem 12hr er (er 60 mg cap, er 90 mg cap, er 120 mg cap)	1	
diltiazem 24hr er (cd) (er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg)	1	
diltiazem 24hr er (er 120 mg cap, er 180 mg cap, er 240 mg cap, er 300 mg cap, er 360 mg cap, er 420 mg cap)	1	
diltiazem 24hr er (la) (er(la) 120 mg, er(la) 180 mg, er(la) 240 mg, er(la) 300 mg, er(la) 360 mg, er(la) 420 mg)	1	
diltiazem 24hr er (xr) (er(xr) 120 mg, er(xr) 180 mg, er(xr) 240 mg)	1	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	1	
matzim la (180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet)	1	
taztia xt (120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule)	1	
tiadylt er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule, er 300 mg capsule, er 360 mg capsule, er 420 mg capsule)	1	
TIAZAC (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	1	
verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)	1	
verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)	1	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule)	1	
VERELAN (120 MG CAP PELLET, 180 MG CAP PELLET, 240 MG CAP PELLET, 360 MG CAP PELLET)	1	
VERELAN PM (100 MG CAP PELLET, 200 MG CAP PELLET, 300 MG CAP PELLET)	1	
Cardiovascular Agents, Other		
acetazolamide (125 mg tablet, 250 mg tablet)	1	
acetazolamide er 500 mg cap	1	
aliskiren (150 mg tablet, 300 mg tablet)	1	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab	1	
amlodipine besylate-benazepril (2.5, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	1	
amlodipine-atorvastatin (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)	1	
amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	1	QL (30 PER 30 DAYS)
amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)	1	QL (30 PER 30 DAYS)
amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)	1	QL (30 PER 30 DAYS)
ATACAND HCT (16-12.5 MG TAB, 32-12.5 MG TAB, 32-25 MG TABLET)	1	QL (30 PER 30 DAYS)
atenolol-chlorthalidone (50, 100)	1	
AVALIDE (150-12.5 MG TABLET, 300-12.5 MG TABLET)	1	QL (30 PER 30 DAYS)
AZOR (5-20 MG TABLET, 5-40 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET)	1	QL (30 PER 30 DAYS)
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENICAR HCT (20-12.5 MG TABLET, 40-12.5 MG TABLET, 40-25 MG TABLET)	1	QL (30 PER 30 DAYS)
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)	1	
candesartan-hydrochlorothiazid (16-12.5 mg tb, 32-12.5 mg tb, 32-25 mg tab)	1	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	1	PA, QL (600 PER 30 DAYS)
DEMSER 250 MG CAPSULE	1	
digitek (125 mcg tablet, 250 mcg tablet)	1	QL (30 PER 30 DAYS)
digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)	1	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	1	QL (150 PER 30 DAYS)
DIOVAN HCT (80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET, 320-12.5 MG TAB, 320-25 MG TABLET)	1	QL (30 PER 30 DAYS)
EDARBYCLOR (40-12.5 MG TABLET, 40-25 MG TABLET)	1	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	1	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	1	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE (6-6MG PELLET, 15-16 MG PLT)	1	QL (240 PER 30 DAYS)
EXFORGE (5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET)	1	QL (30 PER 30 DAYS)
EXFORGE HCT (5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB)	1	QL (30 PER 30 DAYS)
fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYZAAR (50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET)	1	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide (150-12.5 mg, 300-12.5 mg)	1	QL (30 PER 30 DAYS)
ivabradine hcl (5 mg tablet, 7.5 mg tablet)	1	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	1	QL (30 PER 30 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	QL (30 PER 30 DAYS)
methazolamide (25 mg tablet, 50 mg tablet)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	1	
metyrosine 250 mg capsule	1	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	1	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	1	QL (60 PER 30 DAYS)
olmesartan-amlodipine-hctz (20-5-12.5, 40-10-12.5, 40-10-25mg, 40-5-12.5, 40-5-25 mg)	1	QL (30 PER 30 DAYS)
olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	QL (30 PER 30 DAYS)
pentoxifylline er 400 mg tab	1	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
ranolazine er (er 500 mg tablet, er 1,000 mg tablet)	1	QL (60 PER 30 DAYS)
sacubitril-valsartan (49-51 mg, 97-103 mg)	1	QL (60 PER 30 DAYS)
sacubitril-valsartan 24-26 mg	1	QL (180 PER 30 DAYS)
spironolactone-hctz 25-25 tab	1	
TEKTURNA (150 MG TABLET, 300 MG TABLET)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
telmisartan-amlodipine (40, 40-5 mg, 80, 80-5 mg)	1	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	1	QL (30 PER 30 DAYS)
telmisartan-hydrochlorothiazid telmisartan-hctz 80-12.5 mg tb	1	QL (60 PER 30 DAYS)
TENORETIC 100 TABLET	1	
TENORETIC 50 TABLET	1	
trandolapril-verapamil er (er 1-240 mg, er 2-180 mg, er 2-240 mg, er 4-240 mg)	1	
TRIBENZOR (20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET)	1	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	1	
ZESTORETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET)	1	
ZIAC (2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET)	1	
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	1	
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)	1	
LASIX (20 MG TABLET, 40 MG TABLET, 80 MG TABLET)	1	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	1	
Diuretics, Potassium-sparing		
amiloride hcl 5 mg tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	1	
Diuretics, Thiazide		
chlorthalidone (25 mg tablet, 50 mg tablet)	1	
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tablet, 2.5 mg tablet)	1	
metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)	1	QL (60 PER 30 DAYS)
fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	1	QL (30 PER 30 DAYS)
fenofibric acid dr 135 mg cap	1	QL (30 PER 30 DAYS)
fenofibric acid dr 45 mg cap	1	QL (60 PER 30 DAYS)
gemfibrozil 600 mg tablet	1	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	1	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
atorvastatin calcium 80 mg tablet	1	QL (30 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	1	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	1	ST, QL (30 PER 30 DAYS)
fluvastatin er 80 mg tablet	1	QL (30 PER 30 DAYS)
fluvastatin sodium (20 mg cap, 40 mg cap)	1	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	1	ST, QL (30 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	1	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1	QL (45 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
simvastatin 20 mg tablet	1	QL (60 PER 30 DAYS)
simvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	1	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	1	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
cholestyramine (packet, powder)	1	
cholestyramine light (packet, powder)	1	
COLESTID 1 GM TABLET	1	
colestipol hcl (1 gm tablet, granules, granules packet)	1	
ezetimibe 10 mg tablet	1	QL (30 PER 30 DAYS)
ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)	1	QL (30 PER 30 DAYS)
icosapent ethyl (0.5 gm capsule, 500 mg capsule)	1	QL (240 PER 30 DAYS)
icosapent ethyl 1 gram capsule	1	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	1	PA
niacin er (er 750 mg tablet, er 1,000 mg tablet)	1	QL (60 PER 30 DAYS)
niacin er 500 mg tablet	1	QL (30 PER 30 DAYS)
omega-3 acid ethyl esters 1 gm cap	1	
prevalite (packet, powder)	1	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	1	PA, QL (7 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SURECLICK 140 MG/ML	1	PA, QL (6 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	1	PA, QL (6 PER 28 DAYS)
triklo 1 gm capsule	1	
VASCEPA 0.5 GM CAPSULE	1	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	1	QL (120 PER 30 DAYS)
VYTORIN (10-10 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET, 10-80 MG TABLET)	1	ST, QL (30 PER 30 DAYS)
ZETIA 10 MG TABLET	1	QL (30 PER 30 DAYS)
Mineralocorticoid Receptor Antagonists		
ALDACTONE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1	
eplerenone (25 mg tablet, 50 mg tablet)	1	
INSPRA (25 MG TABLET, 50 MG TABLET)	1	
KERENDIA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
minoxidil (2.5 mg tablet, 10 mg tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE 5 MG TAB	1	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate (10 mg tab, 20 mg tab)	1	
isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)	1	
NITRO-BID 2% OINTMENT	1	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)	1	
NITROLINGUAL 400 MCG SPRAY	1	
NITROSTAT (0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET)	1	
RECTIV 0.4% OINTMENT	1	
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	1	QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)	1	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG, 15 MG CAP)	1	QL (120 PER 30 DAYS)
dextroamphetamine sulfate 10 mg tab	1	QL (180 PER 30 DAYS)
dextroamphetamine sulfate 5 mg tab	1	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	1	QL (120 PER 30 DAYS)
dextroamphetamine sulfate er 5 mg cap	1	QL (90 PER 30 DAYS)
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)	1	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)	1	QL (60 PER 30 DAYS)
dextroamphetamine-amphetamine dextroamp-amphetamin 20 mg tab	1	QL (90 PER 30 DAYS)
lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	1	QL (30 PER 30 DAYS)
zenzedi 10 mg tablet	1	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	1	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	1	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	1	QL (30 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	1	QL (120 PER 30 DAYS)
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	PA, QL (60 PER 30 DAYS)
FOCALIN (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)	1	QL (30 PER 30 DAYS)
methylphenidate er 20 mg tab	1	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	PA, QL (90 PER 30 DAYS)
methylphenidate hcl 10 mg/5 ml sol	1	PA, QL (900 PER 30 DAYS)
methylphenidate hcl 5 mg/5 ml soln	1	PA, QL (450 PER 30 DAYS)
RITALIN (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	1	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	1	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	1	QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR 24 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	1	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	1	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	1	PA, QL (28 PER 28 DAYS)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	1	PA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	1	PA, QL (30 PER 30 DAYS)
INGREZZA SPRINKLE 40 MG CAP	1	PA, QL (60 PER 30 DAYS)
NUEDEXTA 20-10 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
riluzole 50 mg tablet	1	
tetrabenazine 12.5 mg tablet	1	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	1	PA, QL (120 PER 30 DAYS)
VEOZAH 45 MG TABLET	1	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	1	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA ER 10 MG TABLET	1	PA
AVONEX (4 PACK) 30 MCG/0.5 ML SYR (4PK)	1	PA, QL (1 PER 28 DAYS)
AVONEX 30 MCG/0.5 ML SYRINGE	1	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK) 30 MCG/0.5 ML (4PK)	1	PA, QL (1 PER 28 DAYS)
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	1	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	1	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	1	PA, QL (12 PER 28 DAYS)
dalfampridine er 10 mg tablet	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)	1	PA, QL (60 PER 30 DAYS)
fingolimod 0.5 mg capsule	1	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
glatiramer acetate 20 mg/ml syringe	1	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml syringe	1	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	1	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml syringe	1	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN 20 MG/0.4 ML	1	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY (125 MCG/0.5 ML SYRING, SYRINGE STARTER PACK)	1	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	1	PA, QL (1 PER 28 DAYS)
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK)	1	PA, QL (60 PER 30 DAYS)
VUMERITY DR 231 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

cevimeline hcl 30 mg capsule	1	
chlorhexidine gluconate (0.12% 15 ml cup, 0.12% rinse)	1	
kourzeq 0.1% dental paste	1	
oralone 0.1% paste	1	
periogard 0.12% oral rinse	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	1	
SALAGEN (5 MG TABLET, 7.5 MG TABLET)	1	
triamcinolone acetonide 0.1% paste	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents		
Acne and Rosacea Agents		
accutane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)	1	
amnesteem (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
AVITA (0.025% CREAM, 0.025% GEL)	1	PA
azelaic acid 15% gel	1	
AZELEX 20% CREAM	1	
BENZAMYCIN GEL	1	
claravis (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
clindamycin phos-benzoyl perox ph-benzoyl 1.2-5%	1	
clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	1	
doxycycline ir-dr 40 mg cap	1	
erythromycin-benzoyl peroxide gel	1	
FINACEA (15% FOAM, 15% GEL)	1	
isotretinoin (10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule)	1	
KLARON 10% LOTION	1	
myorisan (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
neuac gel	1	
ORACEA 40 MG CAPSULE	1	
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	1	PA
sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)	1	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	1	PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	1	PA
zenatane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	1	
Dermatitis and Pruitus Agents		
ALA-CORT 1% CREAM	1	
alclometasone dipropionate (dipr 0.05% oint, dipro 0.05% crm)	1	QL (120 PER 30 DAYS)
ammonium lactate (12% cream, 12% lotion)	1	
betamethasone diprop augmented (0.05% crm, 0.05% gel, 0.05% oin)	1	QL (200 PER 28 DAYS)
betamethasone diprop augmented dp 0.05% lot	1	QL (210 PER 30 DAYS)
betamethasone dipropionate (0.05% crm, 0.05% oint)	1	QL (135 PER 30 DAYS)
betamethasone dipropionate dp 0.05% lot	1	QL (120 PER 30 DAYS)
betamethasone valerate (va 0.1% cream, valer 0.1% ointm)	1	QL (135 PER 30 DAYS)
betamethasone valerate 0.1% lotion	1	QL (120 PER 30 DAYS)
clobetasol emollient 0.05% crm	1	QL (210 PER 28 DAYS)
clobetasol propionate (0.05% cream, 0.05% gel, 0.05% ointment)	1	QL (210 PER 28 DAYS)
clobetasol propionate (0.05% solution, prop 0.05% foam)	1	QL (200 PER 28 DAYS)
clobetasol propionate 0.05% shampoo	1	QL (236 PER 30 DAYS)
clodan 0.05% shampoo	1	QL (236 PER 30 DAYS)
desonide (0.05% cream, 0.05% ointment)	1	QL (120 PER 30 DAYS)
desonide 0.05% lotion	1	QL (118 PER 30 DAYS)
desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIPROLENE 0.05% OINTMENT	1	QL (200 PER 28 DAYS)
doxepin hcl 5% cream	1	PA
ELIDEL 1% CREAM	1	PA
fluocinolone acetonide (0.01% body, 0.01% scalp)	1	QL (118.28 PER 30 DAYS)
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	1	QL (120 PER 30 DAYS)
fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)	1	QL (120 PER 30 DAYS)
fluocinonide 0.1% cream	1	QL (240 PER 28 DAYS)
fluocinonide-e 0.05% cream	1	QL (120 PER 30 DAYS)
fluticasone propionate (0.005% oint, 0.05% cream)	1	QL (120 PER 30 DAYS)
halobetasol propionate (0.05% cream, 0.05% ointmnt)	1	QL (200 PER 28 DAYS)
hydrocortisone (1% cream, 1% ointment)	1	
hydrocortisone 2.5% lotion	1	QL (118 PER 30 DAYS)
hydrocortisone 2.5% ointment	1	QL (454 PER 30 DAYS)
hydrocortisone butyrate (hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint)	1	QL (135 PER 30 DAYS)
hydrocortisone butyrate 0.1% soln	1	QL (120 PER 30 DAYS)
hydrocortisone valerate (0.2% cream, 0.2% ointmt)	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM 0.1%	1	QL (135 PER 30 DAYS)
mometasone furoate (0.1% cream, 0.1% oint)	1	QL (135 PER 30 DAYS)
mometasone furoate 0.1% soln	1	QL (120 PER 30 DAYS)
pimecrolimus 1% cream	1	PA
PRUDOXIN 5% CREAM	1	PA
selenium sulfide 2.5% lotion	1	
tacrolimus (0.03%, 0.1%)	1	PA
triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	1	QL (454 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)	1	QL (120 PER 30 DAYS)
triderm 0.5% cream	1	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	1	PA
Dermatological Agents, Other		
calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)	1	QL (120 PER 30 DAYS)
calcitrene 0.005% ointment	1	QL (120 PER 30 DAYS)
clotrimazole-betamethasone (crm, lot)	1	
diclofenac sodium 3% gel	1	PA
EFUDEX 5% CREAM	1	
fluorouracil (2% topical soln, 5% cream, 5% topical soln)	1	
imiquimod 5% cream packet	1	PA
methoxsalen (10 mg capsule, 10 mg softgel)	1	
nystatin-triamcinolone (cream, ointm)	1	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	1	PA
podofilox 0.5% topical soln	1	
REGRANEX 0.01% GEL	1	PA, QL (15 PER 30 DAYS)
SANTYL OINTMENT	1	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	1	
silver sulfadiazine 1% cream	1	
SSD 1% CREAM	1	
Pediculicides/Scabicides		
ivermectin 1% cream	1	PA
malathion 0.5% lotion	1	
OVIDE 0.5% LOTION	1	
permethrin 5% cream	1	
SOOLANTRA 1% CREAM	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Topical Anti-infectives		
gentamicin sulfate (0.1% cream, 0.1% ointment)	1	
METROCREAM METRO0.75%	1	
METROGEL (1% GEL, 1% PUMP)	1	
METROLOTION TOPICAL 0.75%	1	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	1	
mupirocin (2% cream, 2% ointment)	1	QL (30 PER 30 OVER TIME)
rosadan (0.75% cream, 0.75% gel)	1	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
aqua care sodium chloride 0.9% nacl irrigation	1	
CARBAGLU 200 MG TAB FOR SUSP	1	PA
carglumic acid 200 mg tab susp	1	PA
dextrose 2.5%-0.45% nacl iv	1	
dextrose 5%-0.2% nacl iv soln	1	
dextrose 5%-0.225% nacl iv sol	1	
dextrose 5%-0.45% nacl iv soln	1	
dextrose 5%-0.9% nacl iv soln	1	
glucose 5%-0.9% nacl 1000 ml	1	
kcl-d5w-0.2% nacl (10 meq/500 ml-d5w-0.2%nacl, 20 meq/l-d5w-0.2% nacl)	1	
kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)	1	
kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)	1	
KLOR-CON 10 MEQ TABLET	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON 8 MEQ TABLET	1	
klor-con m10 tablet	1	
KLOR-CON M15 TABLET	1	
klor-con m20 tablet	1	
magnesium sulfate (50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe)	1	
potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)	1	
potassium chloride in d5lr kcl 20 meqd5w-lact ringer	1	
potassium chloride proamp cl 20 meq/10 ml conc	1	
potassium chloride-0.45% nacl 20 meq-0.45% na	1	
potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution	1	
potassium citrate er (er 5 tab, er 10 tb, er 15 tb)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)	1	
sodium chloride-water 0.9%-water	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	1	
deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)	1	PA
EXJADE (125 MG TABLET, 250 MG TABLET, 500 MG TABLET)	1	PA
JADENU (90 MG TABLET, 180 MG TABLET, 360 MG TABLET)	1	PA
JADENU SPRINKLE (90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE)	1	PA
SAMSCA (15 MG TABLET, 30 MG TABLET)	1	PA
SYPRINE 250 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
tolvaptan (15 mg tablet, 30 mg tablet)	1	PA
trientine hcl 250 mg capsule	1	PA, QL (240 PER 30 DAYS)
dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)	1	
glucose in water (50 ml, 100 ml)	1	
INTRALIPID 20% IV FAT EMUL	1	PA
NUTRILIPID 20% IV FAT EMULSION	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRAVASOL 10% SOLN VIAFLEX	1	PA
TROPHAMINE 10% IV SOLUTION	1	PA
Potassium Binders		
kionex 15 gm/60 ml suspension	1	
sodium polystyrene sulfonate powder	1	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	1	
VELTASSA (1 GM POWDER PACKET, 8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose 10 gm/15 ml soln	1	
enulose 10 gm/15 ml solution	1	
generlac 10 gm/15 ml solution	1	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	1	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	1	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	1	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	1	QL (120 PER 30 DAYS)
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	1	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	1	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	1	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	1	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
alosetron hcl (0.5 mg tablet, 1 mg tablet)	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diphenoxylate-atropine 2.5	1	PA
loperamide 2 mg capsule	1	
LOTRONEX (0.5 MG TABLET, 1 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
VIBERZI (75 MG TABLET, 100 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	1	PA
glycopyrrolate (1 mg tablet, 2 mg tablet)	1	
methscopolamine bromide (2.5 mg tb, 5 mg tab)	1	
Gastrointestinal Agents, Other		
bismuth-metronidazole-tetracyc bismuth-metro-tetr 140-125-125	1	
chenodal 250 mg tablet	1	PA
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL)	1	PA
gavilyte-c solution	1	
gavilyte-g solution	1	
gavilyte-n solution	1	
GOLYTELY SOLUTION	1	
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)	1	
MOVIPREP POWDER PACKET	1	
MYALEPT 11.3 MG (5 MG/ML) VIAL	1	PA
OCALIVA (5 MG TABLET, 10 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
peg 3350-electrolyte solution	1	
peg-3350 and electrolytes soln	1	
peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PYLERA CAPSULE	1	
REGLAN (5 MG TABLET, 10 MG TABLET)	1	
sod sulf-potass sulf-mag sulf -potass -mag sol	1	
SUPREP SUBOWEL KIT	1	
SUTAB SU1.479-0.225-0.188 GM	1	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	1	
VOWST CAPSULE	1	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	1	
famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)	1	
nizatidine (150 mg capsule, 300 mg capsule)	1	
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	1	
CYTOTEC (100 MCG TABLET, 200 MCG TABLET)	1	
misoprostol (100 mcg tablet, 200 mcg tablet)	1	
sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)	1	
Proton Pump Inhibitors		
esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)	1	QL (30 PER 30 DAYS)
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	1	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	1	ST, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	1	QL (30 PER 30 DAYS)
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	1	QL (60 PER 30 DAYS)
omeprazole dr 10 mg capsule	1	QL (30 PER 30 DAYS)
pantoprazole sodium dr 20 mg tab	1	QL (30 PER 30 DAYS)
pantoprazole sodium dr 40 mg tab	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	1	ST, QL (60 PER 30 DAYS)
rabeprazole sodium dr 20 mg tab	1	QL (30 PER 30 DAYS)

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

betaine anhydrous 1 gram/scoop powder	1	
BUPHENYL 500 MG TABLET	1	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	1	
CARNITOR SF 1 GM/10 ML SOLN	1	
CEREZYME 400 UNIT VIAL	1	PA
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	1	
cromolyn sodium 100 mg/5 ml oral conc	1	
CRYSVITA (10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL)	1	PA
CYSTADANE 1 GRAM/SCOOP POWDER	1	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	1	PA
ELELYSO 200 UNITS VIAL	1	PA
ENDARI 5 GRAM POWDER PACKET	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	1	PA
l-glutamine 5 gram powder pkt	1	PA
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	1	
levocarnitine sf 1 g/10 ml sol	1	
miglustat 100 mg capsule	1	PA, QL (180 PER 30 DAYS)
nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)	1	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	1	
PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	1	PA
PROLASTIN C (MG VIAL, MG/20 ML VL)	1	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	1	PA, QL (14 PER 28 DAYS)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	1	PA, QL (56 PER 28 DAYS)
PYRUKYND 5 MG TAPER PACK	1	PA, QL (7 PER 28 DAYS)
REVCOVI 2.4 MG/1.5 ML VIAL	1	
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	1	PA
sodium phenylbutyrate (500mg tb, powder)	1	PA
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	1	PA
VPRIV 400 UNITS VIAL	1	PA
VYNDAMAX 61 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WELIREG 40 MG TABLET	1	PA, QL (90 PER 30 DAYS)
yargesa 100 mg capsule	1	PA, QL (180 PER 30 DAYS)
zelvysia (100 mg packet, 500 mg packet)	1	PA
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE)	1	
ZOKINVY (50 MG CAPSULE, 75 MG CAPSULE)	1	PA, QL (120 PER 30 DAYS)
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er (er 7.5 mg tablet, er 15 mg tablet)	1	QL (30 PER 30 DAYS)
DETROL (1 MG TABLET, 2 MG TABLET)	1	ST, QL (60 PER 30 DAYS)
DETROL LA (2 MG CAPSULE, 4 MG CAPSULE)	1	ST, QL (30 PER 30 DAYS)
fesoterodine fumarate er (er 4 mg tablet, er 8 mg tablet)	1	QL (30 PER 30 DAYS)
GEMTESA 75 MG TABLET	1	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	1	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	1	QL (300 PER 28 DAYS)
oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	1	QL (600 PER 30 DAYS)
oxybutynin chloride 5 mg tablet	1	QL (120 PER 30 DAYS)
oxybutynin chloride er cl 10 mg tablet	1	QL (90 PER 30 DAYS)
oxybutynin chloride er cl 15 mg tablet	1	QL (60 PER 30 DAYS)
oxybutynin chloride er cl 5 mg tablet	1	QL (30 PER 30 DAYS)
solifenacin succinate (5 mg tablet, 10 mg tablet)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tolterodine tartrate (1 mg tab, 2 mg tab)	1	QL (60 PER 30 DAYS)
tolterodine tartrate er (er 2 mg cap, er 4 mg cap)	1	QL (30 PER 30 DAYS)
TOVIAZ (ER 4 MG TABLET, ER 8 MG TABLET)	1	ST, QL (30 PER 30 DAYS)
trospium chloride 20 mg tablet	1	QL (60 PER 30 DAYS)
trospium chloride er 60 mg cap	1	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er 10 mg tablet	1	QL (30 PER 30 DAYS)
AVODART 0.5 MG SOFTGEL	1	QL (30 PER 30 DAYS)
dutasteride 0.5 mg capsule	1	QL (30 PER 30 DAYS)
dutasteride-tamsulosin 0.5	1	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	1	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	1	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	1	QL (30 PER 30 DAYS)
RAPAFLO (4 MG CAPSULE, 8 MG CAPSULE)	1	QL (30 PER 30 DAYS)
silodosin (4 mg capsule, 8 mg capsule)	1	QL (30 PER 30 DAYS)
tadalafil (2.5 mg tablet, 5 mg tablet)	1	PA, QL (30 PER 30 DAYS)
tamsulosin hcl 0.4 mg capsule	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA 52 MG SYSTEM	1	
NEXPLANON 68 MG IMPLANT	1	
SKYLA 13.5 MG SYSTEM	1	
Genitourinary Agents, Other		
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	1	
DEPEN 250 MG TITRATAB	1	
penicillamine 250 mg tablet	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR GEL 400 UNIT/5 ML VIAL	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTHAR SELFJECT (40 UNIT/0.5 ML, 80 UNIT/ML)	1	PA
CORTEF (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	1	
dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)	1	
fludrocortisone acetate 0.1 mg tablet	1	
HEMADY 20 MG TABLET	1	
hidex 6 day 1.5 mg tablet	1	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	1	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	1	
methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)	1	
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)	1	
prednisolone sodium phosphate (5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)	1	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1	
taperdex 6 day 1.5 mg tablet	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN 10,000 UNIT VL	1	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
desmopressin acetate (0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)	1	
INCRELEX 40 MG/4 ML VIAL	1	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	1	PA
PREGNYL 10,000 UNIT VIAL	1	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Androgens

ANDROGEL 1.62% PUMP	1	PA, QL (150 PER 30 DAYS)
danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)	1	PA
DEPO-TESTOSTERONE (200 MG/ML, 200 MG/ML VL, 1,000MG/10ML)	1	PA
methyltestosterone 10 mg cap	1	PA
testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	1	PA, QL (300 PER 30 DAYS)
testosterone (1.62% (2.5 g) pkt, 1.62% gel pump)	1	PA, QL (150 PER 30 DAYS)
testosterone 1% (25mg/2.5g) pk	1	PA, QL (225 PER 30 DAYS)
testosterone 1.62%(1.25 g) pkt	1	PA, QL (37.5 PER 30 DAYS)
testosterone 30 mg/1.5 ml pump	1	PA, QL (180 PER 30 DAYS)
testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)	1	PA
testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)	1	PA

Estrogens

conjugated estrogens (estrogen 0.625mg, estrogens 0.3 mg, estrogens 0.45mg, estrogens 0.9 mg, estrogens 1.25mg)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-ESTRADIOL 5 MG/ML VIAL	1	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	1	
dotti (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)	1	
ESTRACE 0.01% CREAM	1	
estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)	1	
estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))	1	
estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))	1	
estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	1	
ESTRING (2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING)	1	
lyllana (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)	1	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	1	
VAGIFEM 10 MCG VAGINAL TAB	1	
yuvafem (10 mcg insert, 10 mcg tablet)	1	
abigale 1 mg-0.5 mg tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
abigale lo 0.5-0.1 mg tablet	1	
afirmelle afirmelle-28 tablet	1	
altavera altavera-28 tablet	1	
alyacen (1-35 28 tablet, 7-7-7-28 tablet)	1	
amabelz (0.5 mg-0.1 mg tablet, 1 mg-0.5 mg tablet)	1	
amethia 0.15-0.03-0.01 mg tab	1	
amethyst 90-20 mcg tablet	1	
apri 28 day tablet	1	
aranelle 28 tablet	1	
ashlyna 0.15-0.03-0.01 mg tab	1	
aubra aubra-28 tablet	1	
aubra eq eq-28 tablet	1	
aurovela (1 mg-20 mcg tablet, 21 1.5-30 tablet)	1	
aurovela 24 fe 1 mg-20 mcg tab	1	
aurovela fe (1-20 tablet, 1.5 mg-30 mcg tab)	1	
aviane aviane-28 tablet	1	
ayuna ayuna-28 tablet	1	
azurette 28 day tablet	1	
balziva 28 tablet	1	
blisovi 24 fe tablet	1	
blisovi fe (1-20 tablet, 1.5-30 tablet)	1	
briellyn tablet	1	
camrese 0.15-0.03-0.01 mg tab	1	
camrese lo tablet	1	
chateal chateal-28 tablet	1	
chateal eq eq-28 tablet	1	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	1	
cryselle cryselle-28 tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyred 28 day tablet	1	
cyred eq 28 day tablet	1	
dasetta (1-35-28 tablet, 7/7/7-28 tablet)	1	
daysee 0.15-0.03-0.01 mg tab	1	
desogestr-eth estrad eth estra	1	
desogestrel-ethinyl estradiol desogestrel-ee 0.15-0.03 mg tb	1	
dolishale 90-20 mcg tablet	1	
drospirenone-eth estra-levomef (3-0.02-0.451, 3-0.03-0.451)	1	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	1	
elinest elinest-28 tablet	1	
eluryng vaginal ring	1	
enilloring vaginal	1	
enpresse enpresse-28 tablet	1	
enskyce 28 tablet	1	
estarylla 0.25-0.035 mg tablet	1	
estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)	1	
ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)	1	
etonogestrel-ethinyl estradiol etonogestrel-ee vaginal ring	1	
falmina falmina-28 tablet	1	
feirza (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)	1	
femynor 28 tablet	1	
fyavolv 1 mg-5 mcg tablet	1	
galbriela 0.8-0.025 mg chew tb	1	
gemmily 1 mg-20 mcg capsule	1	
hailey 21 1.5 mg-30 mcg tab	1	
hailey 24 fe 1 mg-20 mcg tab	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hailey fe (1-20 tablet, 1.5-30 tablet)	1	
haloette vaginal ring	1	
iclevia 0.15 mg-0.03 mg tablet	1	
introvale 0.15-0.03 mg tablet	1	
isibloom 28 day tablet	1	
jaimiess 0.15-0.03-0.01 mg tab	1	
jasmiel 3 mg-0.02 mg tablet	1	
jinteli 1 mg-5 mcg tablet	1	
jolessa 0.15 mg-0.03 mg tablet	1	
juleber 28 day tablet	1	
junel (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)	1	
junel fe (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)	1	
junel fe 24 tablet	1	
kaitlib fe 0.8-0.025mg chew tb	1	
kalliga 28 day tablet	1	
kariva 28 day tablet	1	
kelnor 1-35 28 tablet	1	
kelnor 1-50 tablet	1	
kurvelo kurvelo-28 tablet	1	
larin (1.5 mg-30 mcg tablet, 21 1-20 tablet)	1	
larin 24 fe 1 mg-20 mcg tablet	1	
larin fe (1-20 tablet, 1.5-30 tablet)	1	
LAYOLIS FE CHEWABLE TABLET	1	
leena 28 tablet	1	
lessina lessina-28 tablet	1	
levonest levonest-28 tablet	1	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15, estrad triphasic)	1	
levora-28 tablet	1	
lo-zumandimine 3 mg-0.02 mg tb	1	
LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET)	1	
LOESTRIN FE (1-20 TABLET, 1.5-30 TABLET)	1	
lojaimiess 0.1-0.02-0.01 tab	1	
loryna 3 mg-0.02 mg tablet	1	
low-ogestrel low-ogestrel-28 tablet	1	
luizza (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)	1	
lutera lutera-28 tablet	1	
marlissa marlissa-28 tablet	1	
merzee 1 mg-20 mcg capsule	1	
microgestin (21 1-20 tablet, 21 1.5-30 tab)	1	
microgestin 24 fe 1 mg-20 mcg	1	
microgestin fe (1-20 tablet, 1.5-30 tab)	1	
mili 0.25-0.035 mg tablet	1	
mimvey 1-0.5 mg tablet	1	
mono-linyah 28 tablet	1	
necon 0.5-35-28 tablet	1	
nikki 3 mg-0.02 mg tablet	1	
norelgestromin-eth estradiol norelgestrom-ee 150-35 mcg/day	1	
norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, norethin-estra-fe 0.8-0.025 mg)	1	
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)	1	
norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)	1	
nortrel (0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet)	1	
NUVARING NUVAVAGINAL	1	
nylia (1-35 28 tablet, 7-7-7-28 tablet)	1	
nymyo 0.25-0.035 mg (28) tab	1	
ocella 3 mg-0.03 mg tablet	1	
philith 0.4-0.035 mg tablet	1	
pimtrea 28 day tablet	1	
portia portia-28 tablet	1	
PREMPHASE 0.625-5 MG TABLET	1	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET)	1	
reclipsen 28 day tablet	1	
setlakin 0.15 mg-0.03 mg tab	1	
simliya 28 day tablet	1	
simpesse 0.15-0.03-0.01 mg tab	1	
sprintec 28 day tablet	1	
sronyx 0.10-0.02 mg tablet	1	
syeda 28 tablet	1	
tarina 24 fe 1 mg-20 mcg tab	1	
tarina fe 1-20 eq tablet	1	
tarina fe 1-20 tablet	1	
taysofy 1 mg-20 mcg capsule	1	
tilia fe 28 tablet	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tri-estarylla tablet	1	
tri-legest fe fe-28 day tablet	1	
tri-linyah tablet	1	
tri-lo-estarylla tablet	1	
tri-lo-marzia tablet	1	
tri-lo-mili tablet	1	
tri-lo-sprintec tablet	1	
tri-mili 28 tablet	1	
tri-nymyo 28 tablet	1	
tri-sprintec tablet	1	
tri-vylibra 28 tablet	1	
tri-vylibra lo tablet	1	
trivora-28 tablet	1	
turqoz turqoz-28 tablet	1	
TYBLUME 0.1-0.02 MG CHEW TAB	1	
tydemy 3-0.03-0.451 mg tablet	1	
valtya (1 mg-35 mcg tablet, 1 mg-50 mcg tablet)	1	
velivet 28 day tablet	1	
vestura 3 mg-0.02 mg tablet	1	
vienva vienva-28 tablet	1	
viorele 28 day tablet	1	
volnea 0.15-0.02-0.01 mg tab	1	
vyfemla 0.4 mg-0.035 mg tablet	1	
vylibra 28 tablet	1	
wera 0.5/0.035 mg 28 tablet	1	
wymzya fe 0.4-0.035 mg chew tb	1	
xarah fe 1 mg/20-30-35 mcg tab	1	
xelria fe 0.4-0.035 mg chew tb	1	
xulane 150-35 mcg/day patch	1	
YASMIN 28 TABLET	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YAZ 28 TABLET	1	
zafemy 150-35 mcg/day patch	1	
zovia 1-35 tablet	1	
zumandimine 3 mg-0.03 mg tab	1	
Progestins		
camila 0.35 mg tablet	1	
deblitane 0.35 mg tablet	1	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	1	
DEPO-SUBQ PROVERA 104 SYRINGE	1	
emzahh 0.35 mg tablet	1	
errin 0.35 mg tablet	1	
gallifrey 5 mg tablet	1	
heather 0.35 mg tablet	1	
incassia 0.35 mg tablet	1	
jencycla 0.35 mg tablet	1	
lyleq 0.35 mg tablet	1	
lyza 0.35 mg tablet	1	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)	1	
megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)	1	
meleya 0.35 mg tablet	1	
nora-be (nora-be tablet, nora-be tablet)	1	
norethindrone 0.35 mg tablet	1	
norethindrone ac (lupaneta) norethindrn 5 mg tb	1	
norethindrone acetate 5 mg tablet	1	
orquidea 0.35 mg tablet	1	
progesterone (100 mg capsule, 200 mg capsule)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROVERA (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	1	
sharobel 0.35 mg tablet	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	1	
EVISTA 60 MG TABLET	1	
raloxifene hcl 60 mg tablet	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL (5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET)	1	
EUTHYROX (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	1	
LEVO-T (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	1	
liomny (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	
TIROSINT (13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE)	1	
TIROSINT-SOL (13 MCG/ML SOLN, 25 MCG/ML SOLN, 37.5 MCG/ML SOLN, 44 MCG/ML SOLN, 50 MCG/ML SOLN, 62.5 MCG/ML SOLN, 75 MCG/ML SOLN, 88 MCG/ML SOLN, 100 MCG/ML SOLN, 112 MCG/ML SOLN, 125 MCG/ML SOLN, 137 MCG/ML SOLN, 150 MCG/ML SOLN, 175 MCG/ML SOLN, 200 MCG/ML SOLN)	1	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	1	

Hormonal Agents, Suppressant (Adrenal or Pituitary)

cabergoline 0.5 mg tablet	1	
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	1	
KORLYM 300 MG TABLET	1	PA, QL (120 PER 30 DAYS)
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	1	PA
leuprolide depot 22.5 mg vial	1	PA
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT)	1	PA
LUPRON DEPOT (LUPANETA) 3.75MG	1	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	1	PA
mifepristone 300 mg tablet	1	PA, QL (120 PER 30 DAYS)
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	1	PA
octreotide acetate er (er 10 mg, er 20 mg, er 30 mg)	1	PA
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	1	PA
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	1	PA
SIGNIFOR LAR (10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL)	1	PA
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	1	PA
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	1	PA
SYNAREL 2 MG/ML NASAL SPRAY	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	1	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole (5 mg tablet, 10 mg tablet)	1	
propylthiouracil 50 mg tablet	1	
Immunological Agents		
Angioedema Agents		
CINRYZE (500 UNIT VIAL, 500 UNIT VIAL-DILUENT)	1	PA, QL (20 PER 30 DAYS)
FIRAZYR 30 MG/3 ML SYRINGE	1	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	1	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	1	PA, QL (18 PER 28 DAYS)
icatibant 30 mg/3 ml syringe	1	PA, QL (18 PER 30 DAYS)
sajazir 30 mg/3 ml syringe	1	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM 50 MG/ML AMPUL	1	PA
GAMMAGARD LIQUID 10% VIAL	1	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	1	PA
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	1	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	1	PA
THYMOGLOBULIN 25 MG VIAL	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	1	PA
ACTEMRA ACTPEN 162 MG/0.9 ML	1	PA
ARCALYST 220 MG VIAL	1	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	1	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	1	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	1	PA
COSENTYX SENSOREADY PEN 150 MG	1	PA
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	1	PA
COSENTYX UNOREADY PEN 300 MG	1	PA
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	1	PA
DUPIXENT SYRINGE (100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	1	PA
ENTYVIO PEN 108 MG/0.68 ML	1	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	1	PA
ORENCIA CLICKJECT 125 MG/ML	1	PA
RIDAURA 3 MG CAPSULE	1	
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	1	PA
RINVOQ LQ 1 MG/ML SOLUTION	1	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	1	PA
SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI PEN 150 MG/ML	1	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	1	PA
STEQEYMA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	1	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	1	PA
TREMFYA ONE-PRESS 100 MG/ML	1	PA
TREMFYA PEN 200 MG/2 ML	1	PA
TREMFYA PEN INDUCTION (2 PEN) INDCT 200MG/2ML X2	1	PA
TYENNE 162 MG/0.9 ML SYRINGE	1	PA
TYENNE AUTOINJECTOR 162 MG/0.9 ML AUTOINJCT	1	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	1	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	1	PA
BESREMI 500 MCG/ML SYRINGE	1	PA, QL (2 PER 28 DAYS)
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	1	PA
Immunosuppressants		
ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	1	PA
AZASAN (75 MG TABLET, 100 MG TABLET)	1	PA
azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)	1	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyclosporine (25 mg capsule, 100 mg capsule)	1	PA
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	1	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	1	PA
ENBREL MINI 50 MG/ML CARTRIDGE	1	PA
ENBREL SURECLICK 50 MG/ML	1	PA
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	1	PA
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	1	PA
gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)	1	PA
HADLIMA 40 MG/0.8 ML SYRINGE	1	PA
HADLIMA PUSHTOUCH 40 MG/0.8 ML	1	PA
HADLIMA(CF) 40 MG/0.4 ML SYRNG	1	PA
HADLIMA(CF) PUSHTOUCH 40MG/0.4	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	1	PA
HUMIRA PEN 40 MG/0.8 ML	1	PA
HUMIRA(CF) (10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR)	1	PA
HUMIRA(CF) PEN (CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML)	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN-UC-HS 80MG	1	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN PSOR-UV-ADOL HS PS-UV-AHS 80-40	1	PA
IMURAN 50 MG TABLET	1	PA
leflunomide (10 mg tablet, 20 mg tablet)	1	
methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	1	
methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)	1	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	1	PA
mycophenolic acid (dr 180 mg, dr 360 mg)	1	PA
MYFORTIC 180 MG TABLET	1	PA
MYHIBBIN 200 MG/ML SUSPENSION	1	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	1	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	1	PA
RAPAMUNE 1 MG/ML ORAL SOLN	1	PA
RENFLEXIS 100 MG VIAL	1	PA
REZUROCK 200 MG TABLET	1	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	1	PA
SIMLANDI(CF) (20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML)	1	PA
SIMLANDI(CF) AUTOINJECTOR (40 MG/0.4 ML, 80 MG/0.8 ML)	1	PA
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	1	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	1	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	1	PA
Vaccines		
ABRYSVO (ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG)	1	QL (1 PER 365 OVER TIME)
ACTHIB (VIAL, WITH DILUENT)	1	
ADACEL TDAP (SYRINGE, VIAL)	1	
AREXVY VIAL KIT	1	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN) VIAL	1	
BEXSERO PREFILLED SYRINGE	1	
BOOSTRIX TDAP (SYRINGE, VIAL)	1	
DAPTACEL DTAP VACCINE	1	
DENGVAXIA (VIAL, VIAL WITH DILUENT)	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	1	PA
ENGERIX-B PEDIATRIC-ADOLESCENT 10 MCG/0.5 SYRN	1	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	1	
GARDASIL 9 (9 SYRINGE, 9 VIAL)	1	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNIT/ML SYRINGE)	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX (VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL)	1	
IMOVAX RABIES VACCINE VIAL	1	PA
INFANRIX DTAP SYRINGE	1	
IPOL VIAL	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IXIARO 6 UNIT(6 MCG)/0.5ML SYR	1	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	1	PA
JYNNEOS 0.5 ML VIAL	1	PA
KINRIX TIP-LOK SYRINGE	1	
M-M-R II VACCINE VIAL	1	
MENACTRA VIAL	1	
MENQUADFI VIAL	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	
MRESVIA 50 MCG/0.5 ML SYRINGE	1	QL (0.5 PER 999 OVER TIME)
PEDIARIX 0.5 ML SYRINGE	1	
PEDVAXHIB VACCINE VIAL	1	
PENBRAYA KIT	1	
PENMENVY MEN A-B-C-W-Y KIT	1	
PENTACEL VIAL KIT	1	
PREHEVBRIO 10 MCG/ML VIAL	1	PA
PRIORIX VIAL	1	
PROQUAD VIAL	1	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	1	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	1	PA
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	1	PA
ROTARIX (ORAL SYRINGE, SUSPENSION)	1	
ROTATEQ VACCINE	1	
SHINGRIX VIAL KIT	1	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TDVAX VIAL	1	PA
TENIVAC (SYRINGE, VIAL)	1	PA
TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)	1	
TRUMENBA 120 MCG/0.5 ML VACCIN	1	
TWINRIX VACCINE SYRINGE	1	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	1	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	1	
VARIVAX VACCINE (VIAL, WITH DILUENT)	1	
VAXCHORA VACCINE	1	
VIMKUNYA 40 MCG/0.8 ML SYRINGE	1	
VIVOTIF EC CAPSULE	1	
YF-VAX (1 VIAL, 5 VIAL)	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ER 0.375 GRAM CAPSULE	1	QL (120 PER 30 DAYS)
AZULFIDINE (500 MG TABLET, ENTAB 500 MG)	1	
balsalazide disodium 750 mg cp	1	
CANASA 1,000 MG SUPPOSITORY	1	
COLAZAL 750 MG CAPSULE	1	
DELZICOL DR 400 MG CAPSULE	1	QL (180 PER 30 DAYS)
DIPENTUM 250 MG CAPSULE	1	
LIALDA DR 1.2 GM TABLET	1	QL (120 PER 30 DAYS)
mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mesalamine 800 mg dr tablet	1	QL (180 PER 30 DAYS)
mesalamine dr 1.2 gm tablet	1	QL (120 PER 30 DAYS)
mesalamine dr 400 mg capsule	1	QL (180 PER 30 DAYS)
mesalamine er 0.375 gram cap	1	QL (120 PER 30 DAYS)
mesalamine er 500 mg capsule	1	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	1	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	1	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	1	
SFROWASA 4 GM/60 ML ENEMA	1	
sulfasalazine 500 mg tablet	1	
sulfasalazine dr 500 mg tab	1	
Glucocorticoids		
budesonide dr 3 mg capsule	1	PA, QL (90 PER 30 DAYS)
budesonide ec 3 mg capsule	1	PA, QL (90 PER 30 DAYS)
budesonide er 9 mg tablet	1	PA, QL (30 PER 30 DAYS)
hydrocortisone 100 mg/60 ml	1	
hydrocortisone 2.5% cream	1	QL (454 PER 30 DAYS)
procto-med hc 2.5% cream	1	QL (454 PER 30 DAYS)
proctosol-hc 2.5% cream	1	QL (454 PER 30 DAYS)
proctozone-hc 2.5% cream	1	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
alendronate sodium (35 mg tab, 70 mg tab)	1	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	1	QL (120 PER 30 DAYS)
ATELVIA DR 35 MG TABLET	1	QL (4 PER 28 DAYS)
BONSITY 560 MCG/2.24 ML PEN	1	PA
calcitonin-salmon 200 unit spr	1	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	1	
cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FORTEO 560 MCG/2.24 ML PEN INJ	1	PA
FOSAMAX 70 MG TABLET	1	QL (4 PER 28 DAYS)
ibandronate sodium 150 mg tab	1	QL (1 PER 28 DAYS)
JUBBONTI 60 MG/ML SYRINGE	1	PA
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	1	
PROLIA 60 MG/ML SYRINGE	1	PA
risedronate sodium (5 mg tablet, 30 mg tab)	1	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	1	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	1	QL (4 PER 28 DAYS)
risedronate sodium dr 35 mg tab	1	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	1	
SENSIPAR (30 MG TABLET, 60 MG TABLET, 90 MG TABLET)	1	PA
teriparatide (teriparatide 560mcg/2.24ml pen, teriparatide 560mcg/2.24ml pen)	1	PA
TYMLOS 80 MCG DOSE PEN INJECTR	1	PA
WYOST 120 MG/1.7 ML VIAL	1	PA
XGEVA 120 MG/1.7 ML VIAL	1	PA

Ophthalmic Agents

Ophthalmic Agents, Other

atropine sulfate (1% drop, 1% drops)	1	
brimonidine tartrate-timolol brimonidine-timolol 0.2%-0.5%	1	
COMBIGAN 0.2%-0.5% EYE DROPS	1	
COSOPT EYE DROPS	1	
CYSTADROPS CYSTA0.37% EYE	1	PA
CYSTARAN 0.44% EYE DROPS	1	PA
dorzolamide-timolol eye drops	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAXITROL EYE OINTMENT	1	
MIEBO 100% EYE DROP	1	PA, QL (12 PER 30 DAYS)
neo-polycin hc eye ointment	1	
neomycin-bacitracin-poly-hc neo-bacit-poly-hc eye ointment	1	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	1	
RESTASIS 0.05% EYE EMULSION	1	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	1	QL (11 PER 30 DAYS)
sulfacetamide-prednisolone sulf-pred 10-0.23% eye drops	1	
TOBRADEX (DROPS, OINTMENT)	1	
tobramycin-dexamethasone ophth susp	1	
XDEMVY 0.25% DROP	1	PA
XIIDRA 5% EYE DROPS	1	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives		
bacitracin 500 unit/gm ophth	1	
bacitracin-polymyxin eye oint	1	
BESIVANCE 0.6% SUSP	1	
ciprofloxacin hcl 0.3% eye drop	1	
erythromycin 0.5% eye ointment	1	
gatifloxacin 0.5% eye drops	1	
gentamicin sulfate 0.3% eye drop	1	
moxifloxacin (0.5% drops, 0.5% drp-visc)	1	
NATACYN 5% EYE DROPS	1	
neo-polycin eye ointment	1	
neomycin-bacitracin-polymyxin neomyc-bacit-polymix eye oint	1	
neomycin-polymyxin-gramicidin neomyc-polym-gramicid eye drop	1	
OCUFLOX 0.3% EYE DROPS	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ofloxacin 0.3% eye drops	1	
polycin eye ointment	1	
polymyxin b sul-trimethoprim b-tmp eye drops	1	
sulfacetamide sodium (10% drops, 10% ointment)	1	
tobramycin 0.3% eye drop	1	
trifluridine 1% eye drops	1	
VIGAMOX 0.5% EYE DROPS	1	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	1	
cromolyn sodium 4% eye drops	1	
epinastine hcl 0.05% eye drops	1	
Ophthalmic Anti-inflammatories		
ACULAR 0.5% EYE DROPS	1	
ACULAR LS 0.4% OPHTH SOL	1	
bromfenac sodium (0.07%, 0.09%)	1	
dexamethasone sodium phosphate 0.1% eye drop	1	
diclofenac sodium 0.1% eye drops	1	
difluprednate 0.05% eye drop	1	
DUREZOL 0.05% EYE DROPS	1	
EYSUVIS 0.25% EYE DROPS	1	PA
fluorometholone 0.1% eye drop	1	
flurbiprofen sodium 0.03% eye drop	1	
FML LIQUIFILM 0.1% EYE DROP	1	
ILEVRO 0.3% OPHTH DROPS	1	
INVELTYS 1% EYE DROP	1	
ketorolac tromethamine (0.4%, 0.5%)	1	
PRED FORTE 1% EYE DROPS	1	
PRED MILD 0.12% EYE DROPS	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prednisolone acetate 1% eye drop	1	
prednisolone sodium phosphate 1% eye drop	1	
PROLENSA 0.07% EYE DROPS	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5% eye drop	1	
BETOPTIC S (0.25% DROP, 0.25% DROP)	1	
carteolol hcl 1% eye drops	1	
ISTALOL 0.5% EYE DROPS	1	
levobunolol hcl 0.5% eye drops	1	
timolol maleate (0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop, maleate 0.5% eye drops)	1	
TIMOPTIC (0.25% DROP, 0.5% DROP)	1	
TIMOPTIC OCUDOSE (0.25% DROP, 0.5% DROP)	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P (ALHAGAN 0.1% DROS, ALHAGAN 0.15% EYE DROS)	1	
AZOPT 1% EYE DROPS	1	
brimonidine tartrate (tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop)	1	
brinzolamide 1% eye drops	1	
dorzolamide hcl 2% eye drops	1	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	1	
RHOPRESSA 0.02% OPHTH SOLUTION	1	QL (15 PER 75 OVER TIME)
ROCKLATAN 0.02%-0.005% EYE DRP	1	QL (15 PER 75 OVER TIME)
SIMBRINZA (DROP, DROPS)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03% eye drops	1	QL (15 PER 75 OVER TIME)
latanoprost 0.005% eye drops	1	QL (15 PER 75 OVER TIME)
LUMIGAN 0.01% EYE DROPS	1	QL (15 PER 75 OVER TIME)
TRAVATAN Z 0.004% EYE DROP	1	QL (15 PER 75 OVER TIME)
travoprost 0.004% eye drop	1	QL (15 PER 75 OVER TIME)
Otic Agents		
acetic acid 2% ear solution	1	
CIPRODEX OTIC SUSPENSION	1	
ciprofloxacin-dexamethasone ciproflox-dexameth otic susp	1	
flac otic oil 0.01% ear drop	1	
fluocinolone acetonide oil 0.01% ear drp	1	
hydrocortisone-acetic acid (hydrocortison-acetic acid soln, hydrocortisone-acetic ear drop)	1	
neomycin-polymyxin-hc ear susp	1	
neomycin-polymyxin-hydrocort neomycin-polymyxin-hc ear soln	1	
ofloxacin 0.3% ear drops	1	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	1	QL (30 PER 30 DAYS)
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	1	QL (1 PER 30 DAYS)
ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)	1	QL (13 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
budesonide (0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh)	1	PA
flunisolide 0.025% spray	1	QL (75 PER 30 DAYS)
fluticasone propionate 50 mcg spray	1	QL (16 PER 30 DAYS)
fluticasone propionate hfa 110 mcg	1	QL (12 PER 30 DAYS)
fluticasone propionate hfa 220 mcg	1	QL (24 PER 30 DAYS)
fluticasone propionate hfa 44 mcg	1	QL (10.6 PER 30 DAYS)
mometasone furoate 50 mcg spry	1	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	1	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	1	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	1	QL (32 PER 30 DAYS)
Antihistamines		
azelastine hcl 0.1% (137 mcg) spry	1	QL (60 PER 30 DAYS)
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	1	
clemastine fumarate 2.68 mg tablet	1	PA
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	1	PA
desloratadine 5 mg tablet	1	
levocetirizine dihydrochloride 5 mg tablet	1	
olopatadine hcl 665 mcg nasal spry	1	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE (10 MG TABLET, 20 MG TABLET)	1	
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)	1	
SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	1	
zafirlukast (10 mg tablet, 20 mg tablet)	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA 17 MCG INHALER	1	QL (25.8 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INCRUSE ELLIPTA 62.5 MCG INH	1	QL (30 PER 30 DAYS)
ipratropium bromide 0.02% soln	1	PA
ipratropium bromide 0.03% spray	1	QL (60 PER 30 DAYS)
ipratropium bromide 0.06% spray	1	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	1	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG)	1	QL (4 PER 30 DAYS)
tiotropium bromide 18 mcg cap-inhaler	1	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
albuterol hfa 90 mcg inhaler (generic proair hfa)	1	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	1	QL (13.4 PER 30 DAYS)
albuterol sulfate (2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab, 8 mg/20 ml syrup cup)	1	
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)	1	PA
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	1	
levalbuterol tartrate hfa 45mcg inh	1	QL (30 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	1	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	1	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1	
VENTOLIN HFA 90 MCG INHALER	1	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	1	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
CAYSTON 75 MG INHAL SOLUTION	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	1	PA, QL (60 PER 30 DAYS)
PULMOZYME 1 MG/ML AMPUL	1	PA
tobramycin 300 mg/5 ml ampule	1	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	1	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	1	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
cromolyn sodium 20 mg/2 ml neb soln	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	1	PA, QL (30 PER 30 DAYS)
roflumilast (250 mcg tablet, 500 mcg tablet)	1	PA, QL (30 PER 30 DAYS)
THEO-24 (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE, ER 400 MG CAPSULE)	1	
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	1	
theophylline er (er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)	1	
Pulmonary Antihypertensives		
ADCIRCA 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	1	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ambrisentan (5 mg tablet, 10 mg tablet)	1	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tablet, 125 mg tablet)	1	PA, QL (60 PER 30 DAYS)
bosentan 32 mg tablet for susp	1	PA, QL (120 PER 30 DAYS)
LETAIRIS (5 MG TABLET, 10 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	1	PA, QL (30 PER 30 DAYS)
sildenafil citrate 20 mg tablet	1	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	1	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	1	PA, QL (120 PER 30 DAYS)
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	1	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	1	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	1	PA, QL (90 PER 30 DAYS)
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	1	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg capsule, 267 mg tablet)	1	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tablet	1	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	1	PA
ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	1	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG INH	1	QL (60 PER 30 DAYS)
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	1	QL (60 PER 30 DAYS)
breyna (80-4.5 mcg, 160-4.5 mcg)	1	QL (30.9 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREZTRI AEROSPHERE INHALER	1	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate (80, 160)	1	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	1	QL (8 PER 30 DAYS)
DULERA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER)	1	QL (39 PER 30 DAYS)
FASENRA (10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE)	1	PA
FASENRA PEN 30 MG/ML	1	PA
fluticasone-salmeterol (100, 250, 500)	1	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55, 113, 232)	1	QL (1 PER 30 DAYS)
ipratropium-albuterol iprat-albut 0.5-3(2.5) mg/3 ml	1	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	1	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT (INHAL SPRAY, INHALER (10), INHALER (60))	1	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	1	QL (60 PER 30 DAYS)
wixela inhub (100, 250, 500)	1	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

carisoprodol 350 mg tablet	1	
chlorzoxazone 500 mg tablet	1	
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	1	
methocarbamol (500 mg tablet, 750 mg tablet)	1	
vanadom 350 mg tablet	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
DAYVIGO (5 MG TABLET, 10 MG TABLET)	1	PA, QL (30 PER 30 DAYS)
doxepin hcl (3 mg tablet, 6 mg tablet)	1	QL (30 PER 30 DAYS)
eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)	1	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
ramelteon 8 mg tablet	1	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	1	QL (30 PER 30 DAYS)
SILENOR (3 MG TABLET, 6 MG TABLET)	1	QL (30 PER 30 DAYS)
tasimelteon 20 mg capsule	1	PA, QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	1	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	1	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	1	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	1	QL (30 PER 30 DAYS)
zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)	1	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)	1	PA, QL (30 PER 30 DAYS)
LUMRYZ (ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET)	1	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK 4.5-6-7.5 GM PK	1	PA, QL (28 PER 28 DAYS)
modafinil (100 mg tablet, 200 mg tablet)	1	PA, QL (30 PER 30 DAYS)
NUVIGIL (50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 9

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium oxybate 0.5 g/ml soln	1	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 9

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Hamaspik Medicare

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Hamaspik Medicare Advantage Plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Hamaspik Medicare plan's Member Services telephone number listed for your ID card. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. TTY user should call 711.

If you believe that the Hamaspik Medicare Advantage plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number on your ID card and telling them you need help filing a grievance. Hamaspik's Member Services is available to help you.

You can also send your grievance to:

Hamaspik Medicare Advantage
Attn: Grievance and Appeals
775 N. Main St.
Spring Valley, NY 10977

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

You can also file a grievance or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697).

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

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ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-888-426-2774 TTY 711.	English
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Hamaspik Medicare Select (HMO-DSNP)
and
Hamaspik Medicare Choice (HMO-DSNP)

2025 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS Approved Formulary File Submission ID: 25014

This formulary was updated on 12/01/2025.

For more recent information or other questions, please contact us at 888-426-2774. (TTY users, call 711.) We are open 7 days a week, from 8:00 am to 8:00 pm, October 1, 2024, through March 31, 2025; and Monday through Friday, 8:00 am to 8:00 pm, from April 1, 2025, through September 30, 2025.