



MASS ADVANTAGE

## 2025 Formulary

# List of Covered Drugs or “Drug List”

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

Formulary ID 25020, Version 9

This formulary was updated on 12/01/2024.

For more recent information or other questions, please contact Mass Advantage Member Services at 844-918-0114 (HMO) or 844-915-0234 (PPO) (TTY users should call 711),

October 1 – March 31, 8 a.m. – 8 p.m. Eastern, 7 days a week;

April 1 – September 30, 8 a.m. – 8 p.m. Eastern, Monday through Friday,  
or visit [www.massadvantage.com](http://www.massadvantage.com).

**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 Mass Advantage. When it refers to “plan” or “our plan,” it means Mass Advantage Basic (HMO), Mass Advantage Plus (HMO), Mass Advantage Premiere (PPO), and Mass Advantage Extra (PPO).

This document includes the Drug List (formulary) for our plan which is current as of 12/01/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

## **What is the Mass Advantage 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 Mass Advantage 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. Mass Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mass Advantage 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 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.massadvantage.com](http://www.massadvantage.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 on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new 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 Mass Advantage 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, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 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 Mass Advantage Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by Mass Advantage please contact us. Our contact information appears on the front and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

## **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 120. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Mass Advantage 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:** Our plan requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for zolpidem tartrate 5mg tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Mass Advantage formulary?” on page 5 for information about how to request an exception.

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

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass Advantage.
- You can ask us 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 Mass Advantage Formulary?

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

- You can ask us to cover a 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier (Tier 5). If approved, this would lower the amount you must pay for your drug.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or 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 tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reason 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) exception 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.

If you experience a change in level of care, including being admitted to, or discharged from, a hospital or long-term care facility, we will cover a 31-day emergency supply of a drug that is either not on our formulary or has requirements or limits while you pursue a formulary exception.

### **For more information**

For more detailed information about your Mass Advantage prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

## Mass Advantage Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by Mass Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

### Tier descriptions for the Mass Advantage Formulary

Tier	Description	Additional information
1	Preferred Generic Drugs	This tier includes preferred generic drugs and is the lowest tier.
2	Generic Drugs	This tier includes most generic drugs.
3	Preferred Brand Drugs	This tier includes brand name drugs that are preferred and some generic drugs.
4	Non-Preferred Drugs	This tier includes non-preferred brand and non-preferred generic drugs.
5	Specialty Drugs	This tier includes high-cost brand and generic drugs that meet the CMS-defined cost-threshold of \$950 per 30-day supply. Drugs on this tier are not eligible for exceptions for payment at a lower tier. This is the highest tier.

## Symbols used in the Mass Advantage Formulary

Symbol	Name	Description
BVD	Part B vs. Part D	This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.
EX	Excluded Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
FFL	First Fill Limit	This drug is limited to a 30-day supply the first time you fill it.
INS	Insulin	Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan's Tier 3 copay. You pay \$35 for a one-month supply of insulin, regardless of the Part D coverage stage you are in. This applies to insulin when it is covered under Part D, but also when it is covered under Part B (when used in an insulin pump).
PA	Prior Authorization	You (or your physician) are required to get our approval before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
VAC	Vaccine	You pay \$0 for your vaccines that are covered under Part B (e.g. flu vaccine, COVID vaccine) and Part D (e.g. Shingrix). The drug list that follows only contains vaccines that are covered under Part D, but you can receive both Part B and Part D vaccines at our network pharmacies. If you receive a Part D vaccine at a pharmacy, you pay \$0. If you receive a Part D vaccine in your provider's office, your provider will bill you for the vaccine and its administration. After you pay your provider, you can submit a request for reimbursement to the following address: Mass Advantage, ATTN: MPD-1000UR, P.O. Box 64806, St. Paul, MN 55164-0811



## Member cost-sharing by coverage stage

There are three (3) coverage stages of the Part D prescription drug benefit. Below outlines what you pay for your Part D drugs in each coverage stage. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/tribal/urban (Indian health service) providers. Monthly we send you an Explanation of Benefits (EOB) that summarizes what you paid for your prescription drugs the previous month. This document tells you which coverage stage you were in at the end of that month. You may also contact Member Services at the phone number listed on the cover of this document for more up-to-date information about which coverage stage you are in.

### Annual Deductible Stage

This stage does not apply to any Mass Advantage plans.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)	Mass Advantage Extra (PPO)
<b>Annual Deductible</b>	\$0	\$0	\$0	\$0

### Initial Coverage Stage

As a Mass Advantage member, your coverage begins in this stage and you pay the cost-shares listed below until your out of pocket costs reach \$2,000. The copays shown below are for a 30-day supply/ 31-100-day supply (e.g. “\$47/\$94 copayment” means you pay \$47 for a 30-day supply and \$94 for a day supply between 31 and 100 days). These cost-shares apply to prescriptions filled at both retail and mail order pharmacies in our network.

Drug Tier	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)	Mass Advantage Extra (PPO)
<b>Tier 1</b> <i>Preferred Generic</i>	\$0/\$0 copayment	\$0/\$0 copayment	\$0/\$0 copayment	\$2/\$4 copayment
<b>Tier 2</b> <i>Generic</i>	\$0/\$0 copayment	\$0/\$0 copayment	\$0/\$0 copayment	\$6/\$12 copayment
<b>Tier 3</b> <i>Preferred Brand</i>	\$47/\$94 copayment	\$47/\$94 copayment	\$42/\$84 copayment	\$42/\$84 copayment
<b>Tier 4</b> <i>Non-Preferred Drug</i>	50% coinsurance	45% coinsurance	50% coinsurance	50% coinsurance
<b>Tier 5</b> <i>Specialty</i>	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

### Catastrophic Coverage Stage

Once you reach the Catastrophic Coverage Stage, you pay \$0 for all covered Part D drugs and excluded drugs covered under our enhanced benefit for the remainder of the calendar year.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Analgesics</b>		
<b>Analgesics, Other</b>		
<i>butalbital-acetaminophen -acetaminophn 50-325</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine --cp</i>	2	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	2	QL (180 PER 30 DAYS)
<i>tencon</i>	4	QL (180 PER 30 DAYS)
ZEBUTAL	2	QL (180 PER 30 DAYS)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ARTHROTEC 50	4	QL (120 PER 30 DAYS)
ARTHROTEC 75	4	QL (90 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	4	QL (30 PER 30 DAYS)
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	4	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	2	QL (60 PER 30 DAYS)
DAYPRO	4	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	2	
<i>diclofenac sodium 1.5% topical soln</i>	2	PA
<i>diclofenac sodium dr 25 mg tab, ec 25 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>diclofenac sodium dr 50 mg tab, ec 50 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium dr 75 mg tab, ec 75 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium er</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -50-0.2 mg</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ec-naproxen -dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>ec-naproxen -dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	2	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>etodolac 400 mg tablet, 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>etodolac er er 400 mg tablet, er 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>ibuprofen 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	2	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>indomethacin er</i>	2	QL (60 PER 30 DAYS)
<i>ketorolac tromethamine 10 mg tablet</i>	2	
<i>meloxicam 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	2	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>naproxen 500 mg kit, 500 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>naproxen dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>naproxen dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>naproxen sodium 275 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>oxaprozin</i>	2	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>sulindac</i>	2	QL (60 PER 30 DAYS)
<b>Opioid Analgesics, Long-acting</b>		
BELBUCA	3	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	2	PA, QL (4 PER 28 DAYS)
BUTRANS	4	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	2	PA, QL (15 PER 30 DAYS)
<i>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</i>	2	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate 2 mg tablet</i>	5	QL (120 PER 30 DAYS), FFL
<i>levorphanol tartrate 3 mg tablet</i>	5	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>morphine sulfate er er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen-codeine -#2 tablet, -#3 tablet</i>	2	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine -#4 tablet</i>	2	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (48 PER 30 DAYS)
<i>codeine sulfate 15 mg tablet, 60 mg tablet</i>	4	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	2	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>endocet 10-325 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>fentanyl citrate cit 1,200 mcg, cit 1,600 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg</i>	5	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate ofc 200 mcg</i>	2	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen -10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	2	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-300 mg, -5-325 mg</i>	2	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen -acetamin 2.5-108/5, -acetamin 5-217/10, -acetamin 7.5-325/15</i>	2	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen -10-200, -7.5-200</i>	2	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen -5-200 mg</i>	4	QL (150 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	2	QL (1440 PER 30 DAYS)
<i>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</i>	2	BVD
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	2	QL (2700 PER 30 DAYS)
<i>morphine sulfate 100 mg/5 ml conc</i>	2	QL (270 PER 30 DAYS)
<i>morphine sulfate 20 mg/5 ml soln</i>	2	QL (1350 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	3	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen -10-325</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen -acetaminophen 5-325, -acetaminophen 2.5-325</i>	2	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>oxycodone-acetaminophen -acetaminophn 7.5-325</i>	2	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)

## **Anesthetics**

### **Local Anesthetics**

<i>dermacinrx lidocan</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	2	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	2	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine-prilocaine</i>	2	PA, QL (60 PER 30 DAYS)
<i>lidocan iii</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocan iv</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocan v</i>	2	PA, QL (90 PER 30 DAYS)
LIDODERM	5	PA, QL (90 PER 30 DAYS)
ZTLIDO	4	PA, QL (90 PER 30 DAYS)

## **Anti-Addiction/ Substance Abuse Treatment Agents**

### **Alcohol Deterrents/ Anti-craving**

<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	

### **Opioid Dependence**

<i>buprenorphine hcl 2 mg tablet, 8 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone -2-fm, -2-tb</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone -4-1mg film, -8- 2mg film, -12-3mg flm</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>buprenorphine-naloxone -8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>naltrexone hcl</i>	2	
SUBLOCADE	5	
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (120 PER 30 DAYS)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM	4	QL (60 PER 30 DAYS)
VIVITROL	5	
<b>Opioid Reversal Agents</b>		
KLOXXADO	4	
<i>naloxone hcl</i>	2	
NARCAN	4	
OPVEE	4	
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl sr 150 mg tablet</i>	2	
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	2	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate</i>	2	
ARIKAYCE	5	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate 80 mg/2 ml vial, 800 mg/20 ml vial</i>	2	
<i>gentamicin sulfate in ns iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml</i>	4	
<i>gentamicin sulfate in ns iso 120 mg/100 ml, isoton 60 mg/50 ml</i>	2	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tobramycin sulfate 1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial</i>	2	
<i>tobramycin sulfate 10 mg/ml vial</i>	3	
<b>Antibacterials, Other</b>		
AZACTAM	4	
<i>aztreonam 1 gm vial</i>	2	
<i>aztreonam 2 gm vial</i>	5	
CLEOCIN 2% VAGINAL CREAM	4	
CLEOCIN HCL	4	
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	4	
CLEOCIN T 1% LOION	4	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	2	
<i>clindamycin hcl</i>	1	
<i>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</i>	2	
<i>clindamycin phosphate-d5w</i>	2	
<i>clindamycin-0.9% nacl</i>	2	
<i>colistimethate</i>	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>daptomycin 500 mg vial</i>	2	
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
<i>linezolid 100 mg/5 ml susp</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>linezolid 600 mg tablet</i>	2	PA
<i>linezolid-0.9% nacl</i>	2	
<i>linezolid-d5w</i>	2	
<i>methenamine hippurate</i>	2	
METRO IV	2	
<i>metronidazole 250 mg tablet, 500 mg tablet</i>	1	
<i>metronidazole vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml</i>	2	
<i>nitrofurantoin 50 mg cap, 100 mg cap</i>	2	
<i>nitrofurantoin mono-macro</i>	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
<i>tigecycline</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
TYGACIL	5	
<i>vancomycin hcl 1 gm add-van vial, 1 gm 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</i>	2	
<i>vancomycin hcl 125 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	2	QL (240 PER 30 DAYS)
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	5	PA
ZYVOX 600 MG/300 ML-D5W	4	
<b>Beta-lactam, Cephalosporins</b>		
<i>cefaclor 250 mg capsule, 500 mg capsule</i>	2	
<i>cefadroxil</i>	2	
<i>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</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefazolin sodium-dextrose 1 g/50 ml</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime hcl 1 gm vial, 2 gram vial</i>	2	
<i>cefepime-dextrose</i>	2	
<i>cefixime 400 mg capsule</i>	2	
<i>cefoxitin</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime 1 gm vial, 2 gm vial, 6 gm vial</i>	2	
<i>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, 500 mg vial</i>	2	
<i>ceftriaxone 250 mg vial</i>	1	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium 1.5 gm vial, 750 mg vial</i>	2	
<i>cephalexin 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin 250 mg capsule, 500 mg capsule, 750 mg capsule</i>	1	
<i>tazicef</i>	2	
<b>TEFLARO</b>	5	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	1	
<i>amoxicillin-clavulanate pot er</i>	4	
<i>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</i>	2	
<i>ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ampicillin trihydrate 500 mg capsule</i>	2	
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	2	
<b>BICILLIN L-A</b>	4	
<i>dicloxacillin sodium</i>	2	
<b>EXTENCILLINE</b>	4	
<i>lentocilin s</i>	4	
<i>nafcillin</i>	2	
<i>nafcillin sodium</i>	2	
<i>penicillin g potassium</i>	2	
<i>penicillin g sodium</i>	4	
<i>penicillin gk-iso-osm dextrose 2 million unit/50 ml</i>	3	
<i>penicillin gk-iso-osm dextrose 3 million unit/50 ml</i>	4	
<i>penicillin v potassium 125 mg/5 ml soln, 250 mg/5 ml soln</i>	2	
<i>penicillin v potassium 250 mg tablet, 500 mg tablet</i>	1	
<i>pfizerpen</i>	4	
<i>piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial</i>	2	
<b>ZOSYN 2.25 GM/50 ML GALAXY BAG</b>	4	
<b>Carbapenems</b>		
<i>ertapenem</i>	2	
<i>imipenem-cilastatin sodium -250 mg vl</i>	3	
<i>imipenem-cilastatin sodium -500 mg vl</i>	2	
<b>INVANZ</b>	4	
<i>meropenem</i>	2	
<i>meropenem-0.9% nacl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Macrolides</b>		
<i>azithromycin 1 gm pwd packet</i>	3	
<i>azithromycin 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial</i>	2	
<i>azithromycin 250 mg tablet, 500 mg tablet, 600 mg tablet</i>	1	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>clarithromycin 250 mg tablet, 500 mg tablet</i>	2	
<i>clarithromycin er</i>	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
<i>ery</i>	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin 2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet</i>	2	
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin lactobionate</i>	2	
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	4	
ZITHROMAX TRI-PAK	4	
<b>Quinolones</b>		
CIPRO	4	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ciprofloxacin-d5w</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	2	
<i>levofloxacin 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	1	
<i>levofloxacin-d5w</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl</i>	2	
<i>ofloxacin 400 mg tablet</i>	2	
<b>Sulfonamides</b>		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	5	FFL (30 Day Limit)
<i>sulfamethoxazole-trimethoprim -20 ml cup, -susp</i>	2	
<i>sulfamethoxazole-trimethoprim -ds tablet, -ss tablet</i>	1	
<b>Tetracyclines</b>		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>do.xy 100</i>	2	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl</i>	2	
<i>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</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl 100 mg capsule</i>	2	
NUZYRA 100 MG VIAL, 150 MG TABLET	5	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	5	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
<i>divalproex sodium dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab</i>	2	
<i>divalproex sodium dr 125 mg tab</i>	1	
<i>divalproex sodium er</i>	2	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate</i>	2	
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	5	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	4	QL (30 PER 30 DAYS)
FYCOMPA 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	QL (30 PER 30 DAYS)
KEPPRA 1,000 MG TABLET	5	
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET	4	
LAMICTAL (BLUE)	4	
LAMICTAL 25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	5	
LAMICTAL 5 MG DISPER TABLET, 25 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>lamotrigine (blue)</i>	2	
<i>lamotrigine 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>lamotrigine 5 mg tablet, 25 mg tab</i>	2	
<i>lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	2	
<i>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</i>	2	
<i>levetiracetam er</i>	2	
<i>roweepra 500 mg tablet</i>	2	
<b>SPRITAM</b>	4	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	2	
<i>topiramate 15 mg cap, 25 mg cap</i>	2	
<i>topiramate 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	1	
<i>valproic acid</i>	2	
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN</b>	4	
<i>ethosuximide</i>	2	
<i>methsuximide</i>	2	
<b>ZARONTIN 250 MG CAPSULE</b>	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam 10 mg tablet, 20 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	PA, QL (480 PER 30 DAYS)
<i>diazepam 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)</i>	2	QL (5 PER 30 DAYS)
<i>diazepam 2.5mg rectal gel(2pk)</i>	4	QL (5 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup</i>	2	QL (2160 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (135 PER 30 DAYS)
LIBERVANT	5	QL (10 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	4	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	4	QL (90 PER 30 DAYS)
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	4	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)
ONFI 10 MG TABLET, 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	PA, QL (480 PER 30 DAYS)
<i>phenobarbital</i>	2	
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>primidone 125 mg tablet</i>	4	
<i>primidone 50 mg tablet, 250 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM, 20 MG FILM	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	2	
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY	4	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5	QL (180 PER 30 DAYS)
VIGAFYDE	5	QL (750 PER 30 DAYS)
<i>vigpoder</i>	5	QL (180 PER 30 DAYS)
ZTALMY	5	PA, QL (1100 PER 30 DAYS)
<b>Sodium Channel Agents</b>		
APTIOM 200 MG TABLET, 400 MG TABLET	5	QL (30 PER 30 DAYS)
APTIOM 600 MG TABLET, 800 MG TABLET	5	QL (60 PER 30 DAYS)
BANZEL	5	
<i>carbamazepine 100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
DILANTIN	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>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</i>	2	
<i>oxcarbazepine</i>	2	
PHENYTEK	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>phenytoin</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide 200 mg tablet</i>	2	
<i>rufinamide 40 mg/ml suspension, 400 mg tablet</i>	5	
TEGRETOL	4	
TEGRETOL XR	4	
TRILEPTAL 150 MG TABLET, 300 MG TABLET	4	
TRILEPTAL 300 MG/5 ML SUSP, 600 MG TABLET	5	
VIMPAT 10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	5	
VIMPAT 50 MG TABLET	4	
XCOPRI 12.5-25 MG TITRATION PK	4	
XCOPRI 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	5	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
<i>zonisamide</i>	2	

## **Antidementia Agents**

### **Cholinesterase Inhibitors**

ADLARITY	4	
ARICEPT 5 MG TABLET, 10 MG TABLET	4	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
EXELON	4	
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	4	
<i>rivastigmine</i>	2	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl</i>	2	PA
<i>memantine hcl er</i>	2	PA
NAMENDA	4	PA
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY	5	QL (60 PER 30 DAYS), FFL (30 Day Limit)
<i>bupropion hcl 100 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion xl hcl 150 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion xl hcl 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg odt, 30 mg odt, 45 mg odt</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>mirtazapine 7.5 mg tablet, 30 mg tablet, 45 mg tablet</i>	1	QL (30 PER 30 DAYS)
REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	5	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	5	PA, QL (30 PER 30 DAYS)
MARPLAN	4	
NARDIL	4	
PARNATE	4	
<i>phenelzine sulfate</i>	2	
<i>tranyleypromine sulfate</i>	2	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
CELEXA 10 MG TABLET, 20 MG TABLET	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>citalopram hbr 10 mg tablet, 20 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr 10 mg/5 ml soln, 20 mg/10 ml cup</i>	2	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA 20 MG CAPSULE, 60 MG CAPSULE	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	2	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	4	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	4	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 20 mg cap, dr 60 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
EFFEXOR XR 75 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	2	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>fluoxetine dr</i>	4	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 10 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution</i>	2	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	2	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	4	QL (45 PER 30 DAYS)
<i>nefazodone hcl 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	3	
<i>nefazodone hcl 50 mg tablet, 250 mg tablet</i>	4	
<i>paroxetine cr 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine cr 25 mg tablet, 37.5 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine er er 25 mg tablet, er 37.5 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	2	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	2	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>paroxetine hcl 20 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	2	QL (60 PER 30 DAYS)
PAXIL 10 MG TABLET, 40 MG TABLET	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	5	QL (60 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	2	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tablet, 50 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>trazodone hcl 300 mg tablet</i>	2	
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	2	QL (90 PER 30 DAYS)
VIIBRYD 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)
ZOLOFT 25 MG TABLET, 50 MG TABLET	4	QL (45 PER 30 DAYS)
<b>Tricyclics</b>		
<i>amitriptyline hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>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</i>	2	
<i>imipramine hcl</i>	2	
<b>NORPRAMIN</b>	4	
<i>nortriptyline hcl</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	

## **Antiemetics**

### **Antiemetics, Other**

<i>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</i>	2	PA
<i>compro</i>	2	
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	2	
<i>perphenazine</i>	2	PA
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>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, 25 mg suppository, 25 mg tablet, 50 mg tablet</i>	2	PA
<i>promethegan 12.5 mg suppos, 25 mg suppository</i>	2	PA
<i>scopolamine</i>	2	PA

### **Emetogenic Therapy Adjuncts**

<i>aprepitant</i>	2	BVD
<i>dronabinol</i>	2	BVD
<b>EMEND 80 MG CAPSULE, TRIPACK</b>	4	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>granisetron hcl 1 mg tablet</i>	2	BVD
<i>ondansetron hcl 4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 8 mg tablet</i>	2	
<i>ondansetron odt odt 4 mg tablet, odt 8 mg tablet</i>	2	

## **Antifungals**

AMBISOME	5	BVD
<i>amphotericin b</i>	4	BVD
<i>amphotericin b liposome</i>	5	BVD
CANCIDAS	5	
<i>casprofungin acetate</i>	2	
<i>ciclodan 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>ciclopirox 0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo</i>	2	
<i>ciclopirox 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>clotrimazole 1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche</i>	2	
CRESEMBA	5	PA
DIFLUCAN 40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET	4	
<i>econazole nitrate</i>	2	
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>fluconazole-nacl -200 mg/100 ml, -400 mg/200 ml</i>	2	
<i>flucytosine</i>	5	PA
<i>griseofulvin</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole 100 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole 2% cream, 2% shampoo, 200 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>klayesta</i>	2	
LOPROX 1% SHAMPOO	4	
<i>micafungin</i>	2	
<i>micafungin-0.9% nacl</i>	4	
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP	5	PA
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystop</i>	2	
<i>posaconazole 300 mg/16.7 ml vl</i>	2	PA
<i>posaconazole dr 100 mg tablet, 200 mg/5 ml susp</i>	5	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>terbinafine hcl</i>	1	QL (30 PER 30 DAYS)
<i>terconazole</i>	2	
VFEND IV	4	PA
<i>voriconazole 40 mg/ml susp</i>	5	PA
<i>voriconazole 50 mg tablet, 200 mg tablet, 200 mg vial</i>	2	PA

### **Antigout Agents**

<i>allopurinol 100 mg tablet, 300 mg tablet</i>	1	
<i>colchicine 0.6 mg tablet</i>	2	
COLCRYS	4	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	

### **Antimigraine Agents**

<i>dihydroergotamine mesylate 4 mg/ml sprit</i>	5	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MIGRANAL	5	PA, QL (8 PER 28 DAYS)
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG AUTOINJECTOR 140 MG/ML	3	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	3	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	3	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	3	PA, QL (2 PER 30 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
UBRELVY	3	PA, QL (16 PER 30 DAYS)
<b>Serotonin (5-HT) Receptor Agonist</b>		
IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	4	ST, QL (18 PER 30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	4	ST, QL (6 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	5	QL (6 PER 30 DAYS)
MAXALT	4	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	2	QL (18 PER 30 DAYS)
<i>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</i>	2	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5 ml vial</i>	2	QL (5 PER 30 DAYS)
<i>zolmitriptan odt</i>	2	QL (12 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
MESTINON	5	
<i>pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet</i>	2	
<i>pyridostigmine bromide er</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone 25 mg tablet, 100 mg tablet</i>	2	
MYCOBUTIN	4	
<i>rifabutin</i>	2	
<b>Antituberculars</b>		
<i>cycloserine</i>	5	
<i>ethambutol hcl</i>	2	
<i>isoniazid 100 mg tablet, 300 mg tablet</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin</i>	2	
SIRTURO	5	
TRECTOR	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide 25 mg capsule, 50 mg capsule</i>	2	BVD
<i>cyclophosphamide 25 mg tablet, 50 mg tablet</i>	3	BVD
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	5	
MATULANE	5	PA
VALCHLOR	5	PA, QL (60 PER 30 DAYS)
<b>Antiandrogens</b>		
<i>abiraterone acetate 250 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
NILANDRON	5	
<i>nilutamide</i>	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)
<b>Antiangiogenic Agents</b>		
<i>lenalidomide 15 mg capsule, 20 mg capsule, 25 mg capsule</i>	5	PA, QL (21 PER 28 DAYS), FFL (30 Day Limit)
<i>lenalidomide 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	5	PA, QL (30 PER 30 DAYS), FFL (30 Day Limit)
POMALYST	5	PA, QL (21 PER 28 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<b>Antiestrogens/Modifiers</b>		
FARESTON	5	
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	
<b>Antimetabolites</b>		
<i>mercaptopurine</i>	2	
PURIXAN	5	
TABLOID	5	
<b>Antineoplastics, Other</b>		
HYDREA	4	
<i>hydroxyurea</i>	2	
INQOVI	5	PA, QL (5 PER 28 DAYS)
IWILFIN	5	PA, QL (240 PER 30 DAYS)
KISQALI FEMARA CO-PACK 200 MG	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	5	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</i>	2	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
LYSODREN	5	
NIPENT	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	5	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	5	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole</i>	1	
ARIMIDEX	5	
AROMASIN	5	
<i>exemestane</i>	2	
FEMARA	4	
<i>letrozole</i>	1	
<b>Molecular Target Inhibitors</b>		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 2 MG TABLET, 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BOSULIF 100 MG CAPSULE, 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CABOMETYX	5	PA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, QL (56 PER 28 DAYS)
COTELLIC	5	PA, QL (63 PER 28 DAYS)
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus 2 mg tab, 5 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	5	PA, QL (30 PER 30 DAYS), FFL (30 Day Limit)
<i>everolimus 3 mg tab for susp</i>	5	PA, QL (90 PER 30 DAYS)
<i>everolimus 5 mg tablet</i>	5	PA, QL (60 PER 30 DAYS), FFL (30 Day Limit)
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS), FFL (30 Day Limit)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
IBRANCE	5	PA, QL (21 PER 28 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	5	PA, QL (90 PER 30 DAYS), FFL (30 Day Limit)
<i>imatinib mesylate 400 mg tab</i>	5	PA, QL (60 PER 30 DAYS), FFL (30 Day Limit)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
<i>lapatinib</i>	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	5	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	5	PA, QL (30 PER 30 DAYS)
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations  
on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA, QL (120 PER 30 DAYS), FFL (30 Day Limit)
NINLARO 2.3 MG CAPSULE	5	PA, QL (3 PER 28 DAYS), FFL (30 Day Limit)
NINLARO 3 MG CAPSULE, 4 MG CAPSULE	5	PA, QL (3 PER 28 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	5	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	5	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	5	PA, QL (60 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	5	PA, QL (60 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA 200 MG TABLET	5	PA, QL (120 PER 30 DAYS)
RUBRACA 250 MG TABLET, 300 MG TABLET	5	PA, QL (120 PER 30 DAYS), FFL (30 Day Limit)
RYDAPT	5	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	5	PA, QL (30 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS), FFL (30 Day Limit)
<i>sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule</i>	5	PA, QL (30 PER 30 DAYS), FFL (30 Day Limit)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TAGRISSE	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
<i>torpenz 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
TRUQAP	5	PA, QL (64 PER 28 DAYS), FFL (30 Day Limit)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	3	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
KANJINTI	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RIABNI	5	PA
RUXIENCE	5	PA
TRAZIMERA	5	PA
ZIRABEV	5	PA
<b>Retinoids</b>		
<i>bexarotene 1% gel, 75 mg capsule</i>	5	PA
PANRETIN	5	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	5	PA
<i>tretinoin 10 mg capsule</i>	5	PA
<b>Treatment Adjuncts</b>		
MESNEX 400 MG TABLET	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole</i>	2	
<i>benznidazole</i>	4	
BILTRICIDE	4	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	2	
STROMEKTOL	4	PA
<b>Antiprotozoals</b>		
<i>atovaquone</i>	2	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate</i>	2	
MALARONE	4	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	BVD
<i>nitazoxanide</i>	5	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
<i>pentamidine isethionate 300 mg inhal powder</i>	2	BVD
<i>pentamidine isethionate 300 mg inject vial</i>	2	
PLAQUENIL	4	
<i>primaquine</i>	2	
<i>pyrimethamine</i>	5	PA, FFL (30 Day Limit)
<i>quinine sulfate</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Antiparkinson Agents</b>		
<b>Antiparkinson Agents, Other</b>		
<i>amantadine</i>	2	
<i>benztropine mesylate 0.5 mg tab, 1 mg tablet, 2 mg tablet</i>	2	PA
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	4	
<i>entacapone</i>	2	
TASMAR	5	
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl 2 mg tablet, 5 mg tablet</i>	2	PA
<b>Dopamine Agonists</b>		
APOKYN	5	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	5	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl 0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet</i>	2	
<i>ropinirole hcl 0.5 mg tablet, 2 mg tablet, 4 mg tablet</i>	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET 10-100	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SINEMET 25-100	4	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT 0.5 MG TABLET	4	
AZILECT 1 MG TABLET	5	
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
<i>fluphenazine decanoate</i>	2	PA
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	2	PA
<i>fluphenazine hcl 2.5 mg/5 ml elix, 5 mg/ml conc</i>	3	PA
<i>fluphenazine hcl 2.5 mg/ml vial</i>	4	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	PA
<i>haloperidol decanoate</i>	2	PA
<i>haloperidol decanoate 100</i>	2	PA
<i>haloperidol lactate</i>	2	PA
<i>loxapine</i>	2	PA
<i>molindone hcl</i>	4	PA
<i>pimozide</i>	4	PA
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	PA
<i>trifluoperazine hcl</i>	2	PA
<b>2nd Generation/Atypical</b>		
ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ABILIFY 2 MG TABLET, 5 MG TABLET	4	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	2	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>aripiprazole 2 mg tablet, 5 mg tablet</i>	2	PA, QL (45 PER 30 DAYS)
<i>aripiprazole odt</i>	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
GEODON 60 MG CAPSULE, 80 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	4	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	PA, QL (90 PER 30 DAYS)
<i>olanzapine 15 mg tablet, 20 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>olanzapine 2.5 mg tablet, 5 mg tablet</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine 7.5 mg tablet, 10 mg tablet</i>	2	PA, QL (45 PER 30 DAYS)
<i>olanzapine odt</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	3	PA, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>quetiapine fumarate 25 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tab, 400 mg tab</i>	2	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate 50 mg tab, 100 mg tab, 200 mg tab</i>	2	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate er er 150 mg tablet, er 200 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet</i>	2	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	5	PA, QL (30 PER 30 DAYS)
RISPERDAL 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
<i>risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>risperidone er 50 mg vial</i>	5	QL (2 PER 28 DAYS)
<i>risperidone er er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial</i>	2	QL (2 PER 28 DAYS)
<i>risperidone odt 0.25 mg</i>	4	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt</i>	2	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 4 mg</i>	2	PA, QL (120 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SEROQUEL 300 MG TABLET, 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	5	QL (30 PER 30 DAYS)
<i>ziprasidone hcl 20 mg capsule, 40 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>ziprasidone hcl 60 mg capsule, 80 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	4	PA, QL (45 PER 30 DAYS)
ZYPREXA 20 MG TABLET	5	PA, QL (30 PER 30 DAYS), FFL (30 Day Limit)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 300 MG VIAL, 300 MG VL KIT	5	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	5	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS 15 MG TABLET, 20 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS 5 MG TABLET, 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)
<b>Treatment-Resistant</b>		
<i>clozapine 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine 25 mg tablet, 50 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine odt odt 25 mg tablet, odt 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)
CLOZARIL 25 MG TABLET, 50 MG TABLET	4	PA, QL (90 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)

### **Antispasticity Agents**

<i>baclofen 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
DANTRIUM 25 MG CAPSULE	4	
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
<i>tizanidine hcl 2 mg capsule, 4 mg capsule, 6 mg capsule</i>	2	
<i>tizanidine hcl 2 mg tablet, 4 mg tablet</i>	1	

### **Antivirals**

#### **Anti-HIV Agents, Integrase Inhibitors (INSTI)**

BIKTARVY	5	QL (30 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW, 100 MG TABLET CHEW	3	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY 25 MG TABLET, 50 MG TABLET	5	QL (60 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine</i>	5	QL (60 PER 30 DAYS)
INTELENCE 100 MG TABLET, 200 MG TABLET	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	2	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir 20 mg/ml solution</i>	2	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop -100-150mg, -133-200mg, -167-250mg</i>	5	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop -tenofv 200-300mg</i>	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	2	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	2	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL (1920 PER 30 DAYS)
<b>Anti-HIV Agents, Other</b>		
FUZEON	5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SELZENTRY 75 MG TABLET, 150 MG TABLET	5	QL (60 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)
TYBOST	3	QL (30 PER 30 DAYS)
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate 150 mg cap, 300 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir -80-20mg/ml</i>	2	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 100-25mg tb</i>	2	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 200-50mg tb</i>	2	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	4	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
<i>ritonavir</i>	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	5	QL (120 PER 30 DAYS)
PREVYMIS 240 MG TABLET, 480 MG TABLET	5	QL (30 PER 30 DAYS)
VALCYTE	5	
<i>valganciclovir hcl 450 mg tablet</i>	2	
<i>valganciclovir hcl 50 mg/ml</i>	5	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	2	
BARACLUDE 0.05 MG/ML SOLUTION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BARACLUDE 0.5 MG TABLET, 1 MG TABLET	5	
<i>entecavir</i>	2	
<i>lamivudine 100 mg tablet</i>	2	
<i>lamivudine hbv</i>	2	
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET	5	PA
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	2	
ZEPATIER	5	PA
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	2	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	4	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)
<b>Antiherpetic Agents</b>		
<i>acyclovir 200 mg capsule, 400 mg tablet, 800 mg tablet</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	2	
<i>acyclovir 5% ointment</i>	2	PA
<i>acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial</i>	2	BVD
<i>famciclovir</i>	2	
<i>valacyclovir</i>	2	
VALTREX	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ZOVIRAX 5% OINTMENT	4	PA
<b>Antiviral, Coronavirus agents</b>		
PAXLOVID 150-100 MG DOSE PACK	5	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	5	QL (30 PER 30 OVER TIME)
<b>Anxiolytics</b>		
<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>alprazolam er er 0.5 mg tablet, er 1 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam xr 0.5 mg tablet, 1 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupirone hcl 5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	2	
<i>bupirone hcl 7.5 mg tablet</i>	1	
<i>chlordiazepoxide hcl 25 mg capsule</i>	2	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl 5 mg capsule, 10 mg capsule</i>	2	PA, QL (120 PER 30 DAYS)
<i>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</i>	2	QL (90 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet, 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	2	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	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 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>diazepam 5 mg/5 ml oral cup, 5 mg/5 ml solution</i>	2	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml, 25 mg/5 ml</i>	2	PA, QL (240 PER 30 DAYS)
<i>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</i>	2	PA
<i>hydroxyzine pamoate</i>	2	PA
<i>lorazepam 0.5 mg tablet, 1 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	2	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	2	PA, QL (120 PER 30 DAYS)

## **Bipolar Agents**

### **Mood Stabilizers**

<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	2	
<i>lithium citrate 8 meq/5 ml solution</i>	2	
LITHOBID	4	

## **Blood Glucose Regulators**

### **Antidiabetic Agents**

<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	4	QL (30 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>gauze pads &amp; dressings - pads 2 x 2</i>	3	PA
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	4	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin -2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glipizide-metformin -2.5-500 mg, -5-500 mg</i>	1	QL (120 PER 30 DAYS)
<b>GLUCOTROL XL 10 MG TABLET</b>	4	QL (60 PER 30 DAYS)
<b>GLUCOTROL XL 5 MG TABLET</b>	4	QL (120 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micronized 1.5 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>glyburide micronized 3 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micronized 6 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl -1.25-250 mg</i>	2	QL (240 PER 30 DAYS)
<i>glyburide-metformin hcl -2.5-500 mg, -5-500 mg</i>	2	QL (120 PER 30 DAYS)
<b>GLYXAMBI</b>	4	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	PA
<b>JANUMET</b>	3	QL (60 PER 30 DAYS)
<b>JANUMET XR</b>	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	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)	3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -metformin er 5-500, -metformn er 5-1000</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptn-2.5- 1000</i>	2	QL (60 PER 30 DAYS)
SOLIQUA 100-33	3	QL (18 PER 30 DAYS)
SYMLINPEN 120	5	

You can find information on what the symbols and abbreviations  
on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SYMLINPEN 60	5	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10- MG TABLET, 12.5-MG TAB	3	QL (60 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	3	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	3	QL (60 PER 30 DAYS)
<b>Glycemic Agents</b>		
BAQSIMI	4	QL (4 PER 30 DAYS)
<i>diazoxide</i>	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)
<i>glucagon emergency kit glucagon 1 mg emergency kit, glucagon emergency kit</i>	2	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYOPEN 1-PACK -PK MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYOPEN 1-PACK 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYOPEN 2-PACK -PK 1 MG/0.ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYOPEN 2-PACK 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	3	QL (0.8 PER 30 DAYS)
PROGLYCEM	5	

You can find information on what the symbols and abbreviations  
on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Insulins</b>		
HUMALOG	3	QL (60 PER 30 DAYS), INS
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS), INS
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS), INS
HUMULIN 70-30	3	QL (60 PER 30 DAYS), INS
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMULIN N	3	QL (60 PER 30 DAYS), INS
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMULIN R	3	QL (60 PER 30 DAYS), INS
HUMULIN R U-500	3	BVD, INS
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS), INS
<i>insulin pen needle</i>	3	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	PA
LANTUS	3	QL (60 PER 30 DAYS), INS
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS), INS
LYUMJEV	3	QL (60 PER 30 DAYS), INS
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS), INS
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS), INS
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS), INS
<i>needles, insulin disp., safety</i>	3	PA
NOVOLIN 70-30	3	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN N	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
NOVOLIN N FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN R	3	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG	3	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	3	QL (60 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod classic pdm kit(gen 3)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	3	PA, QL (10 PER 30 DAYS)
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS), INS
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS), INS

## **Blood Products and Modifiers**

### **Anticoagulants**

<i>dabigatran etexilate 110 mg cp</i>	2	QL (120 PER 30 DAYS)
<i>dabigatran etexilate 75 mg cap, 150 mg cp</i>	2	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	3	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml, 150 mg/ml</i>	2	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	2	QL (9 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>enoxaparin sodium 40 mg/0.4 ml syr</i>	2	QL (12 PER 90 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6 ml syr</i>	2	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium 80 mg/0.8 ml, 120 mg/0.8 ml</i>	2	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8 ml syr</i>	5	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 ml syr</i>	2	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4 ml syr</i>	5	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 90 OVER TIME)
<i>heparin sodium sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, 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</i>	2	
<i>jantoven</i>	1	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE	5	QL (30 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	4	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	4	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	4	QL (24 PER 90 OVER TIME)
<i>warfarin sodium</i>	1	
XARELTO 1 MG/ML SUSPENSION	3	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	3	QL (30 PER 30 DAYS)
XARELTO 2.5 MG TABLET, 15 MG TABLET	3	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	
<b>Blood Products and Modifiers, Other</b>		
AGRYLIN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>anagrelide hcl</i>	2	
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	4	PA
ARANESP 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	5	PA
FULPHILA	5	PA
GRANIX	5	PA
LEUKINE	5	PA
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
NIVESTYM 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	5	PA
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL	4	PA
PROCRIT 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA
<b>Hemostasis Agents</b>		
<i>tranexamic acid 650 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	
<i>cilostazol</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	2	
PLAVIX	4	
<i>prasugrel hcl</i>	2	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine</i>	2	
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	2	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA
<b>Alpha-adrenergic Blocking Agents</b>		
CARDURA	4	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	2	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	5	FFL (30 Day Limit)
<i>prazosin hcl</i>	2	
<i>terazosin hcl 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND 32 MG TABLET	4	QL (30 PER 30 DAYS)
ATACAND 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
AVAPRO	4	QL (30 PER 30 DAYS)
BENICAR 20 MG TABLET, 40 MG TABLET	4	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
<i>candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tb</i>	1	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	4	QL (30 PER 30 DAYS)
COZAAR 25 MG TABLET, 50 MG TABLET	4	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	4	QL (30 PER 30 DAYS)
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	4	QL (60 PER 30 DAYS)
EDARBI	4	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium 25 mg tab, 50 mg tab</i>	1	QL (60 PER 30 DAYS)
MICARDIS	4	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 20 mg tab, 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	1	QL (60 PER 30 DAYS)
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
ALTACE	4	
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	4	
VASOTEC 20 MG TABLET	5	
ZESTRIL	4	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>pacerone pacerone 100 mg tablet, pacerone 400 mg tablet, pacerone 200 mg tablet</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate er 324 mg tab</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	2	
<i>sorine 80 mg tablet</i>	1	
<i>sotalol 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	2	
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af 120 mg tablet, 160 mg tablet</i>	2	
<i>sotalol af 80 mg tablet</i>	1	
TIKOSYN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	2	
COREG CR	4	
INDERAL LA	5	FFL (30 Day Limit)
INDERAL XL	5	
INNOPRAN XL	5	
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	2	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	4	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>pindolol</i>	2	
<i>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</i>	2	
<i>propranolol hcl er</i>	2	
TENORMIN	4	
<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
TOPROL XL	4	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	2	
<i>nifedipine</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine 30 mg capsule</i>	2	
<i>nisoldipine er 25.5 mg tablet</i>	3	
<i>nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet</i>	2	
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	

### **Calcium Channel Blocking Agents, Nondihydropyridines**

CARDIZEM	4	
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE	4	
CARDIZEM CD 240 MG CAPSULE, 360 MG CAPSULE	5	
CARDIZEM LA	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TIAZAC	4	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	4	
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 120 mg tablet</i>	1	
<i>verapamil sr</i>	2	
VERELAN	4	
VERELAN PM	4	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>aliskiren</i>	2	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>digitek</i>	2	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	2	QL (150 PER 30 DAYS)
<i>digoxin 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet</i>	2	QL (30 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	3	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	4	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	2	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	4	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>methazolamide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metirosine</i>	5	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	4	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ranolazine er</i>	2	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	2	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	
<i>trandolapril-verapamil er</i>	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	4	
ZESTORETIC	4	
ZIAC	4	
<b>Diuretics, Loop</b>		
<i>bumetanide</i>	2	
<i>furosemide 10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	1	
<i>furosemide 20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl</i>	2	
LASIX	4	
<i>torseamide</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl</i>	2	
<i>triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>indapamide</i>	1	
<i>metolazone</i>	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate 43 mg capsule, 48 mg tablet, 54 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>fenofibrate 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	4	ST, QL (45 PER 30 DAYS)
<i>fluvastatin er</i>	2	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	2	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	4	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	ST, QL (30 PER 30 DAYS)
<i>lovastatin</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR 10 MG TABLET, 40 MG TABLET	4	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	ST, QL (60 PER 30 DAYS)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
COLESTID 1 GM TABLET	4	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gm capsule, 500 mg capsule</i>	4	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	4	QL (120 PER 30 DAYS)
JUXTAPID 20 MG CAPSULE, 30 MG CAPSULE	5	PA, FFL (30 Day Limit)
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE	5	PA
<i>niacin er 500 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>niacin er er 750 mg tablet, er 1,000 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	2	
<i>prevalite</i>	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	2	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	ST, QL (30 PER 30 DAYS)
ZETIA	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Mineralocorticoid Receptor Antagonists</b>		
ALDACTONE	4	
<i>eplerenone</i>	2	
INSPRA	4	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
<i>minoxidil 2.5 mg tablet, 10 mg tablet</i>	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate 10 mg tab</i>	2	
<i>isosorbide mononitrate 20 mg tab</i>	1	
<i>isosorbide mononitrate er 120 mg</i>	2	
<i>isosorbide mononitrate er er 30 mg, er 60 mg</i>	1	
NITRO-BID	4	
<i>nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	
VERQUVO	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## Central Nervous System Agents

### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE 10 MG, 15 MG	5	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>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</i>	2	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -amphetam 7.5 mg tab, -amphetam 12.5 mg tab, -amphetamin 10 mg tab, -amphetamin 15 mg tab, -amphetamin 30 mg tab, -amphetamine 5 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule</i>	2	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	2	QL (90 PER 30 DAYS)

### Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	2	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FOCALIN	4	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5 ml sol</i>	2	PA, QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5 ml soln</i>	2	PA, QL (450 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	4	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	4	QL (30 PER 30 DAYS)
<b>Central Nervous System, Other</b>		
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	4	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
VEOZAH	4	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Multiple Sclerosis Agents</b>		
AMPYRA	5	PA
AVONEX 30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate dr 120 mg, dr 240 mg</i>	2	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	5	PA, QL (30 PER 30 DAYS), FFL (30 Day Limit)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS)
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
VUMERITY	5	PA, QL (120 PER 30 DAYS)

### **Dental and Oral Agents**

<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate 0.12% 15 ml cup, 0.12% rinse</i>	1	
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide 0.1% paste</i>	2	

## **Dermatological Agents**

### **Acne and Rosacea Agents**

<i>acutane</i>	2	
<i>acitretin</i>	2	
<i>amnesteam</i>	2	
AVITA	2	PA
<i>azelaic acid</i>	2	
AZELEX	4	
BENZAMYCIN	4	
<i>claravis</i>	2	
<i>clindamycin phos-benzoyl perox -1.2-5%</i>	2	
<i>clindamycin-benzoyl peroxide -benzoyl 1-5%, -bnz 1-5% pmp</i>	2	
<i>doxycycline ir-dr</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA 15% FOAM	3	
FINACEA 15% GEL	4	
<i>isotretinoin</i>	2	
KLARON	4	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	3	
RETIN-A	4	PA
<i>sulfacetamide sodium sod 10% top susp, sodium 10% lotn</i>	2	
<i>tazarotene 0.05% gel, 0.1% cream, 0.1% gel</i>	2	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream</i>	2	PA
<i>zenatane</i>	2	
<b>Dermatitis and Pruitus Agents</b>		
ALA-CORT -1% CREAM	1	
<i>alclometasone dipropionate</i>	2	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented 0.05% crm, 0.05% oin</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% gel</i>	3	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% lot</i>	2	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate 0.05% crm, 0.05% oint</i>	2	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate va 0.1% cream, valer 0.1% ointm</i>	2	QL (135 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	2	QL (236 PER 30 DAYS)
<i>clobetasol propionate 0.05% solution, prop 0.05% foam</i>	2	QL (200 PER 28 DAYS)
<i>clodan</i>	2	QL (236 PER 30 DAYS)
<i>desonide 0.05% cream, 0.05% ointment</i>	2	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	2	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment</i>	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	2	PA
ELIDEL	4	PA
<i>fluocinolone acetonide 0.01% body, 0.01% scalp</i>	2	QL (118.28 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>fluocinolone acetonide 0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	2	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	2	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005% oint, 0.05% cream</i>	2	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05% cream, 0.05% ointmnt</i>	2	QL (200 PER 28 DAYS)
<i>hydrocortisone 1% cream, 1% ointment</i>	1	
<i>hydrocortisone 2.5% lotion</i>	2	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint</i>	2	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2	QL (120 PER 30 DAYS)
<b>LOCOID LIPOCREAM</b>	4	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% cream, 0.1% oint</i>	2	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	2	PA
<b>PRUDOXIN</b>	4	PA
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus 0.03%, 0.1%</i>	2	PA
<i>triamcinolone acetonide 0.025% cream</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% lotion, 0.1% lotion, 0.5% ointment</i>	2	QL (120 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream</i>	2	QL (454 PER 30 DAYS)
<i>triderm 0.5% cream</i>	2	QL (454 PER 30 DAYS)
<b>ZONALON</b>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Dermatological Agents, Other</b>		
<i>calcipotriene 0.005% cream, 0.005% ointment, 0.005% solution</i>	2	QL (120 PER 30 DAYS)
<i>calcitrene</i>	2	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone</i>	2	
<i>diclofenac sodium 3% gel</i>	2	PA
EFUDEX	3	
<i>fluorouracil 2% topical soln</i>	3	
<i>fluorouracil 5% cream, 5% topical soln</i>	2	
<i>imiquimod 5% cream packet</i>	2	PA
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA 10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET	5	PA
<i>podofilox 0.5% topical soln</i>	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
<b>Pediculicides/Scabicides</b>		
<i>ivermectin 1% cream</i>	2	PA
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin</i>	2	
SOOLANTRA	4	PA
<b>Topical Anti-infectives</b>		
<i>gentamicin sulfate 0.1% cream, 0.1% ointment</i>	2	
METROCREAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
METROGEL	4	
METROLOTION	4	
<i>metronidazole 0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel</i>	2	
<i>mupirocin</i>	2	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	2	

## **Electrolytes/Minerals/ Metals/ Vitamins**

### **Electrolyte/Mineral Replacement**

<i>aqua care sodium chloride</i>	2	
CARBAGLU	5	PA
<i>carglumic acid</i>	5	PA
<i>dextrose 2.5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>kcl-d5w-0.2% nacl</i>	2	
<i>kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate 50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>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</i>	2	
<i>potassium chloride in d5lr kcl 20 meqd5w-lact ringer</i>	3	
<i>potassium chloride proamp</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
<i>potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution</i>	2	
<i>potassium citrate er</i>	2	
<i>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</i>	2	
<i>sodium chloride-water 0.9%</i>	2	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	4	
<i>deferasirox 125 mg tb for susp</i>	4	PA
<i>deferasirox 250 mg, 500 mg</i>	5	PA, FFL (30 Day Limit)
<i>deferasirox 90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 360 mg granule pkt, 360 mg tablet</i>	5	PA
<i>deferasirox 90 mg tablet</i>	2	PA
EXJADE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA
SYPRINE	5	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	PA, QL (240 PER 30 DAYS)
<i>cyanocobalamin injection</i>	1	EX
<i>dextrose in water 10%-iv solution</i>	1	
<i>dextrose in water 5%-100 ml, 5%-1,000 ml, 5%-250 ml, 5%-50 ml, 5%-iv soln</i>	2	
DRISDOL	1	
<i>folic acid 1 mg tablet, 1,000 mcg tablet, true 1600mcg dfe tb, well 1,000 mcg tab</i>	1	EX
<i>glucose in water 5%-100 ml, 5%-50 ml</i>	2	
INTRALIPID 20% IV FAT EMUL	4	BVD
NUTRILIPID	4	BVD
TRAVASOL	4	BVD
TROPHAMINE	4	BVD
<i>vitamin d2 1.25mg(50,000 unit)</i>	1	
<b>Potassium Binders</b>		
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS	2	
VELTASSA	3	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
<i>constulose</i>	2	
<i>emulose</i>	2	
<i>generlac</i>	2	
<i>lactulose 10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	2	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	2	QL (120 PER 30 DAYS)
MOVANTIK	3	QL (30 PER 30 DAYS)
RELISTOR 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL	5	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	PA, QL (12 PER 30 DAYS)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hcl 0.5 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine -2.5-0.025</i>	2	PA
<i>loperamide 2 mg capsule</i>	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml soln, 20 mg tablet</i>	2	PA
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	2	
<i>methscopolamine bromide</i>	2	
<b>Gastrointestinal Agents, Other</b>		
<i>bismuth-metronidazole-tetracyc</i>	2	
CHENODAL	5	PA
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	4	
<i>metoclopramide hcl 5 mg tablet, 10 mg tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metoclopramide hcl 5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol</i>	2	
MOVIPREP	4	
MYALEPT	5	PA
OICALIVA	5	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte -solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	4	
REGLAN	4	
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUPREP	4	
SUTAB	4	
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	2	
VOWST	5	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine 200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet</i>	2	
<i>famotidine 20 mg tablet, 40 mg tablet</i>	1	
<i>famotidine 40 mg/5 ml susp</i>	2	
<i>nizatidine 150 mg capsule</i>	4	
<i>nizatidine 300 mg capsule</i>	2	
<b>Protectants</b>		
CARAFATE	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>lansoprazole dr 15 mg capsule, dr 30 mg capsule</i>	2	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	4	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	4	QL (30 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>omeprazole dr 20 mg capsule, dr 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sodium dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	2	QL (30 PER 30 DAYS)

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

<i>betaine anhydrous</i>	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	2	
CRYSVITA	5	PA
CYSTADANE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
CYSTAGON	4	PA
ELELYSO	5	PA
ENDARI	5	PA
KUVAN	5	PA
<i>l-glutamine -glutamine 5 gram powder pkt</i>	5	PA
<i>levocarnitine 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup</i>	2	
<i>levocarnitine sf</i>	2	
<i>miglustat</i>	5	PA, QL (90 PER 30 DAYS)
<i>nitisinone</i>	5	
ORFADIN	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
REVCOVI	5	
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate</i>	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
WELIREG	5	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	5	PA, QL (90 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

## **Genitourinary Agents**

### **Antispasmodics, Urinary**

<i>darifenacin er</i>	2	QL (30 PER 30 DAYS)
DETROL	4	ST, QL (60 PER 30 DAYS)
DETROL LA	4	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
GEMTESA	4	QL (30 PER 30 DAYS)
MYRBETRIQ ER 25 MG TABLET, ER 50 MG TABLET	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
<i>oxybutynin chloride 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup</i>	2	QL (600 PER 30 DAYS)
<i>oxybutynin chloride er cl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>oxybutynin chloride er cl 15 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>oxybutynin chloride er cl 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	2	QL (30 PER 30 DAYS)
TOVIAZ	4	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	2	QL (30 PER 30 DAYS)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
<i>dutasteride</i>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
<i>silodosin</i>	2	QL (30 PER 30 DAYS)
<i>tadalafil 2.5 mg tablet, 5 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)
<b>Contraceptives, Other</b>		
LILETTA	3	
NEXPLANON	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
SKYLA	4	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride</i>	2	
DEPEN	5	
<i>penicillamine 250 mg tablet</i>	5	
<i>sildenafil citrate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	QL (6 PER 30 OVER TIME), EX
<i>tadalafil 10mg tablet (generic cialis)</i>	1	QL (6 PER 30 OVER TIME), EX
<i>tadalafil 20mg tablet (generic cialis)</i>	1	QL (6 PER 30 OVER TIME), EX
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
CORTEF	4	
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>dexamethasone 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</i>	2	
<i>fludrocortisone acetate</i>	2	
HEMADY	4	
<i>hidex</i>	2	
<i>hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	4	
<i>methylprednisolone</i>	2	
<i>prednisolone 15 mg/5 ml soln, 15mg/5ml soln cup</i>	2	
<i>prednisolone sodium phosphate 5 mg/5 ml soln, sod ph 25 mg/5 ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	2	
<i>taperdex 6 day 1.5 mg tablet</i>	2	

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
DDAVP 0.1 MG TABLET, 0.2 MG TABLET	4	
<i>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</i>	2	
INCRELEX	5	
OMNITROPE	5	PA
PREGNYL	4	PA

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

#### Androgens

ANDROGEL 1.62% PUMP	4	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	2	PA
DEPO-TESTOSTERONE	2	PA
<i>methyltestosterone</i>	5	PA
<i>testosterone 1% (25mg/2.5g) pk</i>	2	PA, QL (225 PER 30 DAYS)
<i>testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt</i>	2	PA, QL (300 PER 30 DAYS)
<i>testosterone 1.62% (2.5 g) pkt, 1.62% gel pump</i>	2	PA, QL (150 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	2	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	2	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>testosterone enanthate</i>	3	PA
<b>Estrogens</b>		
DEPO-ESTRADIOL	4	
DIVIGEL	4	
<i>dotti</i>	2	
ESTRACE 0.01% CREAM	4	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
<i>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, 10 mcg vaginal insrt</i>	2	
<i>estradiol 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	1	
<i>estradiol valerate</i>	2	
ESTRING	4	
<i>lyllana</i>	2	
MENEST	4	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	3	
VAGIFEM	4	
<i>yuvafem</i>	2	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<b>COMBIPATCH</b>	4	
<i>cryselle</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta</i>	2	
<i>daysee</i>	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-eth estra-levomef</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>enilloring</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>fyavolv 1 mg-5 mcg tablet</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1-35</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
LAYOLIS FE	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad eth estrad lvono-strad 0.15-0.03-0.01, lvonor-strad 0.1-0.02-0.01</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>lo-zumandimine</i>	2	
LOESTRIN	2	
LOESTRIN FE	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
<i>necon</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>norethin-eth estra-ferrous fum</i>	2	
<i>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</i>	2	
<i>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</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel</i>	2	
<b>NUVARING</b>	4	
<i>nylia</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia</i>	2	
<b>PREMPHASE</b>	3	
<b>PREMPRO</b>	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<b>TYBLUME</b>	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<b>YASMIN 28</b>	4	
<b>YAZ</b>	4	
<i>zafemy</i>	2	
<i>zovia 1-35</i>	2	
<i>zumandimine</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Progestins</b>		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	4	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>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</i>	2	
<i>nora-be nora-be, nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone 100 mg capsule, 200 mg capsule</i>	2	
PROVERA	4	
<i>sharobel</i>	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	4	
EVISTA	4	
<i>raloxifene hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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### Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	
<i>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</i>	1	
LEVOXYL	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	

### Hormonal Agents, Suppressant (Adrenal or Pituitary)

<i>cabergoline</i>	2	
ELIGARD 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	5	PA
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT	4	PA
FIRMAGON	4	
KORLYM	5	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate</i>	2	PA
<i>leuprolide depot</i>	5	PA
LUPRON DEPOT (LUPANETA) 3.75MG	5	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LUPRON DEPOT-PED -11.25 MG 3MO, -45 MG 6MO KIT, -7.5 MG KIT	5	PA
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate 500 mcg/ml amp, 500 mcg/ml vl</i>	5	PA
<i>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 syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial</i>	2	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

### **Hormonal Agents, Suppressant (Thyroid)**

#### **Antithyroid Agents**

<i>methimazole</i>	1	
<i>propylthiouracil</i>	2	

#### **Immunological Agents**

##### **Angioedema Agents**

CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	5	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	5	PA, QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Immunoglobulins</b>		
ATGAM	5	BVD
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
THYMOGLOBULIN	5	BVD
<b>Immunological Agents, Other</b>		
ARCALYST	5	PA
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ENTYVIO PEN	5	PA
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	5	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	PA
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XOLAIR	5	PA
<b>Immunostimulants</b>		
ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
PEGASYS	5	PA
<b>Immunosuppressants</b>		
ASTAGRAF XL	4	BVD
AZASAN	2	BVD
<i>azathioprine</i>	2	BVD
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET	5	BVD
<i>cyclosporine 25 mg capsule, 100 mg capsule</i>	2	BVD
<i>cyclosporine modified</i>	2	BVD
ENBREL 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR 0.75 MG TABLET, 1 MG TABLET	4	BVD
ENVARUSUS XR 4 MG TABLET	5	BVD
<i>everolimus 0.25 mg tablet</i>	2	BVD
<i>everolimus 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	5	BVD
<i>engraf</i>	2	BVD
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HADLIMA(CF)	5	PA
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA
HUMIRA PEN	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HUMIRA(CF)	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	BVD
<i>leflunomide</i>	2	
<i>methotrexate 1 gm vial, 2.5 mg tablet</i>	2	
<i>methotrexate 50 mg/2 ml vial, 250 mg/10 ml vial</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil 200 mg/ml susp</i>	5	BVD, FFL (30 Day Limit)
<i>mycophenolate mofetil 250 mg capsule, 500 mg tablet</i>	2	BVD
<i>mycophenolic acid</i>	2	BVD
MYFORTIC 180 MG TABLET	4	BVD
MYHIBBIN	5	BVD
NEORAL	4	BVD
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET	4	BVD
PROGRAF 5 MG CAPSULE	5	BVD
RAPAMUNE 1 MG/ML ORAL SOLN	5	BVD
RENFLEXIS	5	PA
REZUROCK	5	PA, QL (30 PER 30 DAYS)
SANDIMMUNE 25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN	4	BVD
SIMLANDI(CF) AUTOINJECTOR	5	PA
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	2	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sirolimus 1 mg/ml solution</i>	4	BVD
<i>tacrolimus 0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir)</i>	2	BVD
XATMEP	4	BVD
ZORTRESS 0.25 MG TABLET	4	BVD
ZORTRESS 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET	5	BVD
<b>Vaccines</b>		
ABRYSVO	1	QL (1 PER 365 OVER TIME), VAC (\$0 Copayment)
ACTHIB	1	
ADACEL TDAP	1	VAC (\$0 Copayment)
AREXVY	1	QL (1 PER 999 OVER TIME), VAC (\$0 Copayment)
BCG VACCINE (TICE STRAIN)	1	VAC (\$0 Copayment)
BEXSERO	1	VAC (\$0 Copayment)
BOOSTRIX TDAP	1	VAC (\$0 Copayment)
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT	1	BVD, VAC (\$0 Copayment)
ENGERIX-B PEDIATRIC- ADOLESCENT	1	BVD, VAC (\$0 Copayment)
ERVEBO (NATIONAL STOCKPILE)	1	
GARDASIL 9	1	VAC (\$0 Copayment)
HAVRIX 1,440 UNIT/ML SYRINGE	1	VAC (\$0 Copayment)
HAVRIX 720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL	1	
HEPLISAV-B -20 MCG/0.5 ML SYRNG	1	BVD, VAC (\$0 Copayment)
HIBERIX	1	
IMOVAX RABIES VACCINE	1	BVD, VAC (\$0 Copayment)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
INFANRIX DTAP	1	
IPOL	1	VAC (\$0 Copayment)
IXCHIQ	1	VAC (\$0 Copayment)
IXIARO	1	VAC (\$0 Copayment)
JYNNEOS	1	BVD, VAC (\$0 Copayment)
JYNNEOS (NATIONAL STOCKPILE)	1	BVD, VAC (\$0 Copayment)
KINRIX	1	
M-M-R II VACCINE	1	VAC (\$0 Copayment)
MENACTRA	1	VAC (\$0 Copayment)
MENQUADFI	1	VAC (\$0 Copayment)
MENVEO A-C-Y-W-135-DIP	1	VAC (\$0 Copayment)
MRESVIA	1	QL (0.5 PER 999 OVER TIME), VAC (\$0 Copayment)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	VAC (\$0 Copayment)
PENTACEL	1	
PREHEVBRIO	1	BVD, VAC (\$0 Copayment)
PRIORIX	1	VAC (\$0 Copayment)
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	BVD, VAC (\$0 Copayment)
RECOMBIVAX HB	1	BVD, VAC (\$0 Copayment)
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 PER 999 OVER TIME), VAC (\$0 Copayment)
STAMARIL	1	
TDVAX	1	BVD, VAC (\$0 Copayment)
TENIVAC	1	BVD, VAC (\$0 Copayment)
TICOVAC	1	VAC (\$0 Copayment)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRUMENBA	1	VAC (\$0 Copayment)
TWINRIX	1	VAC (\$0 Copayment)
TYPHIM VI	1	VAC (\$0 Copayment)
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL	1	
VAQTA 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	1	VAC (\$0 Copayment)
VARIVAX VACCINE	1	VAC (\$0 Copayment)
VAXCHORA VACCINE	1	VAC (\$0 Copayment)
YF-VAX	1	VAC (\$0 Copayment)

## **Inflammatory Bowel Disease Agents**

### **Aminosalicylates**

APRISO	4	QL (120 PER 30 DAYS)
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	5	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp</i>	2	
<i>mesalamine 800 mg dr tablet</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	
<b>Glucocorticoids</b>		
<i>budesonide dr</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	5	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 PER 28 DAYS)
ATELVIA	4	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr</i>	2	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution</i>	2	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet</i>	2	PA
<i>cinacalcet hcl 90 mg tablet</i>	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>paricalcitol 1 mcg capsule, 2 mcg capsule, 4 mcg capsule</i>	2	
PROLIA	4	PA
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>risedronate sodium dr</i>	2	QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
ROCALTROL	4	
SENSIPAR 30 MG TABLET	4	PA
SENSIPAR 60 MG TABLET, 90 MG TABLET	5	PA
TERIPARATIDE 620 MCG/2.48 ML	5	PA, FFL
TYMLOS	5	PA
XGEVA	5	PA

## **Ophthalmic Agents**

### **Ophthalmic Agents, Other**

<i>atropine sulfate 1% eye drops</i>	2	
<i>brimonidine tartrate-timolol</i>	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>dorzolamide-timolol -eye drops</i>	1	
MAXITROL EYE OINTMENT	4	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX	4	
<i>tobramycin-dexamethasone</i>	2	
XDEMVY	5	PA

### **Ophthalmic Anti-Infectives**

<i>ak-poly-bac</i>	2	
<i>bacitracin 500 unit/gm ophth</i>	3	
<i>bacitracin-polymyxin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
BESIVANCE	3	
<i>ciprofloxacin hcl 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate 0.3% eye drop</i>	2	
<i>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium 10% drops, 10% ointment</i>	2	
<i>tobramycin 0.3% eye drop</i>	2	
<i>trifluridine</i>	3	
VIGAMOX	4	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl 0.05% drops</i>	2	
<i>cromolyn sodium 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	
<b>Ophthalmic Anti-inflammatories</b>		
ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium 0.07%, 0.09%</i>	2	
<i>dexamethasone sodium phosphate 0.1% eye drop</i>	2	
<i>diclofenac sodium 0.1% eye drops</i>	2	
<i>difluprednate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DUREZOL	4	
EYSUVIS	3	PA
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
<i>ketorolac tromethamine 0.4%, 0.5%</i>	2	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate 1% eye drop</i>	3	
PROLENSA	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl 0.5% eye drop</i>	2	
BETOPTIC S	4	
<i>carteolol hcl</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>timolol maleate 0.25% drop, 0.5% drops</i>	1	
<i>timolol maleate 0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop</i>	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
ALPHAGAN P	3	
AZOPT	4	
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brimonidine tartrate 0.15% drp</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>brimonidine tartrate 0.2% eye drop</i>	1	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
<i>pilocarpine hcl 1% drops, 2% drops, 4% drops</i>	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	

### **Ophthalmic Prostaglandin and Prostanamide Analogs**

<i>bimatoprost 0.03% eye drops</i>	2	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	2	QL (15 PER 75 OVER TIME)

### **Otic Agents**

<i>acetic acid 2% ear solution</i>	2	
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetate oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc --ear susp</i>	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
<i>ofloxacin 0.3% ear drops</i>	2	

### **Respiratory Tract/ Pulmonary Agents**

#### **Anti-inflammatories, Inhaled Corticosteroids**

ARNUIITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh</i>	2	BVD
<i>flunisolide</i>	2	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone propionate hfa 110 mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone propionate hfa 220 mcg</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg</i>	3	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	2	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)
<b>Antihistamines</b>		
<i>azelastine hcl 0.1% (137 mcg) spry</i>	2	QL (60 PER 30 DAYS)
<i>cetirizine hcl 1 mg/ml soln, 1 mg/ml syrup</i>	2	
<i>clemastine fumarate 2.68 mg tablet</i>	4	PA
<i>cyproheptadine hcl</i>	2	PA
<i>desloratadine 5 mg tablet</i>	2	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<i>olopatadine hcl 665 mcg nasal spry</i>	2	QL (30.5 PER 30 DAYS)
<b>Antileukotrienes</b>		
ACCOLATE	4	
<i>montelukast sodium 10 mg tablet</i>	1	
<i>montelukast sodium 4 mg granules, 4 mg tab chew, 5 mg tab chew</i>	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02% soln</i>	2	BVD
<i>ipratropium bromide 0.03% spray</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ipratropium bromide 0.06% spray</i>	2	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER	4	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	2	QL (30 PER 30 DAYS)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (13.4 PER 30 DAYS)
<i>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</i>	2	BVD
<i>albuterol sulfate sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab</i>	2	
<i>epinephrine 0.15 mg -injt, 0.3 mg -inject</i>	2	
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)
<b>Cystic Fibrosis Agents</b>		
CAYSTON	5	PA
KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	5	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	BVD
<i>tobramycin 300 mg/5 ml ampule</i>	5	PA, FFL (30 Day Limit)
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	5	PA, QL (60 PER 30 DAYS)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium 20 mg/2 ml neb soln</i>	2	BVD
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP	4	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
<i>theophylline anhydrous er 300 mg tab, er 450 mg tab</i>	2	
<i>theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20mg tablet (generic adcirca)</i>	2	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations  
on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>pirfenidone 267 mg capsule, 267 mg tablet</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine 10% vial, 20% vial</i>	2	BVD
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>benzonatate</i>	1	EX
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>breynd</i>	2	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (13 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol -100-50, -250-50, -500-50</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol -55-14, -113-14, -232-14</i>	3	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	BVD
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	4	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol 350 mg tablet</i>	2	
<i>chlorzoxazone 500 mg tablet</i>	2	
<i>cyclobenzaprine hcl 5 mg tablet, 10 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>methocarbamol 500 mg tablet, 750 mg tablet</i>	2	
<i>vanadom</i>	2	

## **Sleep Disorder Agents**

### **Sleep Promoting Agents**

BELSOMRA	3	PA, QL (30 PER 30 DAYS)
DAYVIGO	3	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	2	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 PER 30 DAYS)
ROZEREM	4	QL (30 PER 30 DAYS)
SILENOR	4	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg capsule, 30 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	2	QL (30 PER 30 DAYS)

### **Wakefulness Promoting Agents**

<i>armodafinil</i>	2	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
<i>modafinil</i>	2	PA, QL (30 PER 30 DAYS)
NUVIGIL 150 MG TABLET, 200 MG TABLET, 250 MG TABLET	5	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	5	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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## MASS ADVANTAGE

### Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس يك سوى الـ 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members/ سيقوم شخص ما يتحدث العربية بمساعدتك. ههذخدمة مجانية.

Hindi: हमारे पास मु= दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया ाद करनेके लिए, बस हमें 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members पर फोन कर कोई HIJ जो िहकी बोलता है आपकी मदद कर सकता है। यह एक मु= सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Mass Advantage Member Services at 844-918-0114 (HMO) or 844-915-0234 (PPO) (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. Eastern, 7 days a week; April 1 – September 30, 8 a.m. – 8 p.m. Eastern, Monday through Friday, or visit [www.massadvantage.com](http://www.massadvantage.com).