



Aetna Medicare Bronze (PPO), Aetna Medicare Gold (PPO), Aetna Medicare Gold Advantra (PPO), Aetna Medicare Platinum (PPO), Aetna Medicare Choice (PPO), Aetna Medicare Core (PPO), Aetna Medicare Core II (PPO), Aetna Medicare Essential (PPO), Aetna Medicare Freedom (PPO), Aetna Medicare Freedom Core (PPO), Aetna Medicare Freedom Plus (PPO), Aetna Medicare Giveback Choice Plus (PPO), Aetna Medicare Smart Plus (PPO), Aetna Medicare SmartFit (PPO), Aetna Medicare Value Plus (PPO), Aetna Medicare Elite (PPO), Aetna Medicare Elite 2 NJ North (PPO), Aetna Medicare Elite 2 NJ South (PPO), Aetna Medicare Enhanced Select (PPO), Aetna Medicare FL Explorer Premier (PPO), Aetna Medicare Preferred (PPO), Aetna Medicare Premier (PPO), Aetna Medicare Premium (PPO), Aetna Medicare Signature (PPO)

2025 Formulary (List of Covered Drugs or “Drug List”)

B1

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

Formulary ID Number: 25100 Version 19

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact Aetna Medicare Bronze (PPO), Aetna Medicare Gold (PPO), Aetna Medicare Gold Advantra (PPO), Aetna Medicare Platinum (PPO), Aetna Medicare Choice (PPO), Aetna Medicare Core (PPO), Aetna Medicare Core II (PPO), Aetna Medicare Essential (PPO), Aetna Medicare Freedom (PPO), Aetna Medicare Freedom Core (PPO), Aetna Medicare Freedom Plus (PPO), Aetna Medicare Giveback Choice Plus (PPO), Aetna Medicare Smart Plus (PPO), Aetna Medicare SmartFit (PPO), Aetna Medicare Value Plus (PPO), Aetna Medicare Elite (PPO), Aetna Medicare Elite 2 NJ North (PPO), Aetna Medicare Elite 2 NJ South (PPO), Aetna Medicare Enhanced Select (PPO), Aetna Medicare FL Explorer Premier (PPO), Aetna Medicare Preferred (PPO), Aetna Medicare Premier (PPO), Aetna Medicare Premium (PPO), Aetna Medicare Signature (PPO) Member Services at **1-833-570-6670** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

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 Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drug List (formulary) for our plan which is current as of 09/01/2025. 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. You will receive notice when necessary.

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What is the Aetna Medicare Bronze (PPO), Aetna Medicare Gold (PPO), Aetna Medicare Gold Advantra (PPO), Aetna Medicare Platinum (PPO), Aetna Medicare Choice (PPO), Aetna Medicare Core (PPO), Aetna Medicare Core II (PPO), Aetna Medicare Essential (PPO), Aetna Medicare Freedom (PPO), Aetna Medicare Freedom Core (PPO), Aetna Medicare Freedom Plus (PPO), Aetna Medicare Giveback Choice Plus (PPO), Aetna Medicare Smart Plus (PPO), Aetna Medicare SmartFit (PPO), Aetna Medicare Value Plus (PPO), Aetna Medicare Elite (PPO), Aetna Medicare Elite 2 NJ North (PPO), Aetna Medicare Elite 2 NJ South (PPO), Aetna Medicare Enhanced Select (PPO), Aetna Medicare FL Explorer Premier (PPO), Aetna Medicare Preferred (PPO), Aetna Medicare Premier (PPO), Aetna Medicare Premium (PPO), Aetna Medicare Signature (PPO) 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 our plan 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. We will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [**AetnaMedicare.com/formulary**](https://www.aetna.com/formulary)

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 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 titled “How do I request an exception to the Aetna Medicare Bronze (PPO), Aetna Medicare Gold (PPO), Aetna Medicare Gold Advantra (PPO), Aetna Medicare Platinum (PPO), Aetna Medicare Choice (PPO), Aetna Medicare Core (PPO), Aetna Medicare Core II (PPO), Aetna Medicare Essential (PPO), Aetna Medicare Freedom (PPO), Aetna Medicare Freedom Core (PPO), Aetna Medicare Freedom Plus (PPO), Aetna Medicare Giveback Choice Plus (PPO), Aetna Medicare Smart Plus (PPO), Aetna Medicare SmartFit (PPO), Aetna Medicare Value Plus (PPO), Aetna Medicare Elite (PPO), Aetna Medicare Elite 2 NJ North (PPO), Aetna Medicare Elite 2 NJ South (PPO), Aetna Medicare Enhanced Select (PPO), Aetna Medicare FL Explorer Premier (PPO), Aetna Medicare Preferred (PPO), Aetna Medicare Premier (PPO), Aetna Medicare Premium (PPO), Aetna Medicare Signature (PPO)’s 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 09/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 13. The drugs on 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. If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

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

What are generic drugs?

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

PA 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, we may not cover the drug.

QL 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 30 days per prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.

ST 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LD Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.*

MO Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. *

B/D Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ACS Available from CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.

HRM High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday.

You can find out if your drug has requirements or limits by looking on the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 Aetna Medicare Bronze (PPO), Aetna Medicare Gold (PPO), Aetna Medicare Gold Advantra (PPO), Aetna Medicare Platinum (PPO), Aetna Medicare Choice (PPO), Aetna Medicare Core (PPO), Aetna Medicare Core II (PPO), Aetna Medicare Essential (PPO), Aetna Medicare Freedom (PPO), Aetna Medicare Freedom Core (PPO), Aetna Medicare Freedom Plus (PPO), Aetna Medicare Giveback Choice Plus (PPO), Aetna Medicare Smart Plus (PPO), Aetna Medicare SmartFit (PPO), Aetna Medicare Value Plus (PPO), Aetna Medicare Elite (PPO), Aetna Medicare Elite 2 NJ North (PPO), Aetna Medicare Elite 2 NJ South (PPO), Aetna Medicare Enhanced Select (PPO), Aetna Medicare FL Explorer Premier (PPO), Aetna Medicare Preferred (PPO), Aetna Medicare Premier (PPO), Aetna Medicare Premium (PPO), Aetna Medicare Signature (PPO)’s formulary?” on page 9 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included on 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 prescriber and ask them to prescribe a similar drug that is covered by our plan.
- 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 Aetna Medicare Bronze (PPO), Aetna Medicare Gold (PPO), Aetna Medicare Gold Advantra (PPO), Aetna Medicare Platinum (PPO), Aetna Medicare Choice (PPO), Aetna Medicare Core (PPO), Aetna Medicare Core II (PPO), Aetna Medicare Essential (PPO), Aetna Medicare Freedom (PPO), Aetna Medicare Freedom Core (PPO), Aetna Medicare Freedom Plus (PPO), Aetna Medicare Giveback Choice Plus (PPO), Aetna Medicare Smart Plus (PPO), Aetna Medicare SmartFit (PPO), Aetna Medicare Value Plus (PPO), Aetna Medicare Elite (PPO), Aetna Medicare Elite 2 NJ North (PPO), Aetna Medicare Elite 2 NJ South (PPO), Aetna Medicare Enhanced Select (PPO), Aetna Medicare FL Explorer Premier (PPO), Aetna Medicare Preferred (PPO), Aetna Medicare Premier (PPO), Aetna Medicare Premium (PPO), Aetna Medicare Signature (PPO) 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 a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

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

For each of your drugs that is not on our formulary or 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 your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

For more detailed information about your plan's 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>.

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-833-570-6670 (TTY: 711)** 8 a.m. to 8 p.m., E.T., Monday to Friday, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Drug tier copay levels

This 2025 formulary is a listing of brand name and generic drugs. Aetna Medicare's 2025 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty

Our plan combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Aetna Medicare Formulary

The formulary that begins on page 13 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 96.

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

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LD	Limited Distribution*
MO	Mail-order Delivery*
B/D	Part B vs. D Prior Authorization
ACS	Available from CVS Specialty Pharmacy
HRM	High Risk Medication

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limits
Lowercase <i>italics</i> = Generic medications		PA = Prior Authorization
		ST = Step Therapy
		LD = Limited Distribution
		MO = Mail-order Delivery
		B/D = Part B vs. Part D
		ACS = Available from CVS Specialty Pharmacy
		HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	4	QL (120 EA per 30 days) MO
<i>probenecid</i>	4	MO
<i>probenecid/colchicine</i>	3	MO

NSAIDS

<i>celecoxib capsule 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO
<i>diflunisal</i>	4	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	3	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	3	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	3	QL (90 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibu</i>	2	MO

Note: 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>ibuprofen</i>	2	MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	2	MO
<i>naproxen dr tablet delayed release 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet</i>	2	MO
<i>naproxen tablet</i>	1	MO
<i>naproxen tablet delayed release</i>	2	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	5	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	4	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	3	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	3	QL (60 EA per 30 days) MO
<i>sulindac</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch</i>	4	QL (10 EA per 30 days) PA MO
<i>methadone hcl solution</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	2	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	3	QL (90 EA per 30 days) MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine phosphate</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine tablet</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	QL (2700 ML per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 7.5mg, 325mg; 5mg</i>	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL (120 EA per 30 days) PA MO

Note: 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>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg, 400mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml</i>	4	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	4	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	4	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	4	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate tablet</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate solution 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate solution 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i>	4	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO

Note: 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>oxycodone/acetaminophen tablet</i> 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	4	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/ acetaminophen</i>	4	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	5	MO
<i>amikacin sulfate injection</i> 500mg/2ml	4	MO
ARIKAYCE	5	PA; LD
<i>atovaquone</i>	4	MO
<i>aztreonam injection 1gm</i>	4	MO
CAYSTON	5	PA; ACS LD
<i>clindamycin hcl</i>	2	MO
<i>clindamycin hydrochloride</i>	2	MO
<i>clindamycin palmitate hcl solution</i> 75mg/5ml	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate injection</i> 300mg/2ml, 900mg/6ml	4	
<i>clindamycin phosphate injection</i> 600mg/4ml	4	MO
<i>colistimethate sodium</i>	5	PA MO
<i>dapsone tablet 100mg, 25mg</i>	3	MO
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
<i>ertapenem sodium</i>	3	MO
<i>fosfomycin tromethamine</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate injection 40mg/ ml</i>	4	MO

Note: 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>imipenem/cilastatin</i>	3	MO
IMPAVIDO	5	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	4	
<i>ivermectin tablet 6mg</i>	3	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	3	QL (12 EA per 90 days) PA MO
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>linezolid tablet</i>	4	QL (56 EA per 28 days) MO
<i>linezolid suspension reconstituted</i>	5	QL (1800 ML per 30 days) MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate tablet 0.5gm</i>	4	MO
<i>metronidazole capsule 375mg</i>	2	MO
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	3	MO
<i>neomycin sulfate</i>	2	MO
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/ macrocrystals capsule 100mg</i>	3	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D MO
<i>pentamidine isethionate injection</i>	4	MO
<i>praziquantel</i>	3	MO
<i>pyrimethamine</i>	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	5	
SIVEXTRO TABLET	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	2	MO
<i>sulfamethoxazole/trimethoprim tablet</i>	2	MO

Note: 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>sulfamethoxazole/trimethoprim suspension</i>	4	MO
<i>tinidazole</i>	4	MO
TOBI PODHALER	5	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml</i>	4	
<i>tobramycin sulfate injection 80mg/2ml</i>	4	MO
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	2	MO
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days) MO
<i>vancomycin hydrochloride injection</i>	4	
ANTIFUNGALS		
ABELCET	4	B/D
<i>amphotericin b</i>	4	B/D MO
<i>caspofungin acetate</i>	4	
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	4	
<i>fluconazole tablet</i>	2	MO
<i>fluconazole suspension reconstituted</i>	3	MO
<i>flucytosine</i>	5	PA MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole capsule</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	2	PA MO
<i>miconazole</i>	4	
<i>mycamine injection 50mg</i>	4	MO
<i>nystatin tablet 500000unit</i>	4	MO
<i>posaconazole suspension</i>	5	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) PA MO

Note: 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>terbinafine hcl tablet 250mg</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	4	PA
<i>voriconazole suspension reconstituted</i>	5	PA MO
<i>voriconazole tablet 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>atovaquone/proguanil hydrochloride</i>	4	MO
<i>chloroquine phosphate</i>	4	MO
COARTEM	4	MO
<i>mefloquine hydrochloride</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	4	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
<i>atazanavir sulfate</i>	4	MO
<i>darunavir tablet 800mg</i>	5	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	5	QL (60 EA per 30 days) MO
EDURANT	5	MO
EDURANT PED	5	MO
<i>efavirenz tablet 600mg</i>	4	MO
<i>emtricitabine</i>	4	MO
EMTRIVA ORAL SOLUTION	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	MO; LD
INTELENCE TABLET 25MG	4	
ISENTRESS HD	5	MO
ISENTRESS PACKET, TABLET	5	MO
ISENTRESS TABLET CHEWABLE 25MG	4	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
<i>lamivudine solution 10mg/ml</i>	4	MO
<i>lamivudine tablet 150mg, 300mg</i>	4	MO

Note: 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>maraviroc</i>	5	MO
<i>nevirapine er</i>	4	MO
<i>nevirapine tablet</i>	3	MO
<i>nevirapine suspension</i>	4	MO
NORVIR PACKET	4	MO
PIFELTRO	5	MO
PREZISTA SUSPENSION	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	5	QL (240 EA per 30 days) MO
REYATAZ PACKET	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY	5	MO
SUNLENCA TABLET, TABLET THERAPY PACK	5	MO; LD
SUNLENCA INJECTION	5	QL (3 ML per 180 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	5	MO
TIVICAY TABLET 10MG	3	MO
TIVICAY TABLET 25MG, 50MG	5	MO
TROGARZO	5	MO; LD
TYBOST	3	MO
VIRACEPT	5	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	5	MO
<i>zidovudine</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO

Note: 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>emtricitabine/rilpivirine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA	4	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet</i>	4	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	4	MO
ANTITUBERCULAR AGENTS		
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tablet</i>	1	MO
<i>isoniazid syrup</i>	4	MO
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin capsule</i>	3	MO
<i>rifampin injection</i>	4	
SIRTURO	5	PA; ACS LD
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium injection</i>	4	B/D
<i>acyclovir suspension</i>	2	MO
<i>acyclovir capsule, tablet</i>	3	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO

Note: 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
BARACLUDE ORAL SOLUTION	5	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA; ACS
<i>famciclovir tablet 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
<i>lamivudine tablet 100mg</i>	3	MO
LIVTENCITY	5	QL (336 EA per 28 days) PA; LD
MAVYRET	5	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	3	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	3	QL (60 EA per 180 days) MO
PEGASYS	5	PA; ACS LD
PREVMIS PACKET	5	QL (120 EA per 30 days) PA
PREVMIS TABLET	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	3	ACS
<i>ribavirin tablet</i>	4	ACS
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hydrochloride</i>	3	MO
<i>valganciclovir hydrochloride oral solution</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
VOSEVI	5	PA; ACS
CEPHALOSPORINS		
<i>cefaclor suspension reconstituted</i>	2	
<i>cefaclor capsule</i>	2	MO
<i>cefadroxil</i>	2	MO

Note: 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>cefazolin intramuscular or intravenous injection 2gm</i>	4	MO
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	4	MO
<i>cefdinir capsule</i>	2	MO
<i>cefdinir suspension reconstituted</i>	3	MO
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	4	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime injection 2gm, 6gm</i>	4	
<i>ceftazidime injection 1gm</i>	4	MO
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	4	MO
<i>cefuroxime axetil tablet</i>	3	MO
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	MO
<i>cephalexin capsule 250mg, 500mg</i>	2	MO
<i>cephalexin capsule 750mg</i>	4	MO
<i>cephalexin suspension reconstituted, tablet</i>	2	MO
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin suspension reconstituted, tablet</i>	2	MO
<i>azithromycin injection</i>	4	MO
<i>clarithromycin er</i>	4	MO

Note: 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>clarithromycin tablet</i>	3	MO
<i>clarithromycin suspension reconstituted</i>	4	MO
DIFICID SUSPENSION RECONSTITUTED	5	
DIFICID TABLET	5	MO
<i>erythromycin base</i>	4	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tablet</i>	4	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	3	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	3	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 750mg/150ml; 5%, 500mg/100ml; 5%</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO

Note: 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>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	1	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	MO
<i>ampicillin capsule</i>	2	MO
<i>ampicillin sodium injection 10gm, 125mg</i>	4	
<i>ampicillin sodium injection 1gm</i>	4	MO
<i>ampicillin-sulbactam preservative free injection</i>	4	
<i>ampicillin/sulbactam</i>	4	
BICILLIN L-A	4	MO
dicloxacillin sodium	3	MO
EXTENCILLINE	4	
LENTOCILIN	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 20000000UNIT</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 2MM/50ML, 3MM/50ML	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	MO
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 3gm; 0.375gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	4	

Note: 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
TETRACYCLINES		
<i>doxy 100 injection</i>	4	MO
<i>doxycycline hyclate capsule</i>	2	MO
<i>doxycycline hyclate tablet 100mg</i>	2	MO
<i>doxycycline hyclate tablet 20mg</i>	3	MO
<i>doxycycline monohydrate capsule</i>	4	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	MO
<i>doxycycline monohydrate tablet 150mg</i>	4	MO
<i>minocycline hcl capsule</i>	2	MO
<i>minocycline hcl tablet</i>	4	ST MO
<i>minocycline hydrochloride capsule</i>	2	MO
<i>minocycline hydrochloride tablet</i>	4	ST MO
<i>monodoxyne nl</i>	4	
NUZYRA	5	ACS LD
<i>tetracycline hydrochloride capsule</i>	4	MO
<i>tigecycline</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	3	PA
<i>cyclophosphamide capsule</i>	3	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	4	ACS
GLEOSTINE CAPSULE 100MG	5	ACS
LEUKERAN	5	MO
ANTIMETABOLITES		
INQOVI	5	QL (5 EA per 28 days) PA; ACS LD
LONSURF	5	PA; ACS LD
<i>mercaptopurine tablet</i>	3	MO
<i>mercaptopurine suspension</i>	5	ACS
<i>methotrexate sodium injection pf 50mg/2ml</i>	3	MO
<i>methotrexate sodium injection 1gm/40ml</i>	3	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate sodium injection 1gm</i>	4	

Note: 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
ONUREG	5	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	5	ACS LD
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA; ACS
<i>abirtega</i>	4	PA; ACS
AKEEGA	5	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
ELIGARD	4	PA; ACS
EMCYT	5	MO
ERLEADA	5	PA; ACS LD
EULEXIN	5	
<i>exemestane</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	5	PA; ACS
<i>letrozole</i>	2	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA; ACS
LYSODREN	5	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA; ACS LD
ORGOVYX	5	PA; LD
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA; LD
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	5	PA MO
XTANDI	5	PA; ACS LD
YONSA	5	PA; ACS LD

Note: 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
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA; ACS LD
POMALYST	5	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	5	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS	5	PA; ACS LD
BESREMI	5	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	5	PA; ACS
<i>hydroxyurea</i>	2	MO
IWILFIN	5	QL (240 EA per 30 days) PA; LD
MATULANE	5	LD
ONCASPAR	5	PA; LD
<i>tretinoin capsule 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	5	PA; LD
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	5	QL (60 EA per 30 days) PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK	5	QL (66 EA per 28 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA; ACS LD

Note: 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
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	5	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	5	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	5	QL (120 EA per 30 days) PA; LD
CABOMETYX	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	5	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	5	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	5	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	5	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	5	QL (63 EA per 28 days) PA; ACS LD
DANZITEN	5	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	5	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	5	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (90 EA per 30 days) PA; ACS

Note: 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>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
EXKIVITY	5	QL (120 EA per 30 days) PA; LD
FOTIVDA	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	5	QL (84 EA per 28 days) PA; LD
GAVRETO	5	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	5	QL (60 EA per 30 days) PA; ACS
GILOTRIF	5	QL (30 EA per 30 days) PA; LD
GOMEKLI TABLET SOLUBLE	5	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 1MG	5	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	5	QL (84 EA per 28 days) PA; LD
IBRANCE	5	QL (21 EA per 28 days) PA; ACS LD
IBTROZI	5	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	5	PA; LD
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA; LD
IDHIFA	5	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	5	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	5	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD
IMKELDI	5	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA; ACS LD
INREBIC	5	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	5	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	5	QL (56 EA per 28 days) PA; ACS LD

Note: 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
JAKAFI	5	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA; ACS LD
KISQALI	5	PA; ACS
KISQALI FEMARA 200 DOSE	5	PA; ACS
KISQALI FEMARA 400 DOSE	5	PA; ACS
KISQALI FEMARA 600 DOSE	5	PA; ACS
KOSELUGO	5	PA; LD
KRAZATI	5	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	5	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	5	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	5	PA; ACS LD
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	5	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	5	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	5	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	5	QL (140 EA per 28 days) PA; LD

Note: 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
LYTGOBI TABLET THERAPY PACK 12MG	5	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	5	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	5	QL (180 EA per 30 days) PA; ACS LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	5	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	5	QL (120 EA per 30 days) PA
NINLARO	5	PA; ACS LD
ODOMZO	5	PA; ACS LD
OGSIVEO TABLET 50MG	5	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	5	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	5	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	5	QL (96 ML per 28 days) PA; LD
OJJAARA	5	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	5	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	5	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
QINLOCK	5	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	5	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL (60 EA per 30 days) PA; ACS LD

Note: 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
RETEVMO TABLET 40MG	5	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	5	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	5	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
REZLIDHIA	5	QL (60 EA per 30 days) PA; LD
<i>romidepsin injection 10mg</i>	5	ACS
ROMVIMZA	5	QL (8 EA per 28 days) PA; LD
ROZLYTREK PACKET	5	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	5	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	5	PA; ACS LD
RYDAPT	5	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA; ACS LD
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; ACS LD
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	5	QL (90 EA per 30 days) PA; ACS
STIVARGA	5	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	5	QL (900 EA per 30 days) PA; ACS LD
TAGRISSO	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA; ACS LD

Note: 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
TASIGNA CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	5	QL (120 EA per 30 days) PA; ACS
TAZVERIK	5	QL (240 EA per 30 days) PA; LD
TECVAYLI	5	PA; LD
TEPMETKO	5	QL (60 EA per 30 days) PA; LD
TIBSOVO	5	PA; LD
<i>torpenz</i>	5	QL (30 EA per 30 days) PA; LD
TRUQAP	5	QL (64 EA per 28 days) PA; LD
TRUXIMA	5	PA; ACS
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA; LD
TURALIO	5	QL (120 EA per 30 days) PA; LD
VANFLYTA	5	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA; LD
VERZENIO	5	PA; ACS LD
VITRAKVI SOLUTION	5	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	5	QL (30 EA per 30 days) PA; ACS LD
VONJO	5	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	5	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	5	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	5	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	5	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	5	PA; ACS LD

Note: 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
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 10MG	5	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	5	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	5	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	5	PA; ACS LD
ZOLINZA	5	PA; ACS
ZYDELIG	5	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	5	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	3	MO
<i>mesna</i>	5	MO
MESNEX TABLET	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO

Note: 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>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hydrochloride</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	MO
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hydrochloride</i>	3	MO
<i>terazosin hcl</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO

Note: 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>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride tablet 100mg, 200mg</i>	2	MO
<i>amiodarone hydrochloride tablet 400mg</i>	4	MO
<i>dofetilide</i>	4	ACS
<i>flecainide acetate</i>	3	MO
MULTAQ	4	MO
<i>pacerone tablet 100mg, 200mg</i>	2	
<i>pacerone tablet 400mg</i>	4	
<i>propafenone hcl</i>	3	MO

Note: 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>propafenone hydrochloride</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hydrochloride</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate capsule 150mg, 50mg</i>	2	MO
<i>fenofibrate capsule 130mg, 43mg</i>	3	MO
<i>fenofibrate tablet 40mg</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid dr</i>	4	MO
<i>gemfibrozil</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine packet 4gm</i>	4	MO
<i>cholestyramine light packet 4gm</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hydrochloride packet, tablet</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
NEXLETOL	3	QL (30 EA per 30 days) MO
NEXLIZET	3	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	4	MO
<i>niacin er tablet extended release 500mg</i>	4	QL (60 EA per 30 days) MO

Note: 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>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) PA MO
<i>prevalite packet</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol</i>	2	MO
<i>fumarate/hydrochlorothiazide</i>		
<i>metoprolol/hydrochlorothiazide</i>	3	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	MO
<i>bisoprolol fumarate tablet 2.5mg</i>	4	MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride tablet</i>	3	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	MO
<i>metoprolol tartrate tablet 37.5mg, 75mg</i>	2	MO
<i>nadolol</i>	4	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	3	QL (60 EA per 30 days) MO
<i>pindolol</i>	3	MO
<i>propranolol hcl oral solution, tablet</i>	3	MO
<i>propranolol hydrochloride er</i>	4	MO
<i>propranolol hydrochloride oral solution, tablet</i>	3	MO
<i>timolol maleate tablet 20mg</i>	1	MO
<i>timolol maleate tablet 10mg, 5mg</i>	2	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO

Note: 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>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl tablet</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac), tablet extended release 24 hour (generic Cardizem LA)</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 30mg, 90mg</i>	4	MO
<i>diltiazem hydrochloride</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Dilacor XR) 120mg, 180mg, 240mg, 300mg</i>	2	MO
<i>felodipine er tablet extended release 24 hour 10mg, 5mg</i>	2	MO
<i>isradipine</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	2	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er capsule 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO

Note: 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>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hydrochloride tablet</i>	1	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 100mg, 300mg</i>	2	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	4	MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	4	MO
<i>acetazolamide tablet</i>	4	MO
<i>amiloride hcl</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide tablet</i>	3	MO
<i>bumetanide injection</i>	4	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral solution, tablet</i>	1	MO
<i>furosemide injection</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>methazolamide</i>	4	MO
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>torsemide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine hydrochloride tablet</i>	2	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	3	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days) MO
CORLANOR SOLUTION	4	

Note: 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
CORLANOR TABLET	4	MO
<i>digox tablet 250mcg, 125mcg</i>	3	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	2	MO
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL (30 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>hydralazine hydrochloride tablet</i>	2	MO
<i>ivabradine hydrochloride</i>	4	MO
<i>metyrosine</i>	5	PA
<i>midodrine hydrochloride</i>	4	MO
<i>minoxidil</i>	2	MO
<i>ranolazine er</i>	4	MO
VERQUVO	3	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
NITRO-BID	3	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin solution 0.4mg/spray</i>	4	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA; ACS LD
OPSUMIT	5	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil citrate tablet (generic Revatio)</i>	3	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	5	PA; ACS

Note: 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
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam tablet 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl</i>	2	MO
<i>buspirone hydrochloride</i>	2	MO
<i>fluvoxamine maleate</i>	4	MO; HRM
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days); HRM
<i>lorazepam injection</i>	4	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride solution</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	MO
<i>rivastigmine tartrate capsule</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	3	PA MO; HRM
<i>amitriptyline hydrochloride</i>	3	PA MO; HRM
<i>amoxapine</i>	3	MO; HRM
AUVELITY	5	QL (60 EA per 30 days) PA MO

Note: 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>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	3	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	3	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	3	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	4	PA MO; HRM
<i>desipramine hydrochloride</i>	4	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	4	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO; HRM
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	4	QL (600 ML per 30 days) MO; HRM

Note: 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>escitalopram oxalate tablet 20mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	4	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	4	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	2	MO; HRM
<i>imipramine hcl</i>	3	PA MO; HRM
<i>imipramine hydrochloride</i>	3	PA MO; HRM
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	4	MO
<i>nortriptyline hcl</i>	3	MO; HRM
<i>nortriptyline hydrochloride</i>	3	MO; HRM
<i>paroxetine hcl tablet 40mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	2	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	4	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	4	PA MO; HRM
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	PA MO; HRM
RALDESY	5	QL (1800 ML per 30 days) PA MO

Note: 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>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	4	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	MO
<i>trazodone hydrochloride tablet 300mg</i>	4	MO
<i>trimipramine maleate capsule 50mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	4	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	4	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	3	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tablet</i>	3	MO
<i>amantadine hcl solution</i>	4	MO
<i>amantadine hcl capsule</i>	4	QL (120 EA per 30 days) MO

Note: 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>benztropine mesylate injection</i>	2	MO
<i>benztropine mesylate tablet</i>	3	PA MO; HRM
<i>bromocriptine mesylate</i>	4	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>entacapone</i>	4	MO
INBRIJA	5	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	2	MO
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole hcl</i>	2	MO
<i>ropinirole hydrochloride</i>	2	MO
<i>selegiline hcl</i>	4	MO
<i>trihexyphenidyl hcl oral solution</i>	4	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	3	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	4	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	4	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	5	HRM
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO; HRM

Note: 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
CAPLYTA	5	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	4	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	4	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	4	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	4	HRM
<i>chlorpromazine hydrochloride tablet</i>	4	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	4	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	4	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	3	HRM
<i>clozapine tablet 200mg</i>	3	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	3	QL (270 EA per 30 days); HRM
COBENFY	5	QL (60 EA per 30 days) PA MO
COBENFY STARTER PACK	5	QL (112 EA per 365 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	5	QL (4.5 ML per 365 days)
FANAPT	5	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK A	4	PA; HRM
FANAPT TITRATION PACK C	4	PA
<i>fluphenazine decanoate</i>	4	MO; HRM
<i>fluphenazine hcl</i>	2	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	2	MO; HRM

Note: 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>fluphenazine hydrochloride injection</i>	4	MO; HRM
<i>haloperidol decanoate</i>	4	MO; HRM
<i>haloperidol lactate</i>	4	MO; HRM
<i>haloperidol tablet</i>	3	MO; HRM
<i>haloperidol concentrate</i>	4	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	3	MO; HRM
<i>lurasidone hydrochloride tablet</i> 120mg, 20mg, 40mg, 60mg	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet</i> 80mg	4	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet</i> 10mg, 5mg	3	HRM
<i>molindone hydrochloride tablet</i> 25mg	4	HRM
NUPLAZID	5	QL (30 EA per 30 days) PA; ACS HRM LD

Note: 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>olanzapine odt</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	4	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	5	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	5	QL (90 EA per 30 days) PA
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	4	MO; HRM
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	3	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	3	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	5	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (120 EA per 30 days) MO; HRM

Note: 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>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	3	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	3	QL (90 EA per 30 days) MO; HRM
SECUADO	5	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride</i>	3	PA MO; HRM
<i>thiothixene</i>	4	MO; HRM
<i>trifluoperazine hcl</i>	4	MO; HRM
<i>trifluoperazine hydrochloride</i>	4	MO; HRM
VERSACLOZ	5	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	4	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	5	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	4	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	4	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT TABLET	5	QL (60 EA per 30 days) PA MO

Note: 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
BRIVIACT INJECTION	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine er</i>	4	MO; HRM
<i>carbamazepine tablet</i>	2	MO; HRM
<i>carbamazepine suspension</i>	4	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	2	MO
<i>carbamazepine tablet chewable 100mg</i>	2	MO; HRM
<i>clobazam suspension</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	5	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	5	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	3	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	4	QL (5 EA per 30 days) MO; HRM
<i>diazepam tablet</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam concentrate</i>	3	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	4	QL (240 ML per 30 days) PA MO; HRM

Note: 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
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	2	HRM
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	3	MO
<i>ethosuximide solution</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection</i> <i>100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection</i> <i>500mg pe/10ml</i>	4	MO
FYCOMPA SUSPENSION	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>solution</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>tablet 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>tablet 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	5	
<i>lacosamide tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg,</i> <i>200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	2	MO

Note: 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>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>levetiracetam er</i>	2	MO
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral solution, tablet</i>	2	MO
<i>levetiracetam injection</i>	4	
LIBERVANT	5	QL (10 EA per 30 days) PA MO
<i>methsuximide</i>	4	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	3	MO; HRM
<i>oxcarbazepine suspension</i>	4	MO; HRM
<i>perampanel tablet 2mg</i>	4	QL (60 EA per 30 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	5	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium injection</i>	4	PA; HRM
<i>phenobarbital tablet</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	4	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	3	MO
<i>phenytoin oral suspension, tablet chewable</i>	3	MO
<i>phenytoin sodium extended release capsule</i>	3	MO
<i>phenytoin sodium injection</i>	4	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	
<i>rufinamide suspension</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	4	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	5	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO

Note: 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
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate capsule sprinkle</i>	2	MO
<i>topiramate tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	4	
<i>valproic acid capsule, oral solution</i>	2	MO
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA; ACS
<i>vigadrone</i>	5	QL (180 EA per 30 days) PA; LD
VIGAFYDE	5	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	5	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days)
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days)
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	5	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	5	QL (60 EA per 30 days) MO
ZONISADE	5	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	3	MO
<i>zonisamide capsule 50mg</i>	3	MO; HRM
ZTALMY	5	QL (1100 ML per 30 days) PA; LD

Note: 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
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	3	QL (60 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tablet</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride er</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
HYPNOTICS		
<i>DAYVIGO</i>	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 30mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	3	QL (30 EA per 30 days) PA MO; HRM

Note: 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>zaleplon capsule 10mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
NURTEC	3	QL (16 EA per 30 days) PA MO
QULIPTA	3	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate injection</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO
UBRELVY	3	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA; ACS
<i>lithium</i>	4	MO
<i>lithium carbonate</i>	1	MO

Note: 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>lithium carbonate er</i>	2	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	3	MO
<i>riluzole</i>	4	MO
<i>tetrabenazine tablet 25mg</i>	5	QL (120 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 12.5mg</i>	5	QL (90 EA per 30 days) PA; ACS
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	5	QL (120 EA per 30 days) PA; ACS LD
BETASERON	5	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	3	PA; ACS
<i>fingolimod hydrochloride</i>	5	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
KESIMPTA	5	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	5	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	3	MO
<i>baclofen tablet 15mg</i>	4	MO
<i>chlorzoxazone tablet 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl</i>	2	MO
<i>tizanidine hydrochloride tablet</i>	2	MO
<i>tizanidine hydrochloride capsule</i>	4	MO

Note: 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
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	3	QL (60 EA per 30 days) PA MO
<i>SODIUM OXYBATE</i>	5	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	3	QL (60 EA per 30 days) MO
<i>disulfiram</i>	4	MO
<i>naloxone hcl</i>	2	MO
<i>naloxone hydrochloride nasal spray</i>	3	MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	2	MO
<i>naloxone hydrochloride prefilled syringe injection 0.4mg/ml, 2mg/2ml</i>	3	
<i>naltrexone hydrochloride</i>	3	MO
<i>NICOTROL NS</i>	4	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	4	PA
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	4	PA MO

Note: 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
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	4	MO
<i>methyltestosterone</i>	5	PA MO
<i>testosterone cypionate</i>	4	MO
<i>testosterone enanthate</i>	4	PA MO
<i>testosterone pump gel 1%</i>	4	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	4	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	4	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	3	MO
ADMELOG SOLOSTAR	3	MO
BD ALCOHOL SWABS	3	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	PA MO
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	PA MO
BD PEN	3	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	3	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	3	PA MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
FIASP PUMPCART	3	B/D MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO

Note: 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
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL	3	MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
ANTIDIABETICS		
<i>acarbose</i>	2	QL (90 EA per 30 days) MO
<i>FARXIGA</i>	3	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO

Note: 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>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	3	QL (30 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	5	QL (2 ML per 28 days) PA MO

Note: 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
MOUNJARO INJECTION 2.5MG/0.5ML	5	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC	5	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	5	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	5	QL (30 EA per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	5	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO

Note: 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>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
BONSITY	5	PA; ACS
<i>calcitonin-salmon nasal spray</i>	3	MO
<i>ibandronate sodium tablet 150mg</i>	1	QL (1 EA per 30 days) MO
OSENVELT	5	PA; ACS
PROLIA	4	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
<i>teriparatide injection (brand by Alvogen) 560mcg/2.4ml</i>	5	PA; ACS
WYOST	5	PA; ACS LD
XGEVA	5	PA; ACS
<i>zoledronic acid injection 5mg/100ml</i>	4	ACS
CHELATING AGENTS		
CHEMET	5	MO
<i>deferasirox tablet soluble 125mg</i>	4	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA; ACS
<i>deferasirox tablet 90mg</i>	3	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; ACS
kionex	3	
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	5	ACS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
sps	3	MO
<i>trientine hydrochloride capsule 500mg</i>	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA; ACS

Note: 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
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	3	
<i>amethyst</i>	2	
<i>apri</i>	3	
<i>aranelle</i>	3	MO
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	MO
<i>aviane</i>	3	MO
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	3	
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30</i>	3	MO
<i>blisovi fe 1/20</i>	2	
<i>brielllyn</i>	3	
<i>camila</i>	3	
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	3	MO
<i>cyred eq</i>	3	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	3	
<i>delyla</i>	2	
DEPO-SUBQ PROVERA 104	3	MO
<i>dolishale</i>	3	MO
<i>drospirenone/ethinyl estradiol</i>	3	MO

Note: 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>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh</i>	3	MO
<i>enilloring</i>	3	MO
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	MO
<i>errin</i>	3	
<i>estarylla</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	MO
<i>etonogestrel/ethinyl estradiol</i>	3	MO
<i>falmina</i>	3	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	3	
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	3	
<i>heather</i>	2	MO
<i>iclevia</i>	3	
<i>incassia</i>	3	
<i>introvale</i>	2	
<i>isibloom</i>	3	
<i>jaimiess</i>	2	
<i>jasmiel</i>	3	
<i>jencycla</i>	2	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	3	

Note: 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>kaitlib fe</i>	3	MO
<i>kalliga</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	MO
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>lessina</i>	3	MO
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol</i>	3	MO
<i>levonorgestrel/ethinyl estradiol</i>	3	MO
<i>levora 0.15/30-28</i>	3	
LILETTA	3	ACS LD
<i>lo-zumandimine</i>	2	MO
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	3	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>meleya</i>	3	
<i>mibelas 24 fe</i>	2	
<i>mili</i>	3	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	3	
NEXPLANON	3	ACS LD

Note: 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>nikki</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	3	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 75mg; 1mg, 20mcg; 75mg; 1mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	MO
<i>norethindrone tablet 0.35mg</i>	3	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>norgestimate/ethinyl estradiol</i>	3	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 28-day regimen</i>	3	
<i>nortrel 1/35 21-day regimen</i>	3	MO
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	MO
<i>orsythia</i>	3	
<i>philith</i>	2	
<i>pimtrea</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	3	
<i>rosyrah</i>	3	
<i>setlakin</i>	3	
<i>sharobel</i>	3	
<i>simliya</i>	2	

Note: 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>simpesse</i>	2	MO
<i>sprintec 28</i>	2	MO
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	3	
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	3	MO
<i>tri-legest fe</i>	3	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	MO
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>turqoz</i>	3	
<i>tydemy</i>	3	
<i>valtya 1/50</i>	3	MO
<i>velivet</i>	3	MO
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	3	MO
<i>vylibra</i>	3	
<i>wera</i>	2	
<i>wymzya fe</i>	3	
<i>xarah fe</i>	3	
<i>xelria fe</i>	3	MO
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	3	

Note: 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
zumandimine	2	
ESTROGENS		
abigale	4	
abigale lo	4	
amabelz	4	MO
dotti	4	QL (8 EA per 28 days)
DUAVEE	4	MO
estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg	4	MO
estradiol oral tablet	1	MO
estradiol vaginal tablet	2	MO
estradiol patch weekly	2	QL (4 EA per 28 days) MO
estradiol patch twice weekly	2	QL (8 EA per 28 days) MO
estradiol vaginal cream	3	MO
fyavolv tablet 2.5mcg; 0.5mg	2	MO
fyavolv tablet 5mcg; 1mg	3	MO
jinteli	3	
lyllana	4	QL (8 EA per 28 days)
mimvey	4	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	2	MO
norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg	3	MO
PREMARIN	4	MO
PREMPRO	4	MO
yuvaferm	4	
GLUCOCORTICOIDS		
dexamethasone oral solution, tablet	4	MO
fludrocortisone acetate	2	MO
hydrocortisone tablet 10mg, 20mg, 5mg	3	MO
methylprednisolone tablet	2	B/D MO
methylprednisolone dose pack	2	MO
prednisolone solution	2	B/D MO
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml	2	B/D MO

Note: 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>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	4	B/D MO
PREDNISON INTENSOL	4	B/D MO
<i>prednisone tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	2	MO
<i>prednisone solution</i>	4	B/D MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	5	MO
ZEGALOGUE	3	MO
MISCELLANEOUS		
<i>betaine anhydrous</i>	5	
<i>cabergoline</i>	3	MO
<i>carglumic acid</i>	5	PA; LD
CERDELGA	5	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	5	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	5	QL (60 EA per 30 days); ACS
CYSTAGON	4	PA; ACS LD
<i>desmopressin acetate tablet</i>	3	MO
GENOTROPIN	5	PA; ACS
GENOTROPIN MINIQUEICK INJECTION 0.2MG	3	PA; ACS
GENOTROPIN MINIQUEICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
INCRELEX	5	PA; ACS LD
<i>javygtor</i>	5	PA; LD
<i>levocarnitine injection</i>	4	
<i>levocarnitine oral solution</i>	4	MO
<i>mifepristone</i>	5	PA
<i>nitisinone</i>	5	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; ACS

Note: 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>octreotide acetate injection</i> <i>1000mcg/ml, 500mcg/ml</i>	5	PA; ACS
<i>raloxifene hydrochloride</i>	3	MO
<i>sapropterin dihydrochloride</i>	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; LD
<i>sodium phenylbutyrate</i>	5	PA; ACS
SOMATULINE DEPOT	5	PA; ACS LD
SOMAVERT	5	PA; ACS LD
SYNAREL	5	MO
VEOZAH	4	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>gallifrey</i>	2	
<i>medroxyprogesterone acetate</i> <i>tablet 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate suspension</i> <i>40mg/ml</i>	4	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>progesterone capsule</i>	3	MO
THYROID AGENTS		
<i>levothyroxine sodium tablet</i>	1	MO
<i>liothyronine sodium tablet</i>	3	MO
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule</i>	3	MO
<i>calcitriol solution</i>	4	MO
<i>paricalcitol capsule</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack,</i> <i>40mg, 80mg</i>	4	B/D MO
<i>aprepitant capsule 125mg</i>	5	B/D MO
<i>compro</i>	4	MO; HRM
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
<i>granisetron hydrochloride tablet</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	2	MO; HRM

Note: 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>meclizine hydrochloride</i>	2	MO
<i>metoclopramide hcl</i>	4	MO
<i>metoclopramide hydrochloride tablet</i>	2	MO
<i>metoclopramide odt</i>	2	MO
<i>ondansetron hcl tablet</i>	2	B/D
<i>ondansetron hcl solution</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	2	B/D MO
<i>ondansetron odt tablet disintegrating 16mg</i>	3	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	3	B/D MO
<i>prochlorperazine edisylate injection</i>	4	MO; HRM
<i>prochlorperazine maleate</i>	2	MO; HRM
<i>prochlorperazine rectal suppository</i>	4	MO; HRM
<i>promethazine hydrochloride tablet</i>	4	PA MO; HRM
<i>scopolamine</i>	4	QL (10 EA per 30 days) PA MO; HRM
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	2	PA MO; HRM
<i>glycopyrrolate tablet</i>	3	MO
<i>methscopolamine bromide</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	4	MO
<i>famotidine tablet</i>	2	MO
<i>famotidine suspension reconstituted</i>	4	MO
<i>nizatidine</i>	2	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	4	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	MO
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO

Note: 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>mesalamine enema, suppository</i>	4	MO
<i>mesalamine dr capsule delayed release 400mg</i>	4	MO
<i>sulfasalazine tablet delayed release</i>	2	MO
<i>sulfasalazine tablet</i>	3	MO
LAXATIVES		
CLENPIQ	4	MO
constulose	2	
enulose	2	MO
gavilyte-c	2	MO
gavilyte-g	2	MO
gavilyte-n/flavor pack	2	
generlac	2	
kristalose	4	PA
lactulose solution	2	MO
lactulose packet	4	PA MO
peg-3350/electrolytes	2	MO
peg-3350/nacl/na bicarbonate/kcl	2	MO
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	5	QL (60 EA per 30 days) PA MO
CREON	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	3	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	4	MO; HRM
GATTEX	5	PA; ACS LD
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride</i>	3	MO
<i>misoprostol</i>	3	MO
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO

Note: 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
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
<i>sucralfate</i>	2	MO
<i>ursodiol capsule 300mg</i>	3	MO
<i>ursodiol tablet 250mg, 500mg</i>	4	MO
VOWST	5	PA; LD
XERMELO	5	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	5	PA MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (42 EA per 30 days) MO
<i>omeprazole</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	4	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin capsule 8mg</i>	4	QL (30 EA per 30 days) MO
<i>tadalafil tablet (generic Cialis) 5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	2	MO
<i>bethanechol chloride</i>	3	MO
<i>potassium citrate er</i>	3	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days) MO; HRM
GEMTESA	4	QL (30 EA per 30 days) MO

Note: 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
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride</i>	2	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	4	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole 3 vaginal suppository</i>	3	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole suppository</i>	4	MO

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate capsule 110mg</i>	4	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	MO

Note: 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>fondaparinux sodium injection</i> 2.5mg/0.5ml	4	MO
<i>fondaparinux sodium injection</i> 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	MO
<i>heparin sodium injection</i> 5000unit/0.5ml	2	MO
<i>heparin sodium injection</i> 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	3	MO
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	5	PA; ACS
ZARXIO	5	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	5	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	5	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride</i>	4	MO
BERINERT	5	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	2	MO
ENDARI	5	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	5	PA; ACS

Note: 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>pentoxifylline er</i>	2	MO
<i>sajazir</i>	5	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	4	PA MO
SIKLOS TABLET 1000MG	5	PA MO
TAVNEOS	5	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid tablet</i>	3	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	4	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	2	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	2	PA MO
<i>prasugrel hydrochloride</i>	4	MO
<i>ticagrelor</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	5	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	5	QL (28 EA per 365 days) PA
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN)	5	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN)	5	QL (28 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	5	PA; ACS LD
COSENTYX INJECTION 150MG/ML	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	5	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL	5	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA; ACS

Note: 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
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	5	QL (52 EA per 365 days) PA; ACS
IDACIO (2 PEN)	5	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	5	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	5	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	5	PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ	5	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	5	QL (60 ML per 365 days) PA; ACS
SOTYKTU	5	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE	5	QL (4 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	5	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS

Note: 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
TYENNE INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA; ACS
VELSIPITY	5	QL (30 EA per 30 days) PA; ACS LD
XELJANZ XR	5	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	5	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	5	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	3	MO
JYLAMVO	4	
<i>leflunomide</i>	3	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	2	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
GAMUNEX-C	5	PA; ACS LD
PRIVIGEN	5	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE	5	PA; ACS LD
ARCALYST	5	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D MO
AZATHIOPRINE INJECTION	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D MO
BENLYSTA INJECTION 200MG/ML	5	PA; ACS LD
<i>cyclosporine capsule, injection</i>	4	B/D MO
<i>cyclosporine modified</i>	4	B/D MO

Note: 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>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>gengraf capsule</i>	4	B/D
<i>gengraf solution</i>	4	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	3	B/D MO
<i>mycophenolate mofetil injection</i>	4	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF PACKET	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	4	B/D MO
<i>sirolimus tablet</i>	4	B/D MO
<i>sirolimus solution</i>	5	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D MO
VACCINES		
ABRYSVO	3	QL (1 EA per 999 days)
ACTHIB	1	
ADACEL	1	
AREXVY	3	QL (1 EA per 999 days)
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENG VAXIA	1	
ENGRIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	3	
IXIARO	1	

Note: 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
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	3	QL (0.5 ML per 999 days)
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENMENVY	1	
PENTACEL	1	
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
VIMKUNYA	3	
VIVOTIF	1	MO
YF-VAX	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 10%/SODIUM CHLORIDE 0.2%	4
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4

Note: 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
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	4	MO
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/	4	
DEXTROSE/SODIUM CHLORIDE		
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/ml</i>	4	MO
<i>sodium chloride injection 0.45%</i>	4	
SODIUM CHLORIDE INJECTION 5%	4	MO
<i>sodium chloride injection 0.9%, 3%</i>	4	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	3	MO

Note: 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>klor-con m15</i>	2	
<i>klor-con m20</i>	3	MO
<i>klor-con effervescent tablet</i>	2	
<i>potassium chloride er</i>	2	MO
<i>potassium chloride oral solution</i> 10%, 20%	4	MO
PRENATAL	3	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
<i>dextrose 10%</i>	3	
<i>dextrose 5%</i>	3	MO
<i>plenamine</i>	4	B/D
PREMASOL	5	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/</i> <i>hydrocortisone</i>	4	MO
<i>neomycin/polymyxin/</i> <i>dexamethasone</i>	2	MO
<i>neomycin/polymyxin/</i> <i>hydrocortisone ophthalmic</i> <i>suspension 1%; 3.5mg/ml;</i> <i>10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/prednisolone</i> <i>sodium phosphate</i>	2	MO
TOBRADEX OINTMENT	4	MO
TOBRADEX ST SUSPENSION	3	MO
<i>tobramycin/dexamethasone</i>	3	MO
ZYLET	3	MO

Note: 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
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment</i>	4	MO
<i>500units/gm</i>		
<i>bacitracin/polymyxin b ophthalmic ointment</i>	2	MO
BESIVANCE	3	MO
CILOXAN	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution</i>	3	QL (30 ML per 30 days) MO
<i>0.3%</i>		
<i>erythromycin ointment 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	2	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution</i>	3	QL (20 ML per 30 days) MO
<i>1.5%</i>		
<i>levofloxacin ophthalmic solution</i>	3	QL (30 ML per 30 days) MO
<i>0.5%</i>		
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	3	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	4	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	3	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	MO
<i>sulfacetamide sodium ointment</i>	4	MO
<i>10%</i>		
<i>sulfacetamide sodium solution 10%</i>	3	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine</i>	3	MO
XDEMVEY	5	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
<i>bromfenac</i>	4	MO

Note: 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>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate</i>	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	2	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	3	MO
<i>prednisolone acetate</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	MO
<i>cromolyn sodium solution 4%</i>	4	MO
<i>epinastine hcl</i>	3	MO
ZERVATE	4	
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	3	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brinzolamide</i>	4	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>dorzolamide hydrochloride</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	4	MO
<i>latanoprost</i>	1	MO

Note: 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>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	5	LD
<i>pilocarpine hcl ophthalmic solution</i>	4	MO
<i>pilocarpine hydrochloride tablet</i>	4	MO
<i>solution 1%, 2%, 4%</i>		
RHOPRESSA	4	MO
ROCKLATAN	4	MO
SIMBRINZA	4	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	4	MO
<i>travoprost</i>	3	MO
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	3	MO
CYSTARAN	5	PA; LD
EYSUVIS	4	MO
MIEBO	3	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	3	MO
<i>ciprofloxacin/dexamethasone</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hc</i>	4	MO
<i>neomycin/polymyxin/</i>	4	MO
<i>hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>		
<i>ofloxacin otic solution 0.3%</i>	3	MO

Note: 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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RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO

ANTICHOLINERGICS

ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO

ANTI-HISTAMINES

<i>azelastine hcl nasal solution 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	2	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	2	PA MO
<i>cyproheptadine hcl syrup</i>	2	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	4	PA MO; HRM
<i>desloratadine</i>	2	QL (30 EA per 30 days) MO
<i>hydroxyzine hcl tablet, syrup</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride tablet, syrup</i>	4	PA MO; HRM
<i>hydroxyzine pamoate</i>	4	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	2	QL (30 EA per 30 days) MO

Note: 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
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	4	B/D MO
<i>albuterol sulfate syrup, tablet</i>	4	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
terbutaline sulfate tablet	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D MO
BRONCHITOL	5	QL (560 EA per 28 days) PA; LD
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO

Note: 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
FASENRA PEN	5	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	5	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	5	QL (60 EA per 30 days) PA; LD
OFEV	5	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	5	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG	5	PA; LD
PULMOZYME	5	PA; ACS LD
<i>roflumilast</i>	4	MO
<i>theophylline solution</i>	2	MO
<i>theophylline er tablet extended release 24 hour</i>	3	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	4	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	4	MO
TRIKAFTA GRANULES THERAPY PACK	5	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	5	QL (84 EA per 28 days) PA; LD
XOLAIR	5	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	3	QL (34 GM per 30 days) MO
XHANCE	4	QL (32 ML per 30 days) PA MO
STERIOD INHALANTS		
ALVESCO	4	QL (12.2 GM per 30 days) MO

Note: 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
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide suspension</i>	4	B/D MO
<i>0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>		
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (10.2 GM per 30 days) MO
DULERA	4	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated</i>	2	QL (60 EA per 30 days) MO
<i>500mcg/act; 50mcg/act</i>		
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated</i>	2	QL (60 EA per 30 days) MO
<i>100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>		
<i>fluticasone propionate/salmeterol hfa (generic Advair HFA)</i>	4	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	2	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	4	PA
<i>amnesteeem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate gel tube 1%</i>	3	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	3	QL (60 ML per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>sulfacetamide sodium lotion 10%</i>	4	MO

Note: 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>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>mupirocin ointment</i>	2	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	2	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox shampoo</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox suspension</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	3	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	4	QL (85 GM per 30 days) MO
<i>ketconazole cream 2%</i>	3	QL (60 GM per 30 days) MO
<i>ketconazole shampoo 2%</i>	2	QL (120 ML per 30 days) MO
<i>klayesta</i>	3	QL (60 GM per 30 days)
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop</i>	3	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	2	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA MO
<i>calcipotriene solution</i>	3	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream</i>	4	QL (120 GM per 30 days) PA MO
<i>methoxsalen</i>	5	MO
<i>tazarotene gel</i>	3	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	

Note: 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>alclometasone dipropionate ointment</i>	4	QL (60 GM per 30 days)
<i>alclometasone dipropionate cream</i>	4	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	3	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	4	MO
<i>betamethasone dipropionate augmented lotion</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	3	MO
<i>betamethasone dipropionate cream, ointment</i>	4	MO
<i>betamethasone valerate cream, lotion, ointment</i>	3	MO
<i>clobetasol propionate e</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>desonide cream, ointment</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution</i>	4	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	3	MO
<i>fluticasone propionate ointment 0.005%</i>	3	MO
<i>halobetasol propionate cream, ointment</i>	4	QL (50 GM per 30 days) MO

Note: 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>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	2	MO
<i>hydrocortisone cream 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	3	MO
<i>mometasone furoate ointment 0.1%</i>	3	MO
<i>mometasone furoate solution 0.1%</i>	3	MO
<i>proctosol hc</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide ointment</i>	2	MO
<i>triamcinolone acetonide lotion</i>	3	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine patch</i>	4	QL (90 EA per 30 days) PA MO
<i>lidocaine/prilocaine</i>	3	QL (30 GM per 30 days) MO
<i>lidocan</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	4	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	3	MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	3	QL (300 ML per 28 days) MO
<i>fluorouracil solution</i>	4	QL (10 ML per 30 days) MO
<i>fluorouracil cream</i>	4	QL (40 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
<i>imiquimod cream 5%</i>	3	QL (24 EA per 30 days) MO
<i>metronidazole cream 0.75%</i>	4	MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotion 0.75%</i>	4	MO
<i>nitroglycerin ointment 0.4%</i>	4	QL (30 GM per 30 days) MO
PANRETIN	5	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	4	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	4	MO

Note: 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>procto-med hc</i>	2	
<i>proctocort</i>	2	
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR	5	QL (60 GM per 30 days) PA; LD
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	3	MO
<i>permethrin cream 5%</i>	4	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	2	MO
<i>sterile water for irrigation</i>	2	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clotrimazole troche 10mg</i>	3	MO
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	4	MO
<i>lidocaine viscous solution 2%</i>	4	MO
<i>nystatin suspension 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	4	MO

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

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<i>clindamycin</i>	16	<i>colestipol</i>	38	<i>dantrolene</i>	58
<i>hydrochloride</i>		<i>colistimethate sodium</i>	16	DANZITEN	29
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<i>hcl</i>		COMBIVENT	88	DAPTACEL	81
<i>clindamycin phosphate</i>	16,	RESPIMAT		<i>daptomycin</i>	16
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	91	COMPLERA	20	<i>darunavir</i>	19
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<i>clorazepate</i>	52	<i>cryselle-28</i>	65	<i>hydrochloride</i>	
<i>dipotassium</i>		<i>cyclobenzaprine</i>	58	<i>desloratadine</i>	88
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<i>desvenlafaxine er</i>	44	<i>diltiazem</i>	40	<i>estradiol/levomefolate</i>	
<i>dexamethasone</i>	70,	<i>hydrochloride</i>		<i>calcium</i>	
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<i>dexamethasone</i>	86	<i>diphenoxylate/atropine</i>	74	DUAVEE	70
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	83	<i>dofetilide</i>	37	<i>econazole nitrate</i>	92
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<i>diazoxide</i>	71	<i>dorzolamide hcl/</i>	86	<i>efavirenz/</i>	20
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