

BlueAdvantage (PPO)SM

2024 Formulary

(List of Covered Drugs)

BlueAdvantage Diamond (PPO)SM

BlueAdvantage Emerald (PPO)SM

BlueAdvantage Garnet (PPO)SM

BlueAdvantage Ruby (PPO)SM

BlueAdvantage Sapphire (PPO)SM

BlueAdvantage Sapphire North Georgia (PPO)SM

Please read: This document contains information about the drugs we cover in this plan.

**We have made no changes to this formulary since 09/01/2024.
For more recent information or other questions, please contact
BlueAdvantage Member Service at:**



1-800-831-2583, (TTY users should call TTY 711)

**From Oct. 1 to March 31, you can call us from 8 a.m. to 9 p.m. ET, seven days a week.
From April 1 to Sept. 30, we're available from 8 a.m. to 9 p.m. ET, Monday through Friday.**



Or visit: [bcbstmedicare.com](https://www.bcbstmedicare.com)



of Tennessee

2024 BlueAdvantage 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 BlueCross BlueShield of Tennessee, Inc. When it refers to “plan” or “our plan,” it means BlueAdvantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BlueAdvantage Formulary?

A formulary is a list of covered drugs selected by BlueAdvantage 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. BlueAdvantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueAdvantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

Drugs removed from the market.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes.

We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on

new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the BlueAdvantage formulary?"

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

The enclosed formulary is current as of 09/01/2024. To get updated information about the drugs covered by BlueAdvantage, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we may reprint our formulary and distribute copies to our members. Updated formularies are posted to our website at bcbstmedicare.com.

How do I use the Formulary?

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

- **Medical Condition**

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

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 88. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** BlueAdvantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueAdvantage before you fill your prescriptions. If you don’t get approval, BlueAdvantage may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueAdvantage limits the amount of the drug that our plan will cover. For example, BlueAdvantage provides 90 capsules per 90 days per prescription for dextansoprazole. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueAdvantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask BlueAdvantage 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 BlueAdvantage formulary?” on this page for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered. If you learn that BlueAdvantage does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by BlueAdvantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueAdvantage.
- You can ask BlueAdvantage to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the BlueAdvantage Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 days (or 31 days for long-term care (LTC)) supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 days (or 31 days for long-term care (LTC)) supply of medication. After your first 30 days (or 31 days for long-term care (LTC)) 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 have a level of care change (e.g., you're discharged from a long-term care facility to a home setting) outside of the transition window, you can obtain a one-time supply of a transition-eligible drug by contacting Member Service.

For more information

For more detailed information about your BlueAdvantage 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>.

BlueAdvantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueAdvantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

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

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


Every drug on the plan's drug list is in one of five tiers. In general, the higher the tier, the higher your cost-sharing for the drug.

Sapphire & Garnet	Preferred Retail and Mail Order Pharmacy 30/100 Day Supply	Standard Retail Pharmacy 30/100 Day Supply
Tier 1: Preferred Generic	\$0/\$0 copay	\$6/\$15 copay
Tier 2: Generic	\$10/\$10 copay	\$15/\$35 copay
	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 3: Insulin Drugs	\$35/\$105 copay	\$35/\$105 copay
Tier 3: Preferred Brand Drugs	\$42/\$105 copay	\$47/\$135 copay
Tier 4: Non-Preferred Drugs	\$94/\$230 copay	\$99/\$290 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply

Emerald	Preferred Retail and Mail Order Pharmacy 30/100 Day Supply	Standard Retail Pharmacy 30/100 Day Supply
Tier 1: Preferred Generic	\$0/\$0 copay	\$6/\$15 copay
Tier 2: Generic	\$5/\$5 copay	\$10/\$25 copay
	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 3: Insulin Drugs	\$35/\$90 copay	\$35/\$100 copay
Tier 3: Preferred Brand Drugs	\$35/\$90 copay	\$40/\$100 copay
Tier 4: Non-Preferred Drugs	\$80/\$200 copay	\$85/\$215 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply

Ruby	Preferred Retail and Mail Order Pharmacy 30/100 Day Supply	Standard Retail Pharmacy 30/100 Day Supply
Tier 1: Preferred Generic	\$0/\$0 copay	\$6/\$15 copay
Tier 2: Generic	\$5/\$5 copay	\$10/\$25 copay
	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 3: Insulin Drugs	\$28/\$70 copay	\$33/\$95 copay
Tier 3: Preferred Brand Drugs	\$28/\$70 copay	\$33/\$95 copay
Tier 4: Non-Preferred Drugs	\$65/\$165 copay	\$70/\$185 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply

Diamond	Preferred Retail and Mail Order Pharmacy 30/100 Day Supply	Standard Retail Pharmacy 30/100 Day Supply
Tier 1: Preferred Generic	\$0/\$0 copay	\$6/\$15 copay
Tier 2: Generic	\$5/\$5 copay	\$10/\$25 copay
	Preferred Retail and Mail Order Pharmacy 30/90 Day Supply	Standard Retail Pharmacy 30/90 Day Supply
Tier 3: Insulin Drugs	\$28/\$70 copay	\$33/\$95 copay
Tier 3: Preferred Brand Drugs	\$28/\$70 copay	\$33/\$95 copay
Tier 4: Non-Preferred Drugs	\$50/\$125 copay	\$55/\$145 copay
Tier 5: Specialty Tier	33% of the cost/Specialty medications are limited to a 30-day supply	33% of the cost/Specialty medications are limited to a 30-day supply


Savings Tip!

You can receive:
 100-day supply of drugs in **Tier 1** and **Tier 2** for the 30-day copay at preferred pharmacies.
 To find a preferred pharmacy, give us a call at the number on the cover of this Formulary or go to bcbstmedicare.com.

Abbreviations: Requirements & Limits

NDS= Non-extended day supply medication. This drug may be available for up to a 30-day supply only.

B/D= This prescription 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.

GC= Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

LA= Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

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

QL= Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

MME= Morphine Milligram Equivalent. Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

lowercase italics= Generic drugs
UPPERCASE = Brand name drugs

Drug Tiers

Tier 1= Preferred Generics

Tier 2= Generics

Tier 3= Preferred Brands

Tier 4= Non-Preferred Drugs

Tier 5= Brands and Generics:
Cost over \$950 per month

Updated 09/2024

Drug Name **Drug Tier** **Requirements/Limits**

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>allopurinol sodium</i> SOLR 500mg	2	
<i>colchicine</i> TABS .6mg	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	2	
MITIGARE CAPS .6mg	3	
<i>probenecid</i> TABS 500mg	2	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg, 400mg	2	
<i>diclofenac potassium</i> TABS 50mg	2	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	1	GC
<i>ibu</i> TABS 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	GC
<i>ketoprofen</i> CP24 200mg	4	
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	4	
<i>mefenamic acid</i> CAPS 250mg	4	
<i>meloxicam</i> TABS 7.5mg	1	GC, QL (30 tabs / 30 days)
<i>meloxicam</i> TABS 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
<i>naproxen</i> SUSP 125mg/5ml; TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	1	GC, QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	1	GC, QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	GC
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	QL (4 patches / 28 days), PA; MME
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	4	QL (10 patches / 30 days), PA; MME
<i>fentanyl</i> PT72 87.5mcg/hr	4	QL (9 patches / 30 days), PA; MME
<i>fentanyl</i> PT72 100mcg/hr	4	QL (8 patches / 30 days), PA; MME
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA; MME
<i>methadone hcl</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; MME
<i>methadone hcl</i> SOLN 10mg/5ml	2	QL (600 mL / 30 days), PA; MME
<i>methadone hcl</i> TABS 5mg	2	QL (240 tabs / 30 days), PA; MME
<i>methadone hcl</i> TABS 10mg	2	QL (120 tabs / 30 days), PA; MME
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	2	QL (60 caps / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg	2	QL (60 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 200mg	2	QL (30 tabs / 30 days), PA; MME
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg	2	QL (60 caps / 30 days), PA; MME
<i>morphine sulfate beads</i> CP24 120mg	2	QL (50 caps / 30 days), PA; MME
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), PA; MME
<i>XTAMPZA ER</i> C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	4	QL (60 caps / 30 days), PA; MME
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (4500 mL / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days); MME
<i>buprenorphine hcl</i> SOLN .3mg/ml	4	QL (267 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	4	QL (2 bottles / 28 days); MME
CODEINE SULFATE TABS 15mg, 60mg	2	QL (180 tabs / 30 days); MME
<i>codeine sulfate</i> TABS 30mg	2	QL (180 tabs / 30 days); MME
<i>duramorph</i> SOLN 1mg/ml	2	QL (200 ampules / 30 days)
<i>duramorph</i> SOLN .5mg/ml	2	QL (400 ampules / 30 days)
<i>endocet</i>	2	QL (120 tabs / 30 days); MME
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 400mcg	5	NDS, QL (116 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 600mcg	5	NDS, QL (77 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 800mcg	5	NDS, QL (58 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 1200mcg	5	NDS, QL (39 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 1600mcg	5	NDS, QL (29 lozenges / 30 days), PA; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (5550 mL / 30 days); MME
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (120 tabs / 30 days); MME
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (120 tabs / 30 days); MME

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

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE SOLN 2mg/ml	2	QL (1000 mL / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml	2	QL (500 mL / 30 days)
MORPHINE SULFATE SOLN 4mg/ml	2	QL (500 mL / 30 days)
<i>morphine sulfate</i> SOLN 8mg/ml	2	QL (250 mL / 30 days)
MORPHINE SULFATE SOLN 8mg/ml	2	QL (250 mL / 30 days)
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days); MME
<i>morphine sulfate</i> SOLN 10mg/ml	2	QL (200 mL / 30 days)
MORPHINE SULFATE SOLN 10mg/ml	2	QL (200 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (300 mL / 30 days); MME
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (120 tabs / 30 days); MME
<i>nalbuphine hcl</i> SOLN 10mg/ml	2	QL (200 mL / 30 days)
<i>nalbuphine hcl</i> SOLN 20mg/ml	2	QL (100 mL / 30 days)
<i>oxycodone hcl</i> CAPS 5mg	2	QL (120 caps / 30 days); MME
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (120 mL / 30 days); MME
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (480 mL / 30 days); MME
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (120 tabs / 30 days); MME
<i>oxymorphone hcl</i> TABS 5mg, 10mg	2	QL (120 tabs / 30 days); MME
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days); MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days); MME

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	2
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, LA, PA
atovaquone SUSP 750mg/5ml	5	NDS
aztreonam SOLR 1gm, 2gm	2	
bacitracin SOLR 50000unit	2	
CAYSTON SOLR 75mg	5	NDS, QL (84 vials / 28 days), LA
chloramphenicol sodium succinate SOLR 1gm	2	
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	GC
clindamycin palmitate hydrochloride SOLR 75mg/5ml	4	
clindamycin phosphate SOLN 9gm/60ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	
CLINDMYC/NAC INJ 300/50ML	2	
CLINDMYC/NAC INJ 600/50ML	2	
CLINDMYC/NAC INJ 900/50ML	2	
colistimethate sodium SOLR 150mg	2	
dapsone TABS 25mg, 100mg	2	
DAPTOMY/NACL INJ 350/50ML	5	NDS
DAPTOMY/NACL INJ 500/50ML	5	NDS
DAPTOMY/NACL INJ 700/100	5	NDS
DAPTOMY/NACL INJ 1000/100	5	NDS
daptomycin SOLR 350mg, 500mg	5	NDS
ertapenem sodium SOLR 1gm	4	
FIRVANQ SOLR 25mg/ml	4	QL (900 mL / 30 days)
FIRVANQ SOLR 50mg/ml	4	QL (450 mL / 10 days)
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	2	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
ivermectin TABS 3mg	2	
linezolid SOLN 600mg/300ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> SUSR 100mg/5ml	4	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
MEROP/NACL INJ 1GM/50ML	4	
MEROP/NACL INJ 500/50ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>methenamine mandelate</i> TABS .5gm, 1gm	4	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml; TABS 250mg, 500mg	2	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (14 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	2	
ORBACTIV SOLR 400mg	5	NDS
<i>pentamidine isethionate for inj</i> SOLR 300mg	4	
<i>pentamidine isethionate for nebulization</i> SOLR 300mg	4	B/D, QL (1 vial / 28 days)
<i>polymyxin b sulfate</i> SOLR 500000unit	2	
<i>praziquantel</i> TABS 600mg	2	
<i>pyrimethamine</i> TABS 25mg	5	NDS, PA
<i>streptomycin sulfate</i> SOLR 1gm	3	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	GC
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	GC
SYNERCID INJ 500MG	5	NDS
<i>tinidazole</i> TABS 250mg, 500mg	2	
<i>tobramycin</i> NEBU 300mg/4ml	5	NDS, B/D, QL (224 mL / 28 days)
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, B/D, QL (280 mL / 28 days)
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; SOLR 1.2gm	2	
<i>trimethoprim</i> TABS 100mg	1	GC
VANCOMYC/D5W INJ 1GM	2	

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYC/D5W INJ 500MG	2	
VANCOMYC/D5W INJ 750MG	2	
VANCOMYCIN SOLN 2000mg/400ml	2	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (40 caps / 10 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (80 caps / 10 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 100gm, 500mg, 750mg	2	
<i>vancomycin hcl</i> SOLR 25mg/ml	4	QL (900 mL / 30 days)
<i>vancomycin hcl</i> SOLR 250mg/5ml	4	QL (450 mL / 10 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	2	
VANCOMYCIN INJ 1 GM	2	
VANCOMYCIN INJ 500MG	2	
VANCOMYCIN INJ 750MG	2	
XIFAXAN TABS 200mg	4	QL (9 tabs / 30 days)

ANTIFUNGALS

ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg	5	NDS
<i>caspofungin acetate</i> SOLR 70mg	4	
ERAXIS SOLR 50mg	4	
ERAXIS SOLR 100mg	5	NDS
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	PA
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	PA
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>itraconazole</i> SOLN 10mg/ml	4	
<i>ketoconazole</i> TABS 200mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days)
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	2	QL (90 tabs / year)

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SOLR 200mg	5	NDS, PA
VORICONAZOLE SOLR 200mg	5	NDS, PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 30 days)
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	3	QL (24 tabs / 30 days)
KRINTAFEL TABS 150mg	3	
<i>mefloquine hcl</i> TABS 250mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	4	
<i>quinine sulfate</i> CAPS 324mg	4	QL (42 caps / 30 days)

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml	2	QL (960 mL / 30 days)
<i>abacavir sulfate</i> TABS 300mg	2	QL (60 tabs / 30 days)
APRETUDE SUER 600mg/3ml	5	NDS, QL (21 mL / year), LA
APTIVUS CAPS 250mg	5	NDS, QL (120 caps / 30 days)
<i>atazanavir sulfate</i> CAPS 150mg, 200mg	4	QL (60 caps / 30 days)
<i>atazanavir sulfate</i> CAPS 300mg	4	QL (30 caps / 30 days)
<i>darunavir</i> TABS 600mg	5	NDS, QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	5	NDS, QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS, QL (30 tabs / 30 days)
<i>efavirenz</i> CAPS 50mg	2	QL (480 caps / 30 days)
<i>efavirenz</i> CAPS 200mg	4	QL (120 caps / 30 days)
<i>efavirenz</i> TABS 600mg	4	QL (30 tabs / 30 days)
<i>emtricitabine</i> CAPS 200mg	2	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	3	QL (680 mL / 28 days)
<i>etravirine</i> TABS 100mg	5	NDS, QL (120 tabs / 30 days)
<i>etravirine</i> TABS 200mg	5	NDS, QL (60 tabs / 30 days)
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, QL (120 tabs / 30 days)
FUZEON SOLR 90mg	5	NDS, QL (60 vials / 30 days), LA
INTELENCE TABS 25mg	3	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg	3	QL (180 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100mg	5	NDS, QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	3	QL (300 packets / 30 days)
ISENTRESS TABS 400mg	5	NDS, QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	5	NDS, QL (60 tabs / 30 days)
<i>lamivudine</i> SOLN 10mg/ml	4	QL (900 mL / 30 days)
<i>lamivudine</i> TABS 150mg	4	QL (60 tabs / 30 days)
<i>lamivudine</i> TABS 300mg	4	QL (30 tabs / 30 days)
LEXIVA SUSP 50mg/ml	3	QL (1575 mL / 28 days)
<i>maraviroc</i> TABS 150mg	5	NDS, QL (240 tabs / 30 days)
<i>maraviroc</i> TABS 300mg	5	NDS, QL (120 tabs / 30 days)
<i>nevirapine</i> SUSP 50mg/5ml	2	QL (1200 mL / 30 days)
<i>nevirapine</i> TABS 200mg	2	QL (60 tabs / 30 days)
<i>nevirapine</i> TB24 400mg	2	QL (30 tabs / 30 days)
NORVIR PACK 100mg	3	QL (360 packets / 30 days)
PIFELTRO TABS 100mg	5	NDS, QL (60 tabs / 30 days)
PREZISTA SUSP 100mg/ml	5	NDS, QL (360 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	3	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS, QL (180 packets / 30 days)
<i>ritonavir</i> TABS 100mg	2	QL (360 tabs / 30 days)
RUKOBIA TB12 600mg	5	NDS, QL (60 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	5	NDS, QL (1800 mL / 30 days)
SELZENTRY TABS 25mg	3	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg	5	NDS, QL (120 tabs / 30 days)
SUNLENCA SOLN 463.5mg/1.5ml	5	NDS, QL (6 vials / year), LA
SUNLENCA (4 X 300MG) TBPk 300mg	5	NDS, QL (8 tabs / year), LA
SUNLENCA (5 X 300MG) TBPk 300mg	5	NDS, QL (10 tabs / year), LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	QL (30 tabs / 30 days)
TIVICAY TABS 10mg	3	QL (60 tabs / 30 days)
TIVICAY TABS 25mg, 50mg	5	NDS, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO 5mg	3	QL (180 tabs / 30 days)
TYBOST TABS 150mg	4	QL (30 tabs / 30 days)
VIRACEPT TABS 250mg	5	NDS, QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	5	NDS, QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	5	NDS, QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	5	NDS, QL (30 tabs / 30 days)
<i>zidovudine</i> CAPS 100mg	2	QL (180 caps / 30 days)
<i>zidovudine</i> SYRP 50mg/5ml	2	QL (1680 mL / 28 days)
<i>zidovudine</i> TABS 300mg	2	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tabs / 30 days)
BIKTARVY 30-120-15 MG	5	NDS, QL (30 tabs / 30 days)
BIKTARVY 50-200-25 MG	5	NDS, QL (30 tabs / 30 days)
CABENUVA SUS 400-600	5	NDS, QL (50 mL / year)
CABENUVA SUS 600-900	5	NDS, QL (50 mL / year)
CIMDUO TAB 300-300	5	NDS, QL (30 tabs / 30 days)
COMPLERA TAB	5	NDS, QL (30 tabs / 30 days)
DELSTRIGO TAB	5	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG	5	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	5	NDS, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	5	NDS, QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS, QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	NDS, QL (30 tabs / 30 days)
GENVOYA TAB	5	NDS, QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	5	NDS, QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (150 tabs / 30 days)
ODEFSEY TAB	5	NDS, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	5	NDS, QL (30 tabs / 30 days)
STRIBILD TAB	5	NDS, QL (30 tabs / 30 days)
SYMTUZA TAB	5	NDS, QL (30 tabs / 30 days)
TRIUMEQ PD TAB	5	NDS, QL (180 tabs / 30 days)
TRIUMEQ TAB	5	NDS, QL (30 tabs / 30 days)
TRIZIVIR TAB	5	NDS, QL (60 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SOLN 100mg/ml; SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NDS, LA
TRECATOR TABS 250mg	3	

ANTIVIRALS

<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	GC
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN .05mg/ml	5	NDS
<i>entecavir</i> TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NDS, QL (30 tabs / 30 days), PA
EPCLUSA PAK 200-50MG	5	NDS, QL (60 tabs / 30 days), PA
EPCLUSA TAB 200-50MG	5	NDS, QL (56 tabs / 28 days), PA
EPCLUSA TAB 400-100	5	NDS, QL (28 tabs / 28 days), PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
HARVONI PAK 33.75-150MG	5	NDS, QL (28 packets / 28 days), PA
HARVONI PAK 45-200MG	5	NDS, QL (28 packets / 28 days), PA
HARVONI TAB 45-200MG	5	NDS, QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG	5	NDS, QL (28 tabs / 28 days), PA
LAGEVRIO CAPS 200mg	3	QL (40 caps / 5 days)
<i>lamivudine (hbv)</i> TABS 100mg	4	
LEDIP-SOFOSB TAB 90-400MG	5	NDS, QL (28 tabs / 28 days), PA
MAVYRET PAK 50-20MG	5	NDS, QL (180 tabs / 30 days), PA
MAVYRET TAB 100-40MG	5	NDS, QL (84 tabs / 28 days), PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID TAB 150-100	3	QL (20 tabs / 5 days)
PAXLOVID TAB 300-100	3	QL (30 tabs / 5 days)
PEGASYS SOLN 180mcg/ml	5	NDS, QL (4 vials / 28 days)
PEGASYS SOSY 180mcg/0.5ml	5	NDS, QL (4 syringes / 28 days)
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	
<i>rimantadine hydrochloride</i> TABS 100mg	2	
SOFOS/VELPAT TAB 400-100	5	NDS, QL (28 tabs / 28 days), PA
<i>valacyclovir hcl</i> TABS 1gm	2	QL (120 tabs / 30 days)
<i>valacyclovir hcl</i> TABS 500mg	2	QL (60 tabs / 30 days)
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl</i> TABS 450mg	2	
VEKLURY SOLR 100mg	4	
VEMLIDY TABS 25mg	5	NDS
VOSEVI TAB	5	NDS, QL (28 tabs / 28 days), PA
XOFLUZA TBPK 40mg, 80mg	3	QL (4 tabs / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	2	
CEFAZOL/DEX SOL 2GM	2	
CEFAZOLIN SOLR 2gm, 3gm	2	
CEFAZOLIN INJ 1GM/50ML	2	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SODIUM SOLR 100gm, 300gm	2	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	4	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
CEFEPIME/DEX INJ 1GM	4	
CEFEPIME/DEX INJ 2GM	4	
<i>cefixime</i> CAPS 400mg	4	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
CEFOXITIN INJ 1GM	2	
CEFOXITIN INJ 2GM	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
CEFTAZIDIME/ SOL D5W 1GM	2	
CEFTAZIDIME/ SOL D5W 2GM	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>ceftriaxone sodium in dextrose inj</i> 20 mg/ml	2	
<i>ceftriaxone sodium in dextrose inj</i> 40 mg/ml	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	2	
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> TABS 250mg, 500mg	4	
<i>erythromycin base</i> TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	2	
FLUOROQUINOLONES		
CIPRO SUSR 5gm/100ml, 500mg/5ml	4	
<i>ciprofloxacin</i> SUSR 5gm/100ml, 500mg/5ml	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>ofloxacin</i> TABS 300mg, 400mg	2	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	GC
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	GC
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	GC
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	GC
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	GC
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	GC
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	GC
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	GC
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	GC
<i>ampicillin CAPS 500mg</i>	1	GC
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	GC
<i>BICILLIN C-R INJ 900/300</i>	3	
<i>BICILLIN C-R INJ 1200000</i>	3	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	GC
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>OXACILLIN INJ 1GM</i>	2	
<i>OXACILLIN INJ 2GM</i>	2	
<i>oxacillin sodium SOLR 1gm, 2gm</i>	2	
<i>oxacillin sodium SOLR 10gm</i>	4	
<i>PEN GK/DEXTR INJ 20000/ML</i>	3	
<i>PEN GK/DEXTR INJ 40000/ML</i>	3	
<i>PEN GK/DEXTR INJ 60000/ML</i>	3	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	GC
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	2	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	2	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	2	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	2	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	2	

TETRACYCLINES

<i>demeclocycline hcl</i> TABS 150mg, 300mg	4	
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml	4	
<i>doxycycline (monohydrate)</i> TABS 50mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	2	
<i>doxycycline hyclate</i> TABS 50mg	1	GC
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	2	
<i>targadox</i> TABS 50mg	1	GC
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	
<i>tigecycline</i> SOLR 50mg	5	NDS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLN 1gm/5ml, 2gm/10ml, 500mg/2.5ml	4	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	4	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	NDS, B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	4	
LEUKERAN TABS 2mg	3	
<i>melphalan</i> TABS 2mg	4	B/D
ZEPZELCA SOLR 4mg	5	NDS, LA, PA

ANTIBIOTICS

<i>doxorubicin hcl</i> SOLN 2mg/ml; SOLR 10mg, 50mg	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	NDS, B/D

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml	4	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), LA, PA
LONSURF TAB 15-6.14	5	NDS, LA, PA
LONSURF TAB 20-8.19	5	NDS, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), LA, PA
PURIXAN SUSP 2000mg/100ml	5	NDS, LA
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), LA, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), LA, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
EMCYT CAPS 140mg	5	NDS
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), LA, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), LA, PA
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg, 120mg/vial	3	B/D
<i>flutamide</i> CAPS 125mg	2	
<i>letrozole</i> TABS 2.5mg	2	
LEUPROLIDE ACETATE INJ 22.5mg	4	PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	5	NDS, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	5	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	5	NDS, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	NDS, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	5	NDS, PA
LYSODREN TABS 500mg	5	NDS, LA

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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate</i> TABS 20mg, 40mg	4	PA
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), LA, PA
ORGOVYX TABS 120mg	5	NDS, QL (32 tabs / 30 days), LA, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), LA, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), LA, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	4	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), LA, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), LA, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), LA, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), LA, PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (28 caps / 28 days), LA, PA
POMALYST CAPS 1mg, 2mg	5	NDS, QL (21 caps / 21 days), LA, PA
POMALYST CAPS 3mg, 4mg	5	NDS, QL (21 caps / 28 days), LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (28 caps / 28 days), LA, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), LA, PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), LA, PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NDS, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, PA
<i>hydroxyurea</i> CAPS 500mg	2	
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), LA, PA
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), PA
MATULANE CAPS 50mg	5	NDS, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
VYXEOS INJ 44-100MG	5	NDS, LA, PA
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), LA, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml	5	NDS, B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml	5	NDS, B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	2	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), LA, PA
ALUNBRIG TABS 30mg	5	NDS, QL (60 tabs / 30 days), LA, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), LA, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 180 days), LA, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NDS, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TABS 3mg	5	NDS, QL (90 tabs / 30 days), LA, PA
BALVERSA TABS 4mg	5	NDS, QL (60 tabs / 30 days), LA, PA
BALVERSA TABS 5mg	5	NDS, QL (30 tabs / 30 days), LA, PA
BAVENCIO SOLN 200mg/10ml	5	NDS, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NDS, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	5	NDS, QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), LA, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), LA, PA
CALQUENCE CAPS 100mg	5	NDS, QL (60 caps / 30 days), LA, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), LA, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), LA, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), LA, PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	5	NDS, LA, PA
COMETRIQ KIT 20mg	5	NDS, LA, PA
COMETRIQ KIT 100MG	5	NDS, LA, PA
COMETRIQ KIT 140MG	5	NDS, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (60 caps / 30 days), LA, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), LA, PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	5	NDS, LA, PA
DARZALEX SOL FASPRO	5	NDS, LA, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), LA, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), LA, PA
ELREXFIO SOLN 44mg/1.1ml, 76mg/1.9ml	5	NDS, LA, PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	5	NDS, LA, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	5	NDS, QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), PA
<i>everolimus</i> TBSO 5mg	5	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), LA, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), LA, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), LA, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (30 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, LA, PA
HERCEPTIN SOLR 150mg	5	NDS, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), LA, PA
ICLUSIG TABS 10mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), LA, PA
ICLUSIG TABS 15mg	5	NDS, QL (60 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (56 caps / 28 days), LA, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), LA, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (324 mL / 30 days), LA, PA
IMBRUVICA TABS 140mg	5	NDS, QL (112 tabs / 28 days), LA, PA
IMBRUVICA TABS 280mg	5	NDS, QL (56 tabs / 28 days), LA, PA
IMBRUVICA TABS 420mg	5	NDS, QL (30 tabs / 30 days), LA, PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	5	NDS, LA, PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	5	NDS, LA, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), LA, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), LA, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), LA, PA
JAYPIRCA TABS 50mg, 100mg	5	NDS, QL (90 tabs / 30 days), LA, PA
JEMPERLI SOLN 500mg/10ml	5	NDS, LA, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, LA
KANJINTI SOLR 150mg, 420mg	5	NDS, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, LA, PA
KISQALI (200MG DAILY DOSE) TBPk 200mg	5	NDS, QL (21 tabs / 28 days), PA
KISQALI (400MG DAILY DOSE) TBPk 200mg	5	NDS, QL (42 tabs / 28 days), PA
KISQALI (600MG DAILY DOSE) TBPk 200mg	5	NDS, QL (63 tabs / 28 days), PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), LA, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), LA, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), LA, PA
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NDS, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), LA, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), LA, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), LA, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), LA, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), LA, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), LA, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), LA, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	5	NDS, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), LA, PA
LYTGOBI (12MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), LA, PA
LYTGOBI (16MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), LA, PA
LYTGOBI (20MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), LA, PA
MEKINIST SOLR .05mg/ml	5	NDS, LA, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), LA, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), LA, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), LA, PA
MONJUVI SOLR 200mg	5	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NDS, LA, PA
NERLYNX TABS 40mg	5	NDS, LA, PA
NINLARO CAPS 2.3mg	5	NDS, QL (6 caps / 28 days), PA
NINLARO CAPS 3mg	5	NDS, QL (4 caps / 28 days), PA
NINLARO CAPS 4mg	5	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), LA, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, LA, PA
OGSIVEO TABS 50mg	5	NDS, QL (180 tabs / 30 days), LA, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), LA, PA
OJEMDA SUSR 25mg/ml	5	NDS, LA, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	5	NDS, LA, PA
OPDUALAG SOL	5	NDS, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, LA, PA
PERJETA SOLN 420mg/14ml	5	NDS, LA, PA
PHESGO SOL	5	NDS, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), LA, PA
RETEVMO CAPS 40mg	5	NDS, QL (180 caps / 30 days), LA, PA
RETEVMO CAPS 80mg	5	NDS, QL (120 caps / 30 days), LA, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NDS, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NDS, LA, PA
RITUXAN INJ HYCELA	5	NDS, LA, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), LA, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), LA, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
RYDAPT CAPS 25mg	5	NDS, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
SPRYCEL TABS 20mg	5	NDS, QL (90 tabs / 30 days), PA
SPRYCEL TABS 50mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), PA
SPRYCEL TABS 70mg	5	NDS, QL (60 tabs / 30 days), PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), LA, PA
TAFINLAR TBSO 10mg	5	NDS, LA, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), LA, PA
TALVEY SOLN 3mg/1.5ml, 40mg/ml	5	NDS, LA, PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), LA, PA
TASIGNA CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
TASIGNA CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, LA, PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	5	NDS, LA, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), LA, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), LA, PA
TIVDAK SOLR 40mg	5	NDS, LA, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, LA, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, LA, PA
VELCADE SOLR 3.5mg	5	NDS, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), LA, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), LA, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (60 tabs / 30 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), LA, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), LA, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), LA, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), LA, PA
VOTRIENT TABS 200mg	5	NDS, QL (120 tabs / 30 days), LA, PA
XALKORI CAPS 200mg, 250mg	5	NDS, QL (60 caps / 30 days), LA, PA
XALKORI CPSP 20mg, 50mg	5	NDS, QL (240 caps / 30 days), LA, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), LA, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), LA, PA
XPOVIO TBPK 50mg	5	NDS, QL (20 tabs / 28 days), LA, PA
XPOVIO TBPK 60mg	5	NDS, QL (12 tabs / 28 days), LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (8 tabs / 28 days), LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	NDS, QL (16 tabs / 28 days), LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NDS, QL (24 tabs / 28 days), LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (16 tabs / 28 days), LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NDS, QL (32 tabs / 28 days), LA, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	5	NDS, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), LA, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, LA, PA
ZOLINZA CAPS 100mg	5	NDS, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), LA, PA
ZYKADIA TABS 150mg	5	NDS, QL (150 tabs / 30 days), LA, PA
ZYNLONTA SOLR 10mg	5	NDS, LA, PA
ZYNYZ SOLN 500mg/20ml	5	NDS, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
ELITEK SOLR 1.5mg, 7.5mg	5	NDS
KEPIVANCE SOLR 5.16mg, 6.25mg	5	NDS
<i>leucovorin calcium</i> SOLN 100mg/10ml, 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	5	NDS, B/D
MESNEX TABS 400mg	5	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	GC
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	GC
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	GC
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	GC
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	GC
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	GC
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	GC
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	GC
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	GC
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg</i>	1	GC, QL (30 tabs / 30 days)
<i>doxazosin mesylate TABS 8mg</i>	1	GC, QL (60 tabs / 30 days)
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	GC
<i>terazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	GC, QL (30 caps / 30 days)
<i>terazosin hcl CAPS 10mg</i>	1	GC, QL (60 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	GC
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	GC
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1	GC
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	GC
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	1	GC
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i> TABS 40mg, 80mg, 160mg, 320mg	1	GC
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> TABS 100mg, 200mg, 400mg	2	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	GC
LIDOCAINE HCL SOLN 100mg/5ml	2	
<i>lidocaine hcl (cardiac)</i> SOSY 50mg/5ml, 100mg/5ml	2	
<i>mexiletine hcl</i> CAPS 150mg, 200mg, 250mg	2	
MULTAQ TABS 400mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	2	
<i>procainamide hcl</i> SOLN 100mg/ml, 500mg/ml	2	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	2	
<i>quinidine gluconate</i> TBCR 324mg	4	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	2	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	2	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg	1	GC, QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 20mg, 40mg	1	GC, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	QL (30 tabs / 30 days)
<i>icosapent ethyl</i> CAPS .5gm, 1gm	2	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NDS, LA, PA
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	4	QL (60 tabs / 30 days)
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	QL (3 syringes / 28 days), PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	QL (1 cartridge / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (3 pens / 28 days), PA
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	GC
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	GC
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	GC
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	GC
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	GC
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	GC
<i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg	2	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	GC
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	GC
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	GC
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	GC
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg, 20mg	2	
<i>pindolol</i> TABS 5mg, 10mg	1	GC
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	2	
<i>propranolol hcl</i> SOLN 1mg/ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	GC
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	GC
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	GC
DILTIAZEM HCL SOLR 100mg	1	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	GC
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl</i> CAPS 20mg, 30mg; SOLN 2.5mg/ml	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	GC
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>acetazolamide sodium</i> SOLR 500mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	GC
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	GC
<i>chlorothiazide sodium</i> SOLR 500mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	GC
<i>ethacrynate sodium</i> SOLR 50mg	5	NDS
<i>ethacrynic acid</i> TABS 25mg	4	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	GC
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	GC
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	GC
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	GC
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	GC
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	2	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	GC, QL (30 tabs / 30 days)
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (30 caps / 30 days), LA, PA
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	QL (4 patches / 28 days)
clonidine hcl TABS .1mg, .2mg, .3mg	1	GC
CORLANOR SOLN 5mg/5ml	3	QL (120 ampules / 30 days)
CORLANOR TABS 5mg, 7.5mg	3	QL (60 tabs / 30 days)
digoxin SOLN .05mg/ml; TABS 125mcg	2	
digoxin TABS 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	5	NDS, QL (90 caps / 30 days), PA
droxidopa CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), PA
epinephrine (anaphylaxis) SOLN 1mg/ml, 30mg/30ml	2	
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	GC
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	
ivabradine hcl TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NDS, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	1	GC
phenoxybenzamine hcl CAPS 10mg	5	NDS, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), LA, PA
VYNDAQEL CAPS 20mg	5	NDS, QL (120 caps / 30 days), LA, PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	GC
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	GC
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, LA, PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, LA, PA
OPSUMIT TABS 10mg	5	NDS, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
TADLIQ SUSP 20mg/5ml	5	NDS, QL (300 mL / 30 days), PA
TRACLEER TBSO 32mg	5	NDS, LA, PA
TYVASO SOLN .6mg/ml	5	NDS, B/D, LA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	5	NDS, LA, PA
TYVASO DPI POW 16-32-48	5	NDS, LA, PA
TYVASO DPI POW 32-48MCG	5	NDS, LA, PA
UPTRAVI SOLR 1800mcg; TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, LA, PA
UPTRAVI PACK TAB 200/800	5	NDS, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS 2mg	4	QL (150 tabs / 30 days), PA
<i>alprazolam</i> TABS .25mg, .5mg, 1mg	4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	4	QL (60 caps / 30 days)
<i>fluvoxamine maleate</i> TABS 25mg	1	GC, QL (30 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 50mg	1	GC, QL (60 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	GC, QL (90 tabs / 30 days)
<i>lorazepam</i> TABS 2mg	2	QL (150 tabs / 30 days), PA
<i>lorazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days), PA
<i>lorazepam intensol</i> CONC 2mg/ml	2	PA
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	4	QL (120 caps / 30 days), PA

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	GC
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	2	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA
<i>memantine hcl tab</i> 28 x 5 mg & 21 x 10 mg titration pack	2	PA
NAMZARIC CAP 7-10MG	4	PA
NAMZARIC CAP 14-10MG	4	PA
NAMZARIC CAP 21-10MG	4	PA
NAMZARIC CAP 28-10MG	4	PA
NAMZARIC CAP PAK	4	PA
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
AUVELITY TAB 45-105MG	4	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	GC
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	1	GC, QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 150mg	1	GC, QL (90 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TB24 300mg	1	GC, QL (30 tabs / 30 days)
<i>bupropion hcl</i> TB24 450mg	4	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	4	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 40mg	2	QL (90 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC, QL (30 tabs / 30 days)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	3	QL (28 caps / 28 days)
<i>fluoxetine hcl</i> CAPS 10mg	1	GC, QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	GC, QL (90 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	GC, QL (60 caps / 30 days)
<i>fluoxetine hcl</i> CPDR 90mg	4	QL (4 caps / 28 days)
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	GC, QL (600 mL / 30 days)
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	4	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	4	
<i>olanzapine-fluoxetine hcl cap</i> 3-25 mg	4	
<i>olanzapine-fluoxetine hcl cap</i> 6-25 mg	4	
<i>olanzapine-fluoxetine hcl cap</i> 6-50 mg	4	
<i>olanzapine-fluoxetine hcl cap</i> 12-25 mg	4	
<i>olanzapine-fluoxetine hcl cap</i> 12-50 mg	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
<i>paroxetine hcl</i> TABS 30mg; TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	2	
<i>sertraline hcl</i> CONC 20mg/ml	1	GC
<i>sertraline hcl</i> TABS 25mg	1	GC, QL (30 tabs / 30 days)
<i>sertraline hcl</i> TABS 50mg, 100mg	1	GC, QL (60 tabs / 30 days)
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	4	QL (30 caps / 30 days)
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	GC
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	4	
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 150mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 75mg	2	QL (90 caps / 30 days)
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	QL (90 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / year), LA, PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / year), LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	2	
APOKYN SOCT 30mg/3ml	5	NDS, LA
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	5	NDS
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	2	
INBRIJA CAPS 42mg	5	NDS, LA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
NOURIANZ TABS 20mg, 40mg	5	NDS, LA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>tolcapone TABS 100mg</i>	5	NDS

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	5	NDS
<i>aripiprazole SOLN 1mg/ml</i>	4	
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	5	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml	2	
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg	4	
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days)
FANAPT PAK	4	QL (8 tabs / 28 days)
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 80mg, 120mg	4	
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), LA, PA
<i>olanzapine</i> SOLR 10mg	2	
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	NDS
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg; TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	3	
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS
<i>risperidone</i> SOLN 1mg/ml	2	QL (480 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	QL (60 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	4	PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	5	NDS
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV SUSR 210mg	4	
ZYPREXA RELPREVV SUSR 300mg, 405mg	5	NDS
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS
BRIVIACT SOLN 50mg/5ml	4	
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
clobazam SUSP 2.5mg/ml; TABS 10mg, 20mg	4	PA
clonazepam TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg	2	
clorazepate dipotassium TABS 3.75mg, 7.5mg	2	QL (90 tabs / 30 days), PA
clorazepate dipotassium TABS 15mg	2	QL (180 tabs / 30 days), PA
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	5	NDS, LA
diazepam SOLN 5mg/5ml	2	PA
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	4	
diazepam intensol CONC 5mg/ml	2	PA
DILANTIN CAPS 30mg	3	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg	2	
divalproex sodium TBEC 125mg, 250mg, 500mg	1	GC
EPIDIOLEX SOLN 100mg/ml	5	NDS, LA, PA
epitol TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	
ethosuximide CAPS 250mg; SOLN 250mg/5ml	2	
felbamate SUSP 600mg/5ml	5	NDS
felbamate TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, LA, PA
fosphenytoin sodium SOLN 100mgpe/2ml, 500mgpe/10ml	2	
FYCOMPA SUSP .5mg/ml	4	
FYCOMPA TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 100mg, 400mg	1	GC, QL (270 caps / 30 days), PA
<i>gabapentin</i> CAPS 300mg	1	GC, QL (360 caps / 30 days), PA
<i>gabapentin</i> SOLN 250mg/5ml	2	QL (2160 mL / 30 days), PA
<i>gabapentin</i> TABS 600mg	1	GC, QL (180 tabs / 30 days), PA
<i>gabapentin</i> TABS 800mg	1	GC, QL (120 tabs / 30 days), PA
<i>lacosamide</i> SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	2	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	5	NDS, QL (10 films / 30 days)
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	4	PA
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	2	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> SUSP 40mg/ml; TABS 400mg	5	NDS
<i>rufinamide</i> TABS 200mg	4	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	2	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg; CS24 25mg, 50mg, 100mg, 150mg, 200mg	4	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	5	NDS
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	5	NDS
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	5	NDS
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	5	NDS
<i>vigabatrin</i> PACK 500mg; TABS 500mg	5	NDS, LA
<i>vigadrone</i> PACK 500mg; TABS 500mg	5	NDS, LA
<i>vigpoder</i> PACK 500mg	5	NDS, LA
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	4	
XCOPRI PAK 12.5-25	4	
XCOPRI PAK 50-100MG	4	
XCOPRI PAK 100-150	4	
XCOPRI PAK 150-200	4	
ZONISADE SUSP 100mg/5ml	4	
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>clonidine hcl (adhd) TB12 .1mg</i>	2	
<i>dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg</i>	4	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg</i>	4	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>dextroamphetamine sulfate CP24 5mg, 10mg</i>	4	QL (150 caps / 30 days), PA
<i>dextroamphetamine sulfate CP24 15mg</i>	4	QL (120 caps / 30 days), PA
<i>dextroamphetamine sulfate SOLN 5mg/5ml</i>	2	
<i>dextroamphetamine sulfate TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>dextroamphetamine sulfate TABS 15mg</i>	2	QL (120 tabs / 30 days), PA
<i>dextroamphetamine sulfate TABS 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>dextroamphetamine sulfate TABS 30mg</i>	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl CP24 10mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>methylphenidate hcl CP24 40mg, 60mg; CPCR 40mg, 50mg, 60mg</i>	4	QL (30 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg; TBCR 18mg, 27mg, 36mg	4	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 54mg, 72mg	4	QL (30 tabs / 30 days), PA
<i>procentra</i> SOLN 5mg/5ml	2	
<i>zenzedi</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>zenzedi</i> TABS 15mg	2	QL (120 tabs / 30 days), PA
<i>zenzedi</i> TABS 20mg	2	QL (90 tabs / 30 days), PA
<i>zenzedi</i> TABS 30mg	2	QL (60 tabs / 30 days), PA

HYPNOTICS

<i>HETLIOZ</i> LQ SUSP 4mg/ml	5	NDS, QL (158 mL / 30 days), LA, PA
<i>ramelteon</i> TABS 8mg	2	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), PA
<i>temazepam</i> CAPS 7.5mg, 15mg, 22.5mg, 30mg	4	QL (30 caps / 30 days), PA
<i>zaleplon</i> CAPS 5mg	2	QL (30 caps / 30 days), PA
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days), PA

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 28 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 28 days)
<i>EMGALITY</i> SOAJ 120mg/ml	3	QL (2 pens / 30 days), PA
<i>EMGALITY</i> SOSY 100mg/ml	3	QL (3 syringes / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (18 tabs / 28 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 28 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (36 tabs / 28 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (36 inhalers / 28 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (18 inhalers / 28 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml, 6mg/0.5ml; SOCT 4mg/0.5ml, 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (16 injections / 28 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (18 tabs / 28 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg	2	QL (18 tabs / 28 days)
<i>zolmitriptan</i> TBDP 2.5mg, 5mg	4	QL (18 tabs / 28 days)

MISCELLANEOUS

AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), LA, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), LA, PA
AUSTEDO XR TB24 6mg, 12mg	5	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TITRAT KIT (6MG/12MG/24MG)	5	NDS, QL (42 tabs / 180 days), PA
AUSTEDO XR TITRAT KIT (12MG/18MG/24MG/30MG)	5	NDS, QL (28 tabs / 180 days), PA
FIRDAPSE TABS 10mg	5	NDS, LA, PA
INGREZZA CAPS 40mg, 60mg, 80mg; CPSP 60mg	5	NDS, QL (30 caps / 30 days), LA, PA
INGREZZA CAP 40-80MG	5	NDS, QL (28 caps / 28 days), LA, PA
INGREZZA CPSP 40MG	5	NDS, QL (30 caps / 30 days), LA, PA
INGREZZA CPSP 80MG	5	NDS, QL (30 caps / 30 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml	5	NDS
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>pyridostigmine bromide</i> TBCR 180mg	4	
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	5	NDS, LA, PA
<i>riluzole</i> TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL (60 tabs / 30 days)
SAVELLA MIS TITR PAK	3	QL (55 tabs / 30 days)
TEGSEDI SOSY 284mg/1.5ml	5	NDS, LA, PA
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

AVONEX PSKT 30mcg/0.5ml	5	NDS, QL (1 injection / 28 days), PA
AVONEX PEN AJKT 30mcg/0.5ml	5	NDS, QL (1 injection / 28 days), PA
BETASERON KIT .3mg	5	NDS, QL (14 injections / 28 days), PA
BRIUMVI SOLN 150mg/6ml	5	NDS, QL (4 vials / 28 days), LA, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 injections / 30 days), PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 injections / 28 days), PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), PA
<i>dimethyl fumarate</i> CPDR 120mg	5	NDS, QL (56 caps / 28 days), PA
<i>dimethyl fumarate</i> CPDR 240mg	5	NDS, QL (60 caps / 30 days), PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	NDS, QL (1 kit / 180 days), PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), PA
GILENYA CAPS .25mg	5	NDS, QL (28 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / year), LA, PA
MAYZENT TABS 1mg, 2mg	5	NDS, QL (30 tabs / 30 days), LA, PA
MAYZENT TABS .25mg	5	NDS, QL (112 tabs / 28 days), LA, PA
MAYZENT STARTER PACK (7) TBPk .25mg	3	QL (7 tabs / 180 days), LA, PA
MAYZENT STARTER PACK (12) TBPk .25mg	5	NDS, QL (12 tabs / 180 days), LA, PA
OCREVUS SOLN 300mg/10ml	5	NDS, QL (6 vials / year), LA, PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	NDS, QL (2 injections / 28 days), LA, PA
PLEGRIDY INJ STARTER	5	NDS, QL (1 box / 180 days), LA, PA
PLEGRIDY PEN INJ STARTER	5	NDS, QL (1 box / 180 days), LA, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	NDS, QL (12 injections / 28 days), PA
REBIF REBIDO INJ TITRATN	5	NDS, QL (4.2 mL / 28 days), PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	NDS, QL (12 injections / 28 days), PA
REBIF TITRTN INJ PACK	5	NDS, QL (4.2 mL / 28 days), PA
teriflunomide TABS 7mg, 14mg	5	NDS, QL (30 tabs / 30 days), PA
TYSABRI CONC 300mg/15ml	5	NDS, QL (1 vial / 28 days), LA, PA
VUMERITY CPDR 231mg	5	NDS, QL (120 caps / 30 days), LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	1	GC
BOTOX SOLR 100unit, 200unit	3	PA
<i>chlorzoxazone</i> TABS 500mg	4	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	4	QL (90 tabs / 30 days), PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	2	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), LA, PA
XYREM SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), LA, PA
XYWAV SOL 0.5GM/ML	5	NDS, QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	2	QL (60 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	GC
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	QL (2 sprays / 30 days)
LUCEMYRA TABS .18mg	5	NDS
<i>naloxone hcl</i> LIQD 4mg/0.1ml	2	QL (2 sprays / 30 days)
<i>naloxone hcl</i> SOCT .4mg/ml; SOSY 2mg/2ml	2	
NALOXONE HYDROCHLORIDE SOSY .4mg/ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (53 tabs / 180 days)
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 5.7-1.4	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (60 tabs / 30 days)

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	QL (30 patches / 30 days), PA
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>methyltestosterone</i> CAPS 10mg	2	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm	2	QL (150 gm / 30 days), PA
<i>testosterone</i> GEL 25mg/2.5gm	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg	1	GC, QL (360 tabs / 30 days)
<i>acarbose</i> TABS 50mg	1	GC, QL (180 tabs / 30 days)
<i>acarbose</i> TABS 100mg	1	GC, QL (90 tabs / 30 days)
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (3.4 mL / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	3	QL (1 pen / 30 days), PA
CYCLOSET TABS .8mg	4	QL (180 tabs / 30 days)
FARXIGA TABS 5mg	3	QL (60 tabs / 30 days)
FARXIGA TABS 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg	1	GC, QL (240 tabs / 30 days)
<i>glimepiride</i> TABS 2mg	1	GC, QL (120 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg; TB24 2.5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg; TB24 5mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	GC, QL (240 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (30 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO XR TAB 5-1000	3	QL (30 tabs / 30 days)
<i>metformin hcl SOLN 500mg/5ml</i>	2	QL (765 mL / 30 days)
<i>metformin hcl TABS 500mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg; TB24 750mg</i>	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	GC, QL (120 tabs / 30 days)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide TABS 60mg</i>	1	GC, QL (180 tabs / 30 days)
<i>nateglinide TABS 120mg</i>	1	GC, QL (90 tabs / 30 days)
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml, 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl TABS 15mg, 30mg, 45mg</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	1	GC, QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
repaglinide TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYMLINPEN 60 SOPN 1500mcg/1.5ml	5	NDS, QL (4 pens / 30 days), PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	5	NDS, QL (4 pens / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS	2	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	QL (10 pens / 30 days)
FIASP SOLN 100unit/ml	3	QL (9 vials / 30 days)
FIASP FLEXTOUCH SOPN 100unit/ml	3	QL (20 pens / 30 days)
FIASP PENFILL SOCT 100unit/ml	3	QL (20 injections / 30 days)
GAUZE PADS 2X2	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	QL (2 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	QL (6 pens / 30 days)
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE (DISP) U-100 0.3ML	3	
INSULIN SYRINGE (DISP) U-100 1/2ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 1ML	3	
LANTUS SOLN 100unit/ml	3	QL (6 vials / 30 days)
LANTUS SOLOSTAR SOPN 100unit/ml	3	QL (10 pens / 30 days)
LEVEMIR SOLN 100unit/ml	3	QL (6 vials / 30 days)
LEVEMIR FLEXPEN SOPN 100unit/ml	3	QL (10 pens / 30 days)
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	QL (10 pens / 30 days)
NOVOLIN INJ 70/30	3	QL (90 mL / 30 days)
NOVOLIN INJ 70/30 FP	3	QL (20 pens / 30 days)
NOVOLIN N SUSP 100unit/ml	3	QL (90 mL / 30 days)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	QL (20 pens / 30 days)
NOVOLIN R SOLN 100unit/ml	3	QL (6 vials / 30 days)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	QL (20 pens / 30 days)
NOVOLOG SOLN 100unit/ml	3	QL (9 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	QL (20 pens / 30 days)
NOVOLOG MIX INJ 70/30	3	QL (90 mL / 30 days)
NOVOLOG MIX INJ FLEXPEN	3	QL (30 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	3	QL (20 cartridges / 30 days)
OMNIPOD 5 G6 KIT INTRO	3	
OMNIPOD 5 G6 MIS PODS	3	
OMNIPOD 5 G7 KIT INTRO	3	
OMNIPOD 5 G7 MIS PODS	3	
OMNIPOD DASH KIT INTRO	3	
OMNIPOD DASH MIS PODS	3	
OMNIPOD GO KIT 10UNT/DY	3	
OMNIPOD GO KIT 15UNT/DY	3	
OMNIPOD GO KIT 20UNT/DY	3	
OMNIPOD GO KIT 25UNT/DY	3	
OMNIPOD GO KIT 30UNT/DY	3	
OMNIPOD GO KIT 35UNT/DY	3	
OMNIPOD GO KIT 40UNT/DY	3	
OMNIPOD MIS CLASSIC	3	
OMNIPOD PDM KIT CLASSIC	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	QL (6 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	3	QL (9 pens / 30 days)
TRESIBA SOLN 100unit/ml	3	QL (3 vials / 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	3	QL (6 pens / 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	GC, QL (1286 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium</i> TABS 10mg	1	GC, QL (30 tabs / 30 days)
<i>alendronate sodium</i> TABS 35mg, 70mg	1	GC, QL (4 tabs / 28 days)
<i>calcitonin (salmon)</i> SOLN 200unit/act	2	B/D
<i>calcitonin (salmon)</i> SOLN 200unit/ml	2	
FORTEO SOPN 600mcg/2.4ml	5	NDS, QL (1 pen / 28 days), PA
<i>ibandronate sodium</i> SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	1	GC, B/D, QL (1 tab / 30 days)
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), PA
<i>risedronate sodium</i> TABS 5mg, 30mg	2	QL (30 tabs / 30 days)
<i>risedronate sodium</i> TABS 35mg; TBEC 35mg	2	QL (4 tabs / 28 days)
<i>risedronate sodium</i> TABS 150mg	2	QL (1 tab / 30 days)
TERIPARATIDE SOPN 620mcg/2.48ml	5	NDS, QL (1 pen / 28 days), PA
<i>teriparatide (recombinant)</i> SOPN 600mcg/2.4ml	5	NDS, QL (1 pen / 28 days), PA
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), PA
XGEVA SOLN 120mg/1.7ml	5	NDS, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	5	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	4	
<i>deferiprone</i> TABS 500mg, 1000mg	5	NDS, LA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	5	NDS, LA
FERRIPROX TWICE-A-DAY TABS 1000mg	5	NDS, LA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS
<i>sodium polystyrene sulfonate powder</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sps</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg, 500mg	5	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amethia</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>eluryng</i>	4	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	4	
<i>falmina</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hailey 24 fe</i>	2	
<i>haloette</i>	4	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jencycla TABS .35mg</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<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>loryna</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel</i>	2	
<i>luta</i>	2	
<i>lyleq</i> TABS .35mg	2	
<i>lyza</i> TABS .35mg	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	4	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.8 mg-25 mcg	2	
<i>norethindrone (contraceptive) TABS</i> .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> 20/1-30/1-35 mg-mcg	2	
<i>norethindrone ace & ethinyl estradiol tab 1</i> mg-20 mcg	2	
<i>norethindrone ace & ethinyl estradiol-fe</i> tab 1 mg-20 mcg	2	
<i>norgestimate & ethinyl estradiol tab 0.25</i> mg-35 mcg	2	
<i>norgestimate-eth estrad tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg	2	
<i>norgestimate-eth estrad tab 0.18-</i> 35/0.215-35/0.25-35 mg-mcg	2	
<i>norlyda</i> TABS .35mg	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
ORILISSA TABS 150mg, 200mg	5	NDS, PA
SYNAREL SOLN 2mg/ml	5	NDS

ESTROGENS

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	QL (8 patches / 28 days)
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	QL (8 patches / 28 days)
<i>estradiol</i> PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4	QL (4 patches / 28 days)
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	4	
<i>estradiol vaginal CREA .1mg/gm</i>	2	
<i>estradiol vaginal TABS 10mcg</i>	4	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	4	
<i>ESTRING RING 7.5mcg/24hr</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	4	QL (8 patches / 28 days)
<i>MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg</i>	3	
<i>mimvey</i>	4	
<i>PREMARIN CREA .625mg/gm</i>	3	
<i>PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg</i>	4	
<i>yuvaferm TABS 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml</i>	2	
<i>dexamethasone TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	GC
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	2	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	2	
<i>fludrocortisone acetate TABS .1mg</i>	1	GC
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	1	GC
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	1	GC, B/D
<i>methylprednisolone TBPK 4mg</i>	1	GC
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg</i>	2	
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone TABS 5mg</i>	2	
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 10mg/5ml</i>	1	GC
<i>prednisolone sodium phosphate SOLN 20mg/5ml</i>	1	GC, B/D
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	GC, B/D
<i>prednisone TBPK 5mg, 10mg</i>	1	GC
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GLUCAGEN HYPOKIT SOLR 1mg	3	
<i>glucagon (rdna)</i> KIT 1mg	2	
GLUCAGON EMERGENCY KIT FO SOLR 1mg/ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	5	NDS, LA, PA
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, LA
<i>betaine anhy pow</i>	5	NDS, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NDS, LA
CERDELGA CAPS 84mg	5	NDS, LA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	4	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days)
CORTROPHIN GEL 80unit/ml	5	NDS, LA, PA
CYSTAGON CAPS 50mg, 150mg	3	LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
DOJOLVI LIQD 100%	5	NDS, LA, PA
ELAPRASE SOLN 6mg/3ml	5	NDS, LA
FABRAZYME SOLR 5mg, 35mg	5	NDS, LA
<i>fomepizole</i> SOLN 1.5gm/1.5ml	2	
HUMATROPE CART 6mg, 12mg, 24mg	5	NDS, PA
INCRELEX SOLN 40mg/4ml	5	NDS, LA
ISTURISA TABS 1mg, 5mg	5	NDS, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, LA, PA
KORLYM TABS 300mg	5	NDS, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
LUMIZYME SOLR 50mg	5	NDS, LA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NDS, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NDS, PA
<i>methergine</i> TABS .2mg	4	
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, PA
<i>miglustat</i> CAPS 100mg	5	NDS
NAGLAZYME SOLN 1mg/ml	5	NDS, LA
NEXVIAZYME SOLR 100mg	5	NDS, LA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	4	
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NDS
OPFOLDA CAPS 65mg	5	NDS, LA, PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	5	NDS, LA
<i>raloxifene hcl</i> TABS 60mg	2	
RAVICTI LIQD 1.1gm/ml	5	NDS, LA
REVCIVI SOLN 2.4mg/1.5ml	5	NDS, LA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NDS
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, LA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, LA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	NDS, LA, PA
XIAFLEX SOLR .9mg	5	NDS, PA
<i>yargesa</i> CAPS 100mg	5	NDS
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	4	PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate</i> PACK .8gm, 2.4gm; TABS 800mg	4	
PROGESTINS		
<i>CRINONE</i> GEL 4%	4	
<i>CRINONE</i> GEL 8%	4	PA
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml	4	PA
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>liothyronine sodium</i> SOLN 10mcg/ml; TABS 5mcg, 25mcg, 50mcg	1	GC
<i>methimazole</i> TABS 5mg, 10mg	2	
<i>propylthiouracil</i> TABS 50mg	2	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
<i>doxercalciferol</i> SOLN 4mcg/2ml	2	
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
<i>paricalcitol</i> SOLN 2mcg/ml, 5mcg/ml	4	
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro SUPP 25mg</i>	2	
<i>dronabinol CAPS 2.5mg, 5mg, 10mg</i>	4	B/D
<i>granisetron hcl SOLN 1mg/ml, 4mg/4ml</i>	2	
<i>granisetron hcl TABS 1mg</i>	2	B/D
<i>meclizine hcl TABS 12.5mg, 25mg</i>	4	
<i>metoclopramide hcl SOLN 5mg/5ml, 5mg/ml</i>	2	
<i>metoclopramide hcl TABS 5mg, 10mg</i>	1	GC
<i>ondansetron TBDP 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml</i>	2	
<i>ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg</i>	2	B/D
<i>palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml</i>	4	
<i>PALONOSETRON HYDROCHLORID SOLN .25mg/2ml</i>	4	
<i>prochlorperazine SUPP 25mg</i>	2	
<i>prochlorperazine edisylate SOLN 10mg/2ml</i>	2	
<i>prochlorperazine maleate TABS 5mg, 10mg</i>	2	
<i>promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg</i>	4	
<i>scopolamine PT72 1mg/3days</i>	4	PA
ANTISPASMODICS		
<i>atropine sulfate SOLN .4mg/ml, 1mg/ml, 8mg/20ml; SOSY .25mg/5ml</i>	2	
<i>ATROPINE SULFATE SOSY .25mg/5ml, .5mg/5ml, 1mg/10ml</i>	2	
<i>dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg</i>	2	PA
<i>glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml; TABS 1mg, 2mg</i>	2	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine TABS 200mg, 300mg, 400mg, 800mg</i>	2	
<i>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	GC
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine</i> CAPS 150mg, 300mg	1	GC
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	4	
<i>budesonide</i> TB24 9mg	5	NDS
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm; ENEM 4gm; TBEC 1.2gm	4	
<i>mesalamine</i> CPCR 500mg	2	
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
PENTASA CPCR 250mg, 500mg	3	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
CLENPIQ SOL	4	
<i>constulose</i> SOLN 10gm/15ml	1	GC
<i>enulose</i> SOLN 10gm/15ml	1	GC
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	1	GC
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	1	GC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg-3350/electrolytes/asc</i>	2	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
SUFLAVE SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	5	NDS
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	4	QL (1 box / 30 days)
CHOLBAM CAPS 50mg, 250mg	5	NDS, LA, PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GATTEX KIT 5mg	5	NDS, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg	2	QL (180 caps / 30 days)
<i>lubiprostone</i> CAPS 24mcg	2	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
MYTESI TBEC 125mg	4	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 injections / 28 days)
SUCRAID SOLN 8500unit/ml	5	NDS, LA
<i>sucralfate</i> SUSP 1gm/10ml	4	
<i>sucralfate</i> TABS 1gm	1	GC
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VIBERZI TABS 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
XERMELO TABS 250mg	5	NDS, QL (90 tabs / 30 days), LA, PA
XIFAXAN TABS 550mg	5	NDS, QL (90 tabs / 30 days), PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	5	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	5	NDS
ZENPEP CAP 60000UNT	5	NDS

PROTON PUMP INHIBITORS

<i>dexlansoprazole</i> CPDR 30mg, 60mg	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days)
<i>esomeprazole sodium</i> SOLR 40mg	2	
<i>lansoprazole</i> CPDR 15mg	2	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC, QL (30 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium</i> TBEC 20mg	1	GC, QL (30 tabs / 30 days)
<i>pantoprazole sodium</i> TBEC 40mg	1	GC, QL (60 tabs / 30 days)
<i>rabeprazole sodium</i> TBEC 20mg	4	QL (90 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	GC
<i>dutasteride</i> CAPS .5mg	2	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	
<i>finasteride</i> TABS 5mg	1	GC
<i>silodosin</i> CAPS 4mg, 8mg	2	
<i>tamsulosin hcl</i> CAPS .4mg	1	GC

MISCELLANEOUS

<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
ELMIRON CAPS 100mg	3	
FILSPARI TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days), LA, PA
<i>flavoxate hcl</i> TABS 100mg	2	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
TARPEYO CPDR 4mg	5	NDS, QL (120 caps / 30 days), LA, PA
THIOLA EC TBEC 100mg, 300mg	5	NDS, LA
<i>tiopronin</i> TABS 100mg; TBEC 100mg, 300mg	5	NDS

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	
GEMTESA TABS 75mg	4	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	4	
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	2	
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	
<i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg, 2mg	2	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	2	

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole</i> 3 SUPP 200mg	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 110mg, 150mg	4	
ELIQUIS TABS 2.5mg, 5mg	3	
ELIQUIS STARTER PACK TBPK 5mg	3	
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/D5W INJ 100/ML	2	B/D
HEP SOD/D5W INJ 20000UNT	2	B/D
HEP SOD/D5W INJ 25000UNT	2	B/D
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	2	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	3	
XARELTO STAR TAB 15/20MG	3	

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	5	NDS, PA
LEUKINE SOLR 250mcg	5	NDS, PA
MOZOBIL SOLN 24mg/1.2ml	5	NDS, LA, PA
NEULASTA SOSY 6mg/0.6ml	5	NDS, PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	5	NDS, PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA
NYVEPRIA SOSY 6mg/0.6ml	5	NDS, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	5	NDS, PA

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

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, PA
UDENYCA SOAJ 6mg/0.6ml; SOSY 6mg/0.6ml	5	NDS, PA
UDENYCA ONBODY SOSY 6mg/0.6ml	5	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NDS, PA

MISCELLANEOUS

ADAKVEO SOLN 100mg/10ml	5	NDS, PA
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	5	NDS, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
CABLIVI KIT 11mg	5	NDS, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NDS, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NDS, QL (180 packets / 30 days), LA, PA
HAEGARDA SOLR 2000unit, 3000unit	5	NDS, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, QL (180 packets / 30 days), PA
AXBRYTA TABS 300mg; TBSO 300mg	5	NDS, QL (240 tabs / 30 days), LA, PA
AXBRYTA TABS 500mg	5	NDS, QL (150 tabs / 30 days), LA, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	5	NDS, LA, PA
PYRUKYND TABS 5mg, 20mg, 50mg	5	NDS, QL (56 tabs / 28 days), LA, PA
PYRUKYND TAB 20MGX5MG	5	NDS, QL (56 tabs / 28 days), LA, PA
PYRUKYND TAB 50MGX20M	5	NDS, QL (56 tabs / 28 days), LA, PA
PYRUKYND TAPER PACK TBPK 5mg	5	NDS, QL (56 tabs / 28 days), LA, PA
RUCONEST SOLR 2100unit	5	NDS, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, LA, PA
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml	5	NDS, LA, PA
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), LA, PA
<i>tranexamic acid</i> TABS 650mg	2	

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>clopidogrel bisulfate</i> TABS 300mg	2	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	4	
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml	5	NDS, QL (4 pens / 28 days), PA
ADALIMUMAB-ADAZ SOSY 40mg/0.4ml	5	NDS, QL (4 syringes / 28 days), PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), PA
ENBREL SOLR 25mg; SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 injections / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (4 syringes / 28 days), PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (4 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 injections / 28 days), PA
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (4 injections / 28 days), PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN PNKT 80mg/0.8ml	5	NDS, QL (2 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 180 days), PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	NDS, QL (3 pens / 180 days), PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 180 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS 30mg	5	NDS, QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20/30	5	NDS, QL (55 tabs / 180 days), PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	5	NDS, QL (84 tabs / 180 days), PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (7 injections / year), PA
SKYRIZI SOLN 600mg/10ml	5	NDS, QL (6 vials / year), PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), LA, PA
STELARA SOLN 130mg/26ml	5	NDS, QL (104 mL / 28 days), LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	NDS, QL (3 syringes / 28 days), LA, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (300 mL / 30 days), PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
RIDAURA CAPS 3mg	5	NDS

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, LA, PA
CUVITRU SOLN 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	5	NDS, LA, PA
FLEBOGAMMA DIF SOLN .5gm/10ml, 2.5gm/50ml	5	NDS, PA
GAMASTAN INJ	3	B/D, LA
GAMMAGARD LIQUID SOLN 2.5gm/25ml, 30gm/300ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA
GAMMAKED SOLN 1gm/10ml	5	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
HIZENTRA SOLN 1gm/5ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	5	NDS, LA, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 10gm/200ml, 25gm/500ml, 30gm/300ml	5	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PRIVIGEN SOLN 20gm/200ml, 40gm/400ml	5	NDS, PA
VARIZIG SOLN 125unit/1.2ml	5	NDS
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, LA, PA
ARCALYST SOLR 220mg	5	NDS, LA, PA
ILARIS SOLN 150mg/ml	5	NDS, LA, PA
RAGWITEK SUBL 12amba1-u	3	
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	5	NDS
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
AZATHIOPRINE SOLR 100mg	2	
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	5	NDS, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	NDS, B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
LUPKYNIS CAPS 7.9mg	5	NDS, LA, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate mofetil hcl</i> SOLR 500mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
PROGRAF SOLN 5mg/ml	3	
REZUROCK TABS 200mg	5	NDS, QL (60 tabs / 30 days), LA, PA
SAPHNELO SOLN 300mg/2ml	5	NDS, LA, PA
SIMULECT SOLR 10mg, 20mg	3	
<i>sirolimus</i> SOLN 1mg/ml	5	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
THYMOGLOBULIN SOLR 25mg	5	NDS
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENG VAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXCHIQ INJ	3	
IXIARO INJ	3	
JYNNEOS SUSP .5ml	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
MRESVIA SUSY 50mcg/0.5ml	3	
PEDIARIX INJ 0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENBRAYA INJ	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	2
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
ISOLYTE-P INJ /D5W	3
ISOLYTE-S INJ PH 7.4	3
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
KCL/D5W/LACT INJ 20MEQ/L	2	
<i>lactated ringer's solution</i>	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
MAGNESIUM SULFATE SOLN 40gm/1000ml	2	
<i>multiple electrolytes inj</i>	2	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>potassium chloride SOLN 2meq/ml, 10meq/50ml, 20meq/50ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>ringer's solution</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	2	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>elite-ob</i>	1	GC
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
PNV TABS TAB 29-1MG	1	GC
<i>pnv-select</i>	1	GC
<i>potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	2	
PRENATAL TAB 27-1MG	1	GC

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS	1	GC
PRETAB TAB 29-1MG	1	GC
SE-NATAL 19 CHW	1	GC
SE-NATAL 19 TAB	1	GC
<i>sodium fluoride</i> CHEW 1mg; SOLN .5mg/ml	2	
<i>sodium fluoride tab; 1.1(0.5 f)mg/ml soln</i>	2	
TRINATAL RX TAB 1	1	GC

IV NUTRITION

CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%, 50%, 70%, 250mg/ml	2	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	2	B/D
TRAVASOL INJ 10%	2	B/D
TROPHAMINE INJ 10%	2	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	GC, QL (30 mL / 30 days)
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	GC
<i>gatifloxacin (ophth)</i> SOLN .5%	2	
<i>gentak</i> OINT .3%	2	QL (17.5 gm / 30 days)
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	GC, QL (30 mL / 30 days)
<i>levofloxacin (ophth)</i> SOLN .5%	2	QL (30 mL / 30 days)
NATACYN SUSP 5%	3	
<i>neo-polycin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth)</i> SOLN .3%	2	
<i>polycin</i>	1	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	2	
<i>tobramycin (ophth)</i> SOLN .3%	1	GC, QL (30 mL / 30 days)
TOBREX OINT .3%	3	QL (17.5 gm / 30 days)
<i>trifluridine</i> SOLN 1%	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .09%	2	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	QL (30 mL / 30 days)
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	QL (30 mL / 30 days)
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate</i> GEL .5%; SUSP .5%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC
<i>epinastine hcl (ophth)</i> SOLN .05%	2	
<i>olopatadine hcl</i> SOLN .2%	2	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl</i> SOLN .5%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
<i>bimatoprost</i> SOLN .03%	2	
<i>brimonidine tartrate</i> SOLN .1%, .15%, .2%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
PHOSPHOLINE IODIDE SOLR .125%	4	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
<i>tafluprost</i> SOLN .015mg/ml	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>travoprost</i> SOLN .004%	2	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTARAN SOLN .44%	5	NDS, LA
LACRISERT INST 5mg	3	QL (60 single use vials / 30 days)
OXERVATE SOLN .002%	5	NDS, LA, PA
RESTASIS EMUL .05%	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE EMUL .05%	3	QL (5.5 mL / 30 days)
XIIDRA SOLN 5%	3	QL (60 single use vials / 30 days)
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac OIL .01%</i>	2	
<i>fluocinolone acetonide (otic) OIL .01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	QL (30 mL / 30 days)
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic) SOLN .3%</i>	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
STIOLTO AER 2.5-2.5	3	QL (1 inhaler / 30 days)
TRELEGY AER 100MCG	3	QL (1 inhaler / 30 days)
TRELEGY AER 200MCG	3	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	QL (30 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate CAPS 18mcg</i>	2	QL (30 caps / 30 days)
YUPELRI SOLN 175mcg/3ml	5	NDS, B/D, QL (90 mL / 30 days)

ANTIHIISTAMINES

<i>azelastine hcl SOLN .1%, .15%</i>	2	QL (2 bottles / 30 days)
<i>cetirizine hcl SOLN 5mg/5ml</i>	2	
<i>desloratadine TABS 5mg</i>	2	QL (30 tabs / 30 days)
<i>desloratadine TBDP 2.5mg, 5mg</i>	4	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	
<i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i>	4	PA
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	2	
<i>levocetirizine dihydrochloride TABS 5mg</i>	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal) SOLN .6%</i>	2	QL (1 bottle / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
PROAIR RESPICLICK AEPB 108mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml	4	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	2	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NDS, LA, PA
BRONCHITOL CAPS 40mg	5	NDS, QL (560 caps / 28 days), LA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>elixophyllin</i> ELIX 80mg/15ml	2	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	QL (4 pens / 30 days)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml	2	QL (2 pens / 30 days)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	QL (4 pens / 30 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	QL (4 pens / 30 days)
GLASSIA SOLN 1000mg/50ml	5	NDS, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), LA, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), LA, PA
NUCALA SOAJ 100mg/ml	5	NDS, QL (3 injections / 28 days), LA, PA
NUCALA SOLR 100mg	5	NDS, QL (3 vials / 28 days), LA, PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 40mg/0.4ml	5	NDS, QL (1 syringe / 28 days), LA, PA
NUCALA SOSY 100mg/ml	5	NDS, QL (3 syringes / 28 days), LA, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), LA, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), LA, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), LA, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), LA, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), LA, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), LA, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, B/D
<i>roflumilast</i> TABS 250mcg	2	QL (28 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), LA, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packets / 28 days), LA, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packets / 28 days), LA, PA
TRIKAFTA TAB	5	NDS, QL (84 tabs / 28 days), LA, PA
XOLAIR SOAJ 75mg/0.5ml	5	NDS, QL (16 pens / 28 days), LA, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), LA, PA
XOLAIR SOAJ 300mg/2ml	5	NDS, QL (4 pens / 28 days), LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOLR 150mg	5	NDS, QL (6 vials / 28 days), LA, PA
XOLAIR SOSY 75mg/0.5ml	5	NDS, QL (20 syringes / 28 days), LA, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), LA, PA
XOLAIR SOSY 300mg/2ml	5	NDS, QL (4 syringes / 28 days), LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	1	GC, QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	QL (34 gm / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 blisters / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	2	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	3	QL (1 inhaler / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	3	QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act	3	QL (10.6 gm / 30 days)
QVAR REDIHALER AERB 80mcg/act	3	QL (21.2 gm / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breynd</i>	2	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	
<i>adapalene GEL .1%, .3%</i>	4	QL (45 gm / 30 days), PA
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	4	
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	2	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	4	
<i>sulfacetamide sodium (acne) LOTN 10%</i>	2	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	2	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	2	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	2	QL (90 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine CREA .77%</i>	2	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	2	QL (60 gm / 30 days)
<i>naftifine hcl GEL 1%</i>	4	QL (90 gm / 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	
<i>calcipotriene</i> OINT .005%	4	QL (120 gm / 30 days)
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days)
<i>methoxsalen rapid</i> CAPS 10mg	5	NDS
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	GC
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	4	QL (45 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	QL (120 mL / 30 days)
<i>triamcinolone acetonide (topical)</i> OINT .5%	2	QL (45 gm / 30 days)
<i>triderm</i> CREA .1%, .5%	2	QL (454 gm / 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days)
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days)
<i>lidocaine</i> PTCH 5%	4	QL (90 patches / 30 days), PA
<i>lidocaine hcl</i> GEL 2%	2	QL (30 mL / 30 days)
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	4	QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	4	QL (90 patches / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i> OINT 5%	4	QL (30 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	4	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	2	
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	GC
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days)
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	GC
<i>proctosol hc</i> CREA 2.5%	1	GC
<i>proctozone-hc</i> CREA 2.5%	1	GC
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

<i>lactated ringer's for irrigation</i>	2	
REGRANEX GEL .01%	5	NDS, QL (15 gm / 30 days)
<i>ringer's solution for irrigation</i>	2	
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	GC
<i>clotrimazole</i> TROC 10mg	2	
<i>denta 5000 plus</i> CREA 1.1%	1	GC
<i>kourzeq</i> PSTE .1%	2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	GC
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

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<i>meclofenamate sodium</i>	1	100-50 mg	32
<i>medroxyprogesterone acetate</i>	64	<i>metoprolol & hydrochlorothiazide tab</i>	
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Effective 09/2024

Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase Type 5 Inhibitors		
<i>Phosphodiesterase Type 5 Inhibitors</i>		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	QL (4 tabs / 30 days)

Respiratory Tract Agents***Antitussives***

<i>benzonatate</i> CAPS 100mg, 200mg	2
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Vitamins***Vitamin B Complex***

<i>folic acid</i> TABS 1mg	2
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Vitamin D

<i>ergocalciferol</i> CAPS 50000unit	2
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These drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). If you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

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- › Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- › Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583, TTY 711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-831-2583, TTY 711**. They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-831-2583, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-831-2583, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-831-2583, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-831-2583, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-831-2583, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-831-2583, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-831-2583, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflicht. Unsere Dolmetscher erreichen Sie unter 1-800-831-2583, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-831-2583, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-831-2583, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-831-2583, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-831-2583, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-831-2583, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-831-2583, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-831-2583, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-831-2583, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-831-2583, TTY 711 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

We have made no changes to this formulary since 09/01/2024.

**We're right here
when you need us.**



1-800-831-2583, TTY 711

**OCT. 1 TO MARCH 31, SEVEN DAYS A WEEK
FROM 8 A.M. TO 9 P.M. ET. FROM APRIL 1
TO SEPT. 30, M-F FROM 8 A.M. TO 9 P.M. ET.**



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