Anthem

List of Covered Drugs or "Drug List"

2025 Formulary

Anthem Medicare Preferred (PPO) with Senior Rx Plus

with Select Generics

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on September 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-933-1526**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-371-0218**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

Note to members:
Please review this document to make sure that it contains the drugs you take.

If this document does not contain the drugs you take, please refer to the "What if my drug is not on the Part D Formulary" section for more information.

When this Drug List (Formulary) refers to "we," "us" or "our," it means Anthem Blue Cross and Blue Shield. When it refers to "plan" or "your plan," it means your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

This document includes a Drug List (formulary) for your plan which is current as of 1/1/2025. For an updated Drug List (formulary), please review the Drug List (formulary) online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back covers.

You must generally use network pharmacies to use your prescription drug benefit. Your benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year. You will receive notice when necessary.

Please refer to your *Evidence of Coverage* online at **www.anthem.com**, or call the Pharmacy Member Services number listed on the front and back covers, for information specific to your plan.

This document may be available in an alternate format. Please call the Member Services number listed on the front and back covers for additional information.

Table of Contents

What is the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered Part D drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be necessary parts of a quality treatment program.

Your plan will generally cover the drugs listed in the formulary as long as you follow these basic rules:

- The drug is medically necessary.
- The prescription is filled at a network pharmacy, and other plan rules are followed.
- The drugs covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage are listed in this document.

Your plan provides coverage for many Medicare Part D eligible drugs. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. Not all drugs are on your formulary.

Some drugs may be covered under the medical benefits of your plan rather than under the drug benefits of your plan. Some of the drugs that are covered under your medical benefits are marked with a B/D in this Drug List.

You may also have coverage for certain additional drugs not covered by Medicare Part D plans. These drugs are referred to as "Extra Covered Drugs" and are covered by your Senior Rx Plus supplemental benefits. You can find out which specific drugs are covered by checking your *Extra Covered Drug List* online at **www.anthem.com**, or by calling the Pharmacy Member Services number listed on the front and back covers.

To find out if your plan includes coverage for additional drugs, please check the benefits chart located at the front of your *Evidence of Coverage*. For more information on how to fill your prescriptions, please review your *Evidence of Coverage* online at **www.anthem.com**, or call the Pharmacy Member Services number listed on the front and back covers.

For a complete listing of all prescription drugs covered by Anthem Medicare Preferred (PPO) with Senior Rx Plus, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back covers.

Can the Part D Formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **www.anthem.com**

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover 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 Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?"

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

- **Drugs removed from the market**. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Drugs that are no longer considered Part D eligible**. If CMS changes the Part D status of a drug, CMS will notify us that the drug is no longer deemed eligible for coverage under your Part D plan. If this happens, we will immediately remove the drug from the Part D Drug List.
- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a one-month supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?"

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

We evaluate new drugs as they come onto the market. Once we have completed a full evaluation based upon clinical effectiveness and cost relative to other drug therapies, the drug will be assigned to a drug plan tier or non-formulary designation. If a new Part D eligible drug is designated as non-formulary following our review, this drug will not be covered on your formulary. If your prescriber feels you should use the new drug, you or your prescriber may request a coverage exception.

This formulary is current as of 1/1/2025. To get updated information about the drugs covered by your plan, please refer to your formulary online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information appears on the front and back covers.

How do I use the Part D Formulary?

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

Medical Condition

The formulary begins on page 13. 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, Hypertension, and Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 13, then look under the category name for your drug.

Please refer to section "Your plan's Part D Formulary" to see an example of how to read your Drug List.

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 86. 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?

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

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

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

For discussion of drug types, please see the *Evidence of Coverage* Chapter titled "Using the plan's coverage for Part D prescription drugs", Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. If you have any questions on the below restrictions, please contact the Pharmacy Member Services number listed on the front and back covers.

These requirements and limits may include:

- **Prior authorization:** Your plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, your plan may not cover the drug.

- **Quantity limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we cover 30 tablets per 30 days of *irbesartan 75 mg tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Day supply limits:** Short and long acting opioids are limited to a 7-day supply per fill for members who have not filled an opioid drug in the past 180 days. Members with cancer or members in hospice will be excluded from the 7-day supply limit.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online at **www.anthem.com** the 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 covers.

You can ask us to make an exception to these restrictions, or limits, or for a list of other similar drugs that may treat your health condition. See the section, "How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Part D Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy Member Services, our contact information appears on the front and back covers, and ask if your drug is covered.

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

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

How do I request an exception to the Anthem Medicare Preferred (PPO) with Senior Rx Plus Part D Formulary?

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

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

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

You or you prescriber should call Pharmacy Member Services to ask for a tiering or formulary exception. Our contact information appears on the front and back covers.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary one-month supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a one-month supply of medication. If coverage is not approved, after your first one-month 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 your plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your plan's prescription drug coverage, please review your *Evidence of Coverage* and other plan materials online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated this formulary, appears on the front and back covers.

If you have questions about your plan, please call Pharmacy Member Services. Our contact information, along with the date we last updated this formulary, appears on the front and back covers.

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, **www.medicare.gov.**

Your plan's Part D Formulary

The formulary that begins on page 13 provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 86.

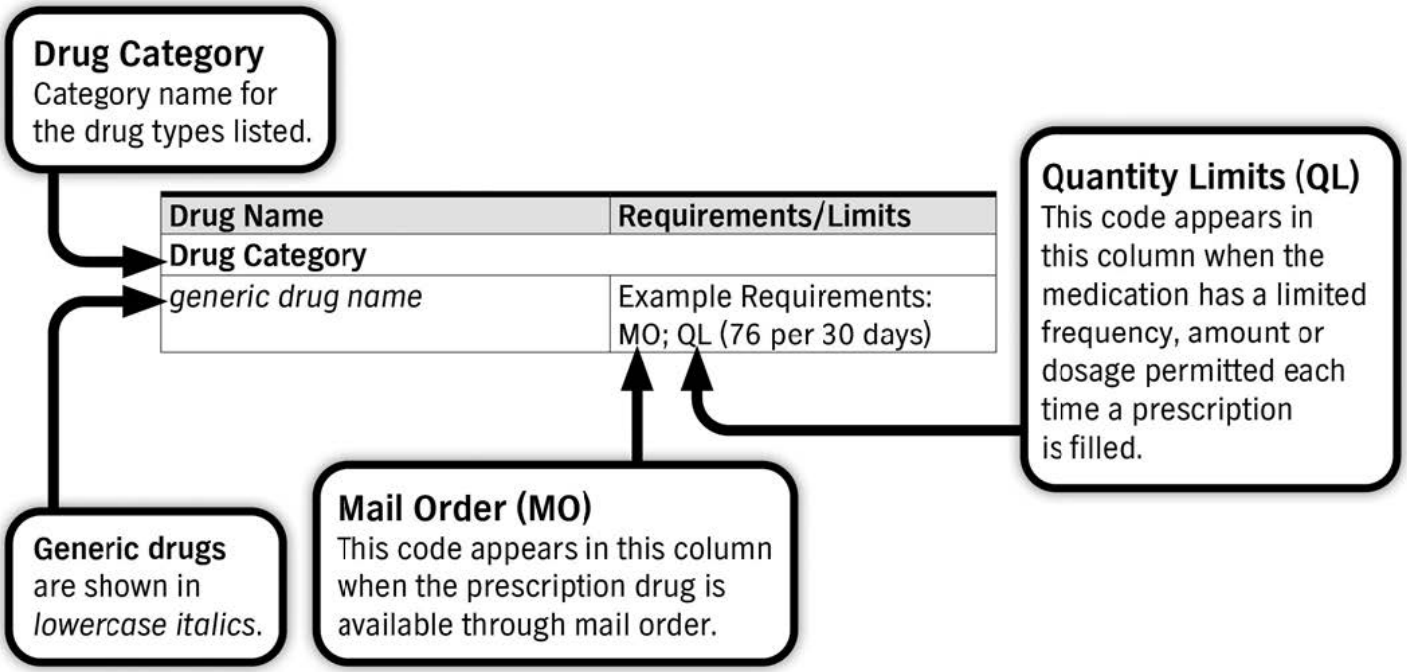
The **first column** of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lowercase italics (e.g., *enalapril*).

The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find out what your copayment or coinsurance is for each drug tier, please check the benefits chart located at the front of your *Evidence of Coverage*, which can be found online at **www.anthem.com**, or call the Pharmacy Member Services number listed on the front and back covers. Your drug plan benefits chart uses the following tier labels:

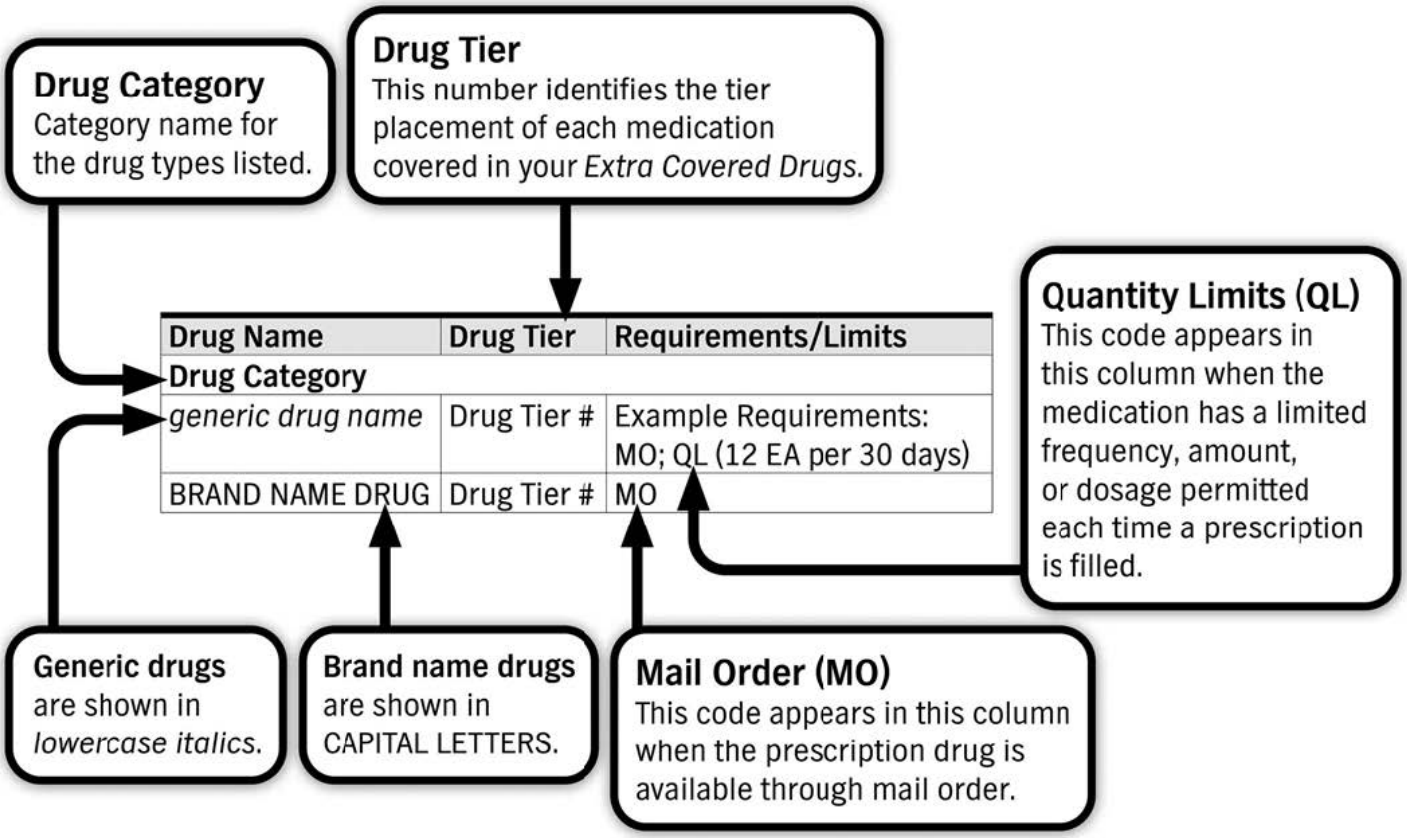
Tier Number	Tier Label
1	Generics
2	Preferred Drugs
3	Non-Preferred Drugs, including Specialty Drugs

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 13, contains the list of special requirements which can be applied to drugs in your plan. The legend also gives you a description of the restriction and the code used in the drug chart to tell you that the restriction applies to a specific drug.

Below you will find an example of how to read the Select Generics List.



Below you will find an example of how to read your formulary Drug List, which has more requirements than the Select Generics List.



Select Generics for 2025

You may fill up to a 100-day supply of Select Generics if prescribed. These drugs are covered under your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan at a reduced copay (see the benefits chart in your *Evidence of Coverage*).

Legend

QL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

MO - Mail Order: Prescription drugs available through mail order.

Drug Name	Drug Tier	Requirements/ Limits
Cardiovascular Agents		
amlodipine besy-benazepril hcl oral capsule10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
atenolol oral tablet100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet100-25 mg, 50-25 mg	1	
atorvastatin calcium oral tablet10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
benazepril hcl oral tablet10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol fumarate oral tablet10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
carvedilol oral tablet12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet25 mg, 50 mg	1	
enalapril maleate oral tablet10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet10-25 mg, 5-12.5 mg	1	
fosinopril sodium oral tablet10 mg, 20 mg, 40 mg	1	
furosemide oral tablet20 mg, 40 mg, 80 mg	1	
hydrochlorothiazide oral capsule12.5 mg	1	
hydrochlorothiazide oral tablet12.5 mg, 25 mg, 50 mg	1	
irbesartan oral tablet150 mg, 300 mg, 75 mg	1	QL (30 per 30 days)
irbesartan-hydrochlorothiazide oral tablet150-12.5 mg, 300-12.5 mg	1	QL (30 per 30 days)
lisinopril oral tablet10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium oral tablet100 mg	1	QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
losartan potassium oral tablet25 mg, 50 mg	1	QL (60 per 30 days)
losartan potassium-hctz oral tablet100-12.5 mg, 100-25 mg, 50-12.5 mg	1	QL (30 per 30 days)
lovastatin oral tablet10 mg, 20 mg, 40 mg	1	QL (60 per 30 days)
metoprolol tartrate oral tablet100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet20 mg, 40 mg	1	QL (30 per 30 days)
olmesartan medoxomil oral tablet5 mg	1	QL (60 per 30 days)
pravastatin sodium oral tablet10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 per 30 days)
quinapril hcl oral tablet10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
rosuvastatin calcium oral tablet10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
simvastatin oral tablet10 mg, 20 mg, 40 mg, 5 mg	1	QL (30 per 30 days)
trandolapril oral tablet1 mg, 2 mg, 4 mg	1	
valsartan oral tablet160 mg	1	QL (60 per 30 days)
valsartan oral tablet320 mg	1	QL (30 per 30 days)
valsartan oral tablet40 mg, 80 mg	1	QL (90 per 30 days)
valsartan-hydrochlorothiazide oral tablet160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (30 per 30 days)
Endocrine And Metabolic Disorder Agents		
alendronate sodium oral tablet10 mg, 5 mg	1	QL (30 per 30 days)
alendronate sodium oral tablet35 mg, 70 mg	1	QL (4 per 28 days)
glimepiride oral tablet1 mg	1	QL (240 per 30 days)
glimepiride oral tablet2 mg	1	QL (120 per 30 days)
glimepiride oral tablet4 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour10 mg	1	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour2.5 mg	1	QL (240 per 30 days)
glipizide er oral tablet extended release 24 hour5 mg	1	QL (120 per 30 days)
glipizide oral tablet10 mg	1	QL (120 per 30 days)
glipizide oral tablet5 mg	1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour10 mg	1	QL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour2.5 mg	1	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour5 mg	1	QL (120 per 30 days)
glipizide-metformin hcl oral tablet2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin hcl oral tablet2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour500 mg	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
metformin hcl er oral tablet extended release 24 hour750 mg	1	QL (60 per 30 days)
metformin hcl oral tablet1000 mg	1	QL (60 per 30 days)
metformin hcl oral tablet500 mg	1	QL (150 per 30 days)
metformin hcl oral tablet850 mg	1	QL (90 per 30 days)
pioglitazone hcl oral tablet15 mg	1	QL (90 per 30 days)
pioglitazone hcl oral tablet30 mg	1	QL (45 per 30 days)
pioglitazone hcl oral tablet45 mg	1	QL (30 per 30 days)

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

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

QL - Quantity Limits: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled. This is most often set on a monthly basis.

PA - Prior Authorization: The process of obtaining approval for certain prescriptions before benefits will be approved. You or your prescriber will need to request prior authorization before you fill the prescription.

ST - Step Therapy: The process of first trying a certain drug or drugs to determine if that drug or drugs will treat your medical condition before your plan will cover another drug for that condition.

B/D PA - Part B vs Part D: This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

LA - Limited Access: This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Pharmacy Member Services. The phone numbers are listed on the front and back covers.

MO - Mail Order: Prescription drugs available through mail order.

NEDS - Non-extended Day Supply: Drugs that will be limited to a 30-day supply per fill. This day supply is different from a Quantity Limit.

S - Specialty: Specialty drugs cost $950 or more for a 30-day supply. Most plans limit Specialty drug fills to a 30-day supply. You can find out if Specialty drug fills are limited to a 30-day supply by checking the benefits chart in the front of your *Evidence of Coverage* which can be found online at **www.anthem.com**, or call the Pharmacy Member Services number listed on the front and back covers.

Part D Eligible Drugs

Drug Name	Drug Tier	Requirements/ Limits
Analgesics And Anti-Inflammatory Agents		
acetaminophen-codeine oral solution	1	QL (900 per 30 days); NEDS
acetaminophen-codeine oral tablet	1	QL (180 per 30 days); NEDS
allopurinol oral tablet 100 mg, 300 mg	1	MO
ASCOMP-CODEINE	1	PA; QL (180 per 30 days); NEDS
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr	3	PA; QL (4 per 28 days); NEDS
buprenorphine transdermal patch weekly 20 mcg/hr	1	PA; QL (4 per 28 days); NEDS
buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr	2	PA; QL (4 per 28 days); NEDS
butalbital-apap-caff-cod	1	PA; QL (180 per 30 days); NEDS
butalbital-asa-caff-codeine	1	PA; QL (180 per 30 days); NEDS
butorphanol tartrate injection	1	

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

Drug Name	Drug Tier	Requirements/ Limits
butorphanol tartrate nasal	1	QL (5 per 30 days); NEDS
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (60 per 30 days); MO
celecoxib oral capsule 400 mg	1	QL (30 per 30 days); MO
codeine sulfate oral tablet	2	QL (180 per 30 days); NEDS
colchicine oral	1	
colchicine-probenecid	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium er	1	MO
diclofenac sodium external gel 1 %	1	QL (1000 per 30 days)
diclofenac sodium external solution 1.5 %	1	QL (300 per 30 days)
diclofenac sodium oral	1	MO
diclofenac-misoprostol oral tablet delayed release	1	MO
diflunisal oral	1	MO
duramorph	1	
ec-naproxen	1	MO
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days); NEDS
etodolac er	1	MO
etodolac oral	1	MO
febuxostat	1	ST; MO
fenoprofen calcium oral tablet	1	MO
fentanyl citrate buccal	3	PA; QL (120 per 30 days); NEDS; S
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL (15 per 30 days); NEDS
flurbiprofen oral tablet 100 mg	1	MO
GLYDO EXTERNAL PREFILLED SYRINGE	1	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days); NEDS
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl oral liquid	1	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	1	QL (180 per 30 days); NEDS
hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml	2	
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
IBU	1	MO
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
indomethacin er	1	PA; MO
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA

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

Drug Name	Drug Tier	Requirements/ Limits
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA
ketorolac tromethamine oral	1	PA
lidocaine external ointment 5 %	1	PA; QL (150 per 30 days)
lidocaine external patch 5 %	1	PA; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 1 %, 1.5 %	1	
lidocaine hcl external solution	1	PA; QL (300 per 30 days)
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	1	
lidocaine hcl mouth/ throat	1	PA; QL (300 per 30 days)
lidocaine hcl urethral/ mucosal	1	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	1	QL (30 per 30 days)
meclofenamate sodium oral	1	MO
mefenamic acid oral	1	MO
meloxicam oral tablet	1	MO
meperidine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA
METHADONE HCL INTENSOL	1	QL (180 per 30 days); NEDS
methadone hcl oral concentrate	1	QL (180 per 30 days); NEDS
methadone hcl oral solution	1	QL (900 per 30 days); NEDS
methadone hcl oral tablet	1	PA; QL (180 per 30 days); NEDS
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml	2	
morphine sulfate (pf) injection solution 8 mg/ml	3	
morphine sulfate (pf) intravenous solution 1 mg/ml, 2 mg/ml	2	
morphine sulfate (pf) intravenous solution 10 mg/ml	1	
morphine sulfate (pf) intravenous solution 8 mg/ml	3	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	3	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	2	
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	
morphine sulfate intravenous solution 4 mg/ml	2	
morphine sulfate intravenous solution 8 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate oral solution	1	QL (900 per 30 days); NEDS
morphine sulfate oral tablet	1	QL (180 per 30 days); NEDS
nabumetone oral	1	MO
naproxen dr oral tablet delayed release 500 mg	1	MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet delayed release	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
oxaprozin oral tablet	1	MO
oxycodone hcl oral capsule	1	QL (180 per 30 days); NEDS
oxycodone hcl oral concentrate 100 mg/5ml	1	QL (180 per 30 days); NEDS
oxycodone hcl oral solution	1	QL (900 per 30 days); NEDS
oxycodone hcl oral tablet	1	QL (180 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (180 per 30 days); NEDS
pentazocine-naloxone hcl	1	PA; QL (360 per 30 days); NEDS
piroxicam oral	1	MO
probenecid oral	1	MO
salsalate oral	1	MO
sulindac oral tablet 150 mg	1	MO
sulindac oral tablet 200 mg	1	MO
tolmetin sodium oral capsule	1	MO
tolmetin sodium oral tablet 600 mg	1	MO
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	PA; QL (30 per 30 days); NEDS
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL (30 per 30 days); NEDS
tramadol hcl er	1	PA; QL (30 per 30 days); NEDS
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS
tramadol-acetaminophen	1	QL (40 per 5 days); NEDS
Antineoplastics		
abiraterone acetate oral tablet 250 mg	3	PA; QL (120 per 30 days); S
abiraterone acetate oral tablet 500 mg	3	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	3	PA; QL (60 per 30 days); S
ALECENSA	3	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	3	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	3	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 per 180 days); LA; S
anastrozole oral	1	QL (30 per 30 days); MO
AUGTYRO	3	PA; QL (240 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
AVASTIN	3	PA; LA; S
AYVAKIT	3	PA; QL (30 per 30 days); LA; S
azacitidine	3	PA; LA; S
BALVERSA ORAL TABLET 3 MG	3	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	3	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	3	PA; QL (30 per 30 days); LA; S
BAVENCIO	3	PA; LA; S
bendamustine hcl intravenous solution	3	B/D PA; S
BENDEKA	3	B/D PA; S
BESREMI	3	PA; LA; S
bexarotene oral	3	PA; QL (300 per 30 days); S
bicalutamide	1	QL (30 per 30 days)
bleomycin sulfate	1	B/D PA
bortezomib injection solution reconstituted 1 mg, 3.5 mg	3	PA; S
bortezomib injection solution reconstituted 2.5 mg	3	PA
BOSULIF ORAL CAPSULE 100 MG	3	PA; QL (180 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	3	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 per 30 days); LA; S
BRUKINSA	3	PA; QL (120 per 30 days); LA; S
CABOMETYX	3	PA; QL (30 per 30 days); LA; S
CALQUENCE	3	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	3	PA; QL (30 per 30 days); LA; S
carboplatin intravenous solution	1	B/D PA
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/ 50ml	1	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	3	PA; QL (84 per 28 days); LA; S
COPIKTRA	3	PA; QL (60 per 30 days); LA; S
COTELLIC	3	PA; QL (90 per 30 days); LA; S
cyclophosphamide intravenous solution 500 mg/2.5ml	3	S
cyclophosphamide oral capsule	2	B/D PA
CYRAMZA	3	PA; LA; S
DARZALEX	3	PA; LA; S
DARZALEX FASPRO	3	PA; S
DAURISMO ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	3	PA; QL (60 per 30 days); LA; S
decitabine	3	S

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

Drug Name	Drug Tier	Requirements/ Limits
doxorubicin hcl intravenous solution	3	B/D PA
doxorubicin hcl intravenous solution reconstituted	1	B/D PA
doxorubicin hcl liposomal	3	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ELITEK	3	PA; S
EMCYT	3	
EMPLICITI	3	PA; LA; S
ENHERTU	3	PA; S
ERBITUX	3	PA; S
ERIVEDGE	3	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 per 30 days); LA; S
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 per 30 days); LA; S
erlotinib hcl oral tablet 100 mg, 150 mg	3	PA; QL (30 per 30 days); S
erlotinib hcl oral tablet 25 mg	3	PA; QL (90 per 30 days); S
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	B/D PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; S
everolimus oral tablet soluble	3	PA; S
exemestane	1	QL (60 per 30 days); MO
EXKIVITY	3	PA; QL (120 per 30 days); LA; S
FIRMAGON (240 MG DOSE)	3	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
fluorouracil intravenous	1	B/D PA
FOTIVDA	3	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; QL (21 per 28 days); LA; S
fulvestrant intramuscular solution prefilled syringe	3	PA
GAVRETO	3	PA; QL (120 per 30 days); LA; S
GAZYVA	3	PA; LA; S
gefitinib	3	PA; QL (60 per 30 days); S
gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml	3	B/D PA
gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/ 5.26ml	1	B/D PA
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm	1	B/D PA
gemcitabine hcl intravenous solution reconstituted 200 mg	3	B/D PA
GILOTRIF	3	PA; QL (30 per 30 days); LA; S
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	3	PA
GLEOSTINE ORAL CAPSULE 100 MG	3	PA; S
HERCEPTIN HYLECTA	3	B/D PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	3	B/D PA; S
hydroxyurea oral	1	
IBRANCE	3	PA; QL (21 per 28 days); LA; S
ICLUSIG	3	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	3	PA; QL (60 per 30 days); LA; S
imatinib mesylate oral tablet 100 mg	3	PA; QL (90 per 30 days); S
imatinib mesylate oral tablet 400 mg	3	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	3	PA; QL (216 per 27 days); LA; S
IMBRUVICA ORAL TABLET 140 MG	3	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	3	PA; QL (30 per 30 days); LA; S
IMFINZI	3	PA; LA; S
INLYTA ORAL TABLET 1 MG	3	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	3	PA; QL (120 per 30 days); LA; S
INQOVI	3	PA; QL (5 per 28 days); LA; S
INREBIC	3	PA; QL (120 per 30 days); LA; S
irinotecan hcl intravenous solution 100 mg/5ml	3	
irinotecan hcl intravenous solution 300 mg/15ml, 40 mg/2ml	1	
irinotecan hcl intravenous solution 500 mg/25ml	1	B/D PA
IWILFIN	3	PA; QL (240 per 30 days); S
JAKAFI	3	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); S
JEVTANA	3	PA; S
KADCYLA	3	PA; S
KEYTRUDA INTRAVENOUS SOLUTION	3	PA; S
KISQALI (200 MG DOSE)	3	PA; QL (21 per 28 days); S
KISQALI (400 MG DOSE)	3	PA; QL (42 per 28 days); S
KISQALI (600 MG DOSE)	3	PA; QL (63 per 28 days); S
KISQALI FEMARA (200 MG DOSE)	3	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	3	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	3	PA; QL (91 per 28 days); S
KRAZATI	3	PA; QL (180 per 30 days); S
KYPROLIS	3	PA; LA; S
lapatinib ditosylate	3	PA; QL (180 per 30 days); S
lenalidomide oral capsule 10 mg	3	PA; QL (60 per 30 days); LA; S
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	3	PA; QL (30 per 30 days); LA; S

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

Drug Name	Drug Tier	Requirements/ Limits
lenalidomide oral capsule 5 mg	3	PA; QL (150 per 30 days); LA; S
LENVIMA (10 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
LENVIMA (12 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
LENVIMA (14 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
LENVIMA (18 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
LENVIMA (20 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	3	PA; QL (90 per 30 days); LA; S
LENVIMA (4 MG DAILY DOSE)	3	PA; QL (30 per 30 days); LA; S
LENVIMA (8 MG DAILY DOSE)	3	PA; QL (60 per 30 days); LA; S
letrozole oral	1	QL (30 per 30 days); MO
leucovorin calcium injection solution 100 mg/10ml	1	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 500 mg	1	B/D PA
leucovorin calcium oral	1	
LEUKERAN	3	S
leuprolide acetate (3 month)	3	PA
leuprolide acetate injection	1	PA
LONSURF	3	PA; S
LORBRENA ORAL TABLET 100 MG	3	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	3	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	3	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 320 MG	3	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	3	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	3	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	3	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	3	PA; QL (1 per 168 days); S
LYNPARZA ORAL TABLET	3	PA; QL (120 per 30 days); LA; S
LYSODREN	3	S
LYTGOBI (12 MG DAILY DOSE)	3	PA; S
LYTGOBI (16 MG DAILY DOSE)	3	PA; S
LYTGOBI (20 MG DAILY DOSE)	3	PA; S
MATULANE	3	LA; S
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/ 20ml	1	PA
megestrol acetate oral tablet	1	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	3	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); LA; S
MEKTOVI	3	PA; QL (180 per 30 days); LA; S
mercaptopurine oral	1	
mesna	1	
MESNEX ORAL	3	S

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

Drug Name	Drug Tier	Requirements/ Limits
mitomycin intravenous solution reconstituted 5 mg	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	1	B/D PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	3	B/D PA; S
NERLYNX	3	PA; QL (180 per 30 days); LA; S
nilutamide	3	QL (30 per 30 days); S
NINLARO	3	PA; QL (3 per 28 days); S
NUBEQA	3	PA; QL (120 per 30 days); LA; S
ODOMZO	3	PA; QL (30 per 30 days); LA; S
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; QL (60 per 30 days); S
OGSIVEO ORAL TABLET 50 MG	3	PA; QL (180 per 30 days); S
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA; QL (96 per 28 days); S
OJEMDA ORAL TABLET	3	PA; QL (24 per 28 days); S
OJJAARA	3	PA; QL (30 per 30 days); LA; S
ONUREG	3	PA; QL (14 per 28 days); LA; S
OPDIVO	3	PA; LA; S
ORGOVYX	3	PA; QL (30 per 28 days); LA; S
ORSERDU ORAL TABLET 345 MG	3	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	3	PA; QL (90 per 30 days); S
oxaliplatin intravenous solution	1	B/D PA
oxaliplatin intravenous solution reconstituted	3	B/D PA; S
paclitaxel intravenous concentrate 100 mg/ 16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	B/D PA
paclitaxel protein-bound part	3	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
pazopanib hcl	3	PA; QL (120 per 30 days); S
PEMAZYRE	3	PA; QL (30 per 30 days); LA; S
PERJETA	3	PA; S
PHESGO	3	PA; S
PIQRAY (200 MG DAILY DOSE)	3	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	3	PA; QL (56 per 28 days); S
POMALYST	3	PA; QL (21 per 28 days); LA; S
POTELIGEO	3	B/D PA; LA; S
PURIXAN	3	PA; S
QINLOCK	3	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	3	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	3	PA; QL (120 per 30 days); S
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; QL (60 per 30 days); S
RETEVMO ORAL TABLET 40 MG	3	PA; QL (180 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO ORAL TABLET 80 MG	3	PA; QL (120 per 30 days); S
REZLIDHIA	3	PA; QL (60 per 30 days); LA; S
RIABNI	3	B/D PA; S
RITUXAN HYCELA	3	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	3	B/D PA; LA; S
romidepsin intravenous solution reconstituted	3	S
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	3	PA; QL (360 per 30 days); LA; S
RUBRACA	3	PA; QL (120 per 30 days); LA; S
RYBREVANT	3	PA; S
RYDAPT	3	PA; QL (240 per 30 days); S
RYLAZE	3	PA; S
SARCLISA	3	PA; S
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 per 30 days); S
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	3	PA; QL (300 per 30 days); S
SOLTAMOX	3	MO; S
sorafenib tosylate	3	PA; QL (120 per 30 days); S
SPRYCEL	3	PA; QL (30 per 30 days); S
STIVARGA	3	PA; QL (84 per 28 days); LA; S
sunitinib malate	3	PA; QL (30 per 30 days); S
TABLOID	3	
TABRECTA	3	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	3	PA; QL (900 per 30 days); S
TAGRISSO	3	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; QL (30 per 30 days); LA; S
tamoxifen citrate oral	1	MO
TASIGNA	3	PA; QL (112 per 28 days); S
TAZVERIK	3	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	3	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	3	PA; QL (28 per 28 days); LA; S
TECVAYLI	3	PA; S
TEPMETKO	3	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	3	PA; QL (60 per 30 days); S
TIBSOVO	3	PA; QL (60 per 30 days); LA; S
TICE BCG	2	B/D PA
toremifene citrate	3	QL (30 per 30 days)
tretinoin oral	3	S
TRODELVY	3	PA; S
TRUQAP	3	PA; QL (64 per 28 days); S

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Drug Name	Drug Tier	Requirements/ Limits
TRUSELTIQ (100MG DAILY DOSE)	3	PA; QL (21 per 28 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	3	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	3	PA; QL (63 per 28 days); LA; S
TUKYSA	3	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	3	PA; QL (120 per 30 days); LA; S
VANFLYTA	3	PA; QL (56 per 28 days); S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	3	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	3	PA; QL (180 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	3	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	3	PA; LA; S
VERZENIO	3	PA; QL (56 per 28 days); LA; S
vinblastine sulfate intravenous solution	1	B/D PA
vincristine sulfate intravenous	1	B/D PA
vinorelbine tartrate	1	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	3	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	3	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	3	PA; QL (300 per 30 days); LA; S
VIZIMPRO	3	PA; QL (30 per 30 days); LA; S
VONJO	3	PA; QL (120 per 30 days); LA; S
WELIREG	3	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 150 MG	3	PA; QL (180 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	3	PA; QL (240 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	3	PA; QL (120 per 30 days); LA; S
XOSPATA	3	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 per 28 days); LA; S
XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	3	PA; QL (120 per 30 days); LA; S
XTANDI ORAL TABLET 40 MG	3	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	3	PA; QL (60 per 30 days); S
YERVOY	3	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
ZEJULA ORAL TABLET 100 MG	3	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; QL (30 per 30 days); S
ZELBORAF	3	PA; QL (240 per 30 days); LA; S
ZEPZELCA	3	PA; S
ZOLINZA	3	PA; QL (120 per 30 days); S
ZYDELIG	3	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	3	PA; QL (90 per 30 days); LA; S
Blood Products And Modifiers		
anagrelide hcl	1	MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/ 0.4ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/ 0.6ML, 500 MCG/ML	3	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 60 MCG/0.3ML	3	PA
aspirin-dipyridamole er	1	ST; QL (60 per 30 days); MO
BRILINTA	2	QL (60 per 30 days); MO
cilostazol	1	MO
CINRYZE	3	PA; LA; S
clopidogrel bisulfate oral tablet 300 mg	1	QL (1 per 30 days)
clopidogrel bisulfate oral tablet 75 mg	1	QL (30 per 30 days); MO
dabigatran etexilate mesylate	3	QL (60 per 30 days); MO
dipyridamole oral	1	PA; MO
DROXIA	2	MO
ELIQUIS	2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (74 per 180 days)
enoxaparin sodium injection solution 300 mg/3ml	1	QL (168 per 28 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ ml, 150 mg/ml	1	QL (56 per 28 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/ 0.8ml, 80 mg/0.8ml	1	QL (44.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/ 0.3ml	1	QL (16.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/ 0.4ml	1	QL (22.4 per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/ 0.6ml	1	QL (33.6 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	3	QL (24 per 30 days); S
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	1	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	3	QL (12 per 30 days); S
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	3	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ 4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/ 3.8ML	3	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/ 0.72ML, 7500 UNIT/0.3ML	3	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/ 0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	3	PA; QL (1.2 per 28 days); S
GRANIX	3	PA; S
heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	2	B/D PA
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	B/D PA
heparin sodium (porcine) pf injection solution 1000 unit/ml	1	B/D PA
icatibant acetate	3	PA; S
jantoven	1	MO
l-glutamine oral packet	3	PA; S
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA; S
NEULASTA ONPRO	3	PA; QL (1.2 per 28 days); S
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	PA; S
NIVESTYM INJECTION SOLUTION	3	PA; S
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
pentoxifylline er	1	MO
plerixafor	3	PA
prasugrel hcl	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		
PROCRIT INJECTION SOLUTION 20000 UNIT/ ML, 40000 UNIT/ML	3	PA; S
PROMACTA ORAL PACKET 12.5 MG	3	PA; QL (360 per 30 days); LA; S
PROMACTA ORAL PACKET 25 MG	3	PA; QL (180 per 30 days); LA; S
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; QL (30 per 30 days); LA; S
PROMACTA ORAL TABLET 50 MG	3	PA; QL (90 per 30 days); LA; S
PROMACTA ORAL TABLET 75 MG	3	PA; QL (60 per 30 days); LA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; S
tranexamic acid intravenous solution 1000 mg/10ml	1	
tranexamic acid oral	1	
UDENYCA	3	PA; QL (1.2 per 28 days); S
warfarin sodium oral	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days); MO
XARELTO STARTER PACK	2	
ZARXIO	3	PA; S
ZIEXTENZO	3	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
acebutolol hcl oral	1	MO
acetazolamide oral	1	MO
aliskiren fumarate	1	MO
amiloride hcl oral	1	MO
amiloride-hydrochlorothiazide	1	MO
amiodarone hcl intravenous	1	B/D PA
amiodarone hcl oral	1	MO
amlodipine besy-benazepril hcl	1	QL (30 per 30 days); MO
amlodipine besylate oral	1	MO
amlodipine besylate-valsartan	1	QL (30 per 30 days); MO
amlodipine-atorvastatin	1	QL (30 per 30 days); MO
amlodipine-olmesartan	1	QL (30 per 30 days); MO
amlodipine-valsartan-hctz	1	QL (30 per 30 days); MO
atenolol oral	1	MO
atenolol-chlorthalidone	1	MO
atorvastatin calcium oral	1	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril-hydrochlorothiazide	1	QL (30 per 30 days); MO
betaxolol hcl oral	1	MO
bisoprolol fumarate oral	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	
bumetanide oral	1	MO
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1	QL (60 per 30 days); MO
candesartan cilexetil oral tablet 32 mg	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (90 per 30 days); MO
captopril-hydrochlorothiazide	1	QL (60 per 30 days); MO
CARTIA XT	1	MO
carvedilol	1	MO
carvedilol phosphate er	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
cholestyramine light	1	MO
cholestyramine oral	1	MO
clonidine	1	QL (4 per 28 days); MO
clonidine hcl oral	1	MO
colesevelam hcl	1	MO
colestipol hcl	1	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO
digox oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	1	PA; QL (60 per 30 days); MO
digoxin oral tablet 62.5 mcg	2	QL (30 per 30 days); MO
dilt-xr	1	MO
diltiazem hcl er beads	1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	MO
diltiazem hcl er oral capsule extended release 12 hour	1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	2	
diltiazem hcl oral	1	MO
disopyramide phosphate oral	1	PA; MO
dofetilide	1	
doxazosin mesylate oral	1	MO
droxidopa oral capsule 100 mg	3	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	3	PA; QL (180 per 30 days); S
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide	1	QL (60 per 30 days); MO
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 per 30 days); MO
ENTRESTO ORAL TABLET 24-26 MG	2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	2	QL (60 per 30 days); MO
eplerenone	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
ezetimibe	1	QL (30 per 30 days); MO
ezetimibe-simvastatin	1	PA; QL (30 per 30 days); MO
felodipine er	1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate oral capsule 134 mg, 200 mg, 50 mg, 67 mg	1	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	MO
fenofibrate oral tablet 40 mg	3	MO
fenofibric acid oral capsule delayed release	1	MO
flecainide acetate	1	MO
fluvastatin sodium	1	QL (60 per 30 days); MO
fluvastatin sodium er	1	QL (30 per 30 days); MO
fosinopril sodium	1	MO
fosinopril sodium-hctz oral tablet 10-12.5 mg	1	QL (60 per 30 days); MO
fosinopril sodium-hctz oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
furosemide injection	1	
furosemide oral solution 10 mg/ml	1	MO
furosemide oral solution 8 mg/ml	1	MO
furosemide oral tablet	1	MO
gemfibrozil oral	1	MO
guanfacine hcl oral	1	PA; MO
hydralazine hcl injection	1	
hydralazine hcl oral	1	MO
hydrochlorothiazide oral	1	MO
icosapent ethyl	2	MO
indapamide oral	1	MO
irbesartan	1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide dinitrate oral tablet 40 mg	3	MO; S
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
isradipine	1	MO
ivabradine hcl	3	PA; QL (60 per 30 days); MO
labetalol hcl intravenous solution	1	
labetalol hcl oral	1	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (30 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1	QL (120 per 30 days); MO
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO
losartan potassium-hctz	1	QL (30 per 30 days); MO
lovastatin oral	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
metolazone	1	MO
metoprolol succinate er	1	MO
metoprolol tartrate intravenous solution 5 mg/5ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metoprolol tartrate oral tablet 37.5 mg, 75 mg	1	MO
metoprolol-hydrochlorothiazide	1	MO
metyrosine	3	S
mexiletine hcl oral	1	MO
midodrine hcl	1	
minoxidil oral	1	MO
moexipril hcl	1	MO
MULTAQ	2	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO
nebivolol hcl	1	MO
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	MO
niacor	1	
nicardipine hcl intravenous	1	
nicardipine hcl oral	1	MO
nifedipine er	1	MO
nifedipine er osmotic release	1	MO
nifedipine oral	1	PA; MO
nimodipine oral	1	
nisoldipine er	1	MO
NITRO-BID	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO; S
nitroglycerin intravenous	2	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual solution	1	MO
NORPACE CR	3	PA; MO
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 per 30 days); MO
olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days); MO
olmesartan medoxomil-hctz	1	QL (30 per 30 days); MO
olmesartan-amlodipine-hctz	1	QL (30 per 30 days); MO
omega-3-acid ethyl esters	1	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
perindopril erbumine	1	MO
phenoxybenzamine hcl oral	3	S
pindolol	1	MO
pitavastatin calcium	3	QL (30 per 30 days); MO
pravastatin sodium	1	QL (30 per 30 days); MO
prazosin hcl oral	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
prevalite	1	MO
propafenone hcl	1	MO
propafenone hcl er	3	MO
propranolol hcl er	1	MO
propranolol hcl intravenous	1	
propranolol hcl oral solution	1	MO
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
propranolol hcl oral tablet 60 mg	1	MO
quinapril hcl	1	MO
quinapril-hydrochlorothiazide	1	QL (60 per 30 days); MO
quinidine sulfate oral	1	MO
ramipril	1	MO
ranolazine er	1	PA; QL (60 per 30 days); MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
rosuvastatin calcium oral	1	QL (30 per 30 days); MO
simvastatin oral tablet	1	QL (30 per 30 days); MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG	1	MO
SORINE ORAL TABLET 80 MG	1	MO
sotalol hcl (af) oral tablet 120 mg, 160 mg	1	MO
sotalol hcl (af) oral tablet 80 mg	1	MO
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	1	MO
sotalol hcl oral tablet 80 mg	1	MO
spironolactone oral tablet 100 mg, 50 mg	1	MO
spironolactone oral tablet 25 mg	1	MO
spironolactone-hctz	1	MO
telmisartan oral tablet 20 mg, 40 mg	1	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	1	QL (60 per 30 days); MO
telmisartan-amlodipine	1	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	1	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 80-12.5 mg	1	QL (60 per 30 days); MO
terazosin hcl oral	1	MO
TIADYLT ER	1	MO
timolol maleate oral	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil hcl er	1	QL (30 per 30 days); MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	1	MO
valsartan oral tablet 160 mg	1	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	1	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
VASCEPA	2	MO
VECAMYL	3	MO
verapamil hcl er oral capsule extended release 24 hour	1	MO
verapamil hcl er oral tablet extended release 120 mg	1	MO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1	MO
verapamil hcl intravenous	1	
verapamil hcl oral	1	MO
VERQUVO	3	PA; MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	3	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	3	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	QL (1 per 28 days); MO; S
acamprosate calcium	1	MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (2 per 28 days); MO
almotriptan malate	1	QL (9 per 30 days)
alprazolam er	1	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	2	QL (300 per 30 days)
alprazolam oral	1	QL (90 per 30 days)
alprazolam xr	1	QL (90 per 30 days)
amantadine hcl oral capsule	1	MO
amantadine hcl oral solution	1	MO
amantadine hcl oral tablet	1	MO
amitriptyline hcl oral	1	MO
amoxapine	1	PA; MO
amphetamine sulfate oral tablet 10 mg	3	PA; QL (180 per 30 days); MO
amphetamine sulfate oral tablet 5 mg	3	PA; QL (90 per 30 days); MO
amphetamine-dextroamphet er	1	PA; QL (30 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 30 days); MO
amphetamine-dextroamphetamine oral tablet 30 mg	1	PA; QL (60 per 30 days); MO
apomorphine hcl subcutaneous	3	PA; QL (60 per 30 days); S
APTIOM	3	ST; MO; S
aripiprazole oral solution	1	QL (900 per 30 days); MO
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	1	MO
aripiprazole oral tablet 20 mg, 30 mg	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
aripiprazole oral tablet dispersible 10 mg	3	QL (90 per 30 days); MO
aripiprazole oral tablet dispersible 15 mg	3	QL (60 per 30 days); MO
ARISTADA INITIO	3	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	3	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	3	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	3	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	3	QL (3.2 per 28 days); MO; S
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; QL (30 per 30 days); MO
armodafinil oral tablet 50 mg	1	PA; QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 10 mg	3	QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 2.5 mg	1	QL (240 per 30 days); MO
asenapine maleate sublingual tablet sublingual 5 mg	1	QL (120 per 30 days); MO
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (60 per 30 days); MO
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (30 per 30 days); MO
AUVELITY	3	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA; QL (4 per 28 days); S
BAC	1	PA; QL (180 per 30 days)
baclofen oral tablet 10 mg, 15 mg, 5 mg	1	QL (90 per 30 days)
baclofen oral tablet 20 mg	1	QL (120 per 30 days)
benztropine mesylate injection	1	PA
benztropine mesylate oral	1	PA; MO
BETASERON SUBCUTANEOUS KIT	3	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	3	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	3	QL (60 per 30 days); MO; S
bromocriptine mesylate oral	1	MO
buprenorphine hcl injection	1	
buprenorphine hcl sublingual tablet sublingual 2 mg	1	QL (240 per 30 days); NEDS
buprenorphine hcl sublingual tablet sublingual 8 mg	1	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (480 per 30 days); NEDS

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

Drug Name	Drug Tier	Requirements/ Limits
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	1	QL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (120 per 30 days); MO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (30 per 30 days); MO
bupropion hcl oral tablet 100 mg	1	QL (135 per 30 days); MO
bupropion hcl oral tablet 75 mg	1	QL (180 per 30 days); MO
buspirone hcl oral	1	
butalbital-apap-caffeine oral capsule	1	PA; QL (180 per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	PA; QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule	1	PA; QL (180 per 30 days)
CAPLYTA	3	QL (30 per 30 days); MO; S
carbamazepine er	1	MO
carbamazepine oral	1	MO
carbidopa oral	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
carisoprodol oral tablet 350 mg	1	
chlordiazepoxide hcl	1	QL (120 per 30 days)
chlordiazepoxide-amitriptyline	1	PA; MO
chlorpromazine hcl injection	2	
chlorpromazine hcl oral concentrate	3	MO
chlorpromazine hcl oral tablet	1	MO
chlorzoxazone oral tablet 500 mg	1	PA
citalopram hydrobromide oral solution	1	QL (600 per 30 days); MO
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO
clobazam oral suspension	1	PA; QL (480 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
clobazam oral tablet 10 mg	1	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	1	PA; QL (60 per 30 days); MO
clomipramine hcl oral	1	PA; MO
clonazepam oral tablet 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet 2 mg	1	QL (300 per 30 days)
clonazepam oral tablet dispersible 0.125 mg	1	QL (4800 per 30 days)
clonazepam oral tablet dispersible 0.25 mg	1	QL (2400 per 30 days)
clonazepam oral tablet dispersible 0.5 mg	1	QL (1200 per 30 days)
clonazepam oral tablet dispersible 1 mg	1	QL (600 per 30 days)
clonazepam oral tablet dispersible 2 mg	1	QL (300 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1	QL (120 per 30 days); MO
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	1	QL (120 per 30 days)
clozapine oral tablet 25 mg	1	QL (1080 per 30 days)
clozapine oral tablet 50 mg	1	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	1	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	3	QL (120 per 30 days); S
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
cyclobenzaprine hcl oral	1	PA
dalfampridine er	2	PA; QL (60 per 30 days)
dantrolene sodium oral	1	
desipramine hcl oral	1	PA; MO
desvenlafaxine er	3	QL (30 per 30 days); MO
desvenlafaxine succinate er	1	MO
dexmethylphenidate hcl	1	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	1	QL (60 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	QL (120 per 30 days); MO
dextroamphetamine sulfate oral solution	1	QL (1920 per 30 days); MO
dextroamphetamine sulfate oral tablet 10 mg	1	QL (180 per 30 days); MO
dextroamphetamine sulfate oral tablet 5 mg	1	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	3	PA; QL (360 per 30 days); LA; S

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

Drug Name	Drug Tier	Requirements/ Limits
DIACOMIT ORAL PACKET 500 MG	3	PA; QL (180 per 30 days); LA; S
diazepam injection	1	
DIAZEPAM INTENSOL	1	QL (240 per 30 days)
diazepam oral concentrate	1	QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	1	QL (1200 per 30 days)
diazepam oral tablet 10 mg	1	QL (120 per 30 days)
diazepam oral tablet 2 mg	1	QL (600 per 30 days)
diazepam oral tablet 5 mg	1	QL (240 per 30 days)
diazepam rectal	1	
dihydroergotamine mesylate injection	3	PA
dihydroergotamine mesylate nasal	3	PA; QL (8 per 28 days); S
DILANTIN ORAL CAPSULE 30 MG	3	PA; MO
dimethyl fumarate oral capsule delayed release 120 mg	3	PA; QL (14 per 7 days); S
dimethyl fumarate oral capsule delayed release 240 mg	3	PA; QL (60 per 30 days); S
dimethyl fumarate starter pack oral capsule delayed release therapy pack	3	PA; S
disulfiram oral	1	MO
divalproex sodium er oral tablet extended release 24 hour	1	MO
divalproex sodium oral capsule delayed release sprinkle	1	MO
divalproex sodium oral tablet delayed release	1	MO
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO
donepezil hcl oral tablet 23 mg	1	ST; QL (30 per 30 days); MO
donepezil hcl oral tablet dispersible	1	QL (30 per 30 days); MO
doxepin hcl oral capsule	1	PA; MO
doxepin hcl oral concentrate	1	PA; MO
doxepin hcl oral tablet	1	PA; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	QL (30 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 20 mg	1	QL (180 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (120 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 40 mg	1	QL (90 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 60 mg	1	QL (60 per 30 days); MO
DYSPORT	3	PA
eletriptan hydrobromide	1	QL (9 per 30 days)
EMGALITY	2	PA; QL (2 per 28 days); MO
EMGALITY (300 MG DOSE)	2	PA; QL (3 per 28 days); MO
EMSAM	3	PA; QL (30 per 30 days); MO; S
entacapone	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
EPIDIOLEX	3	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	PA; MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	QL (480 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3	QL (240 per 30 days); MO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3	QL (180 per 30 days); MO
ergoloid mesylates oral	1	PA; MO
ERGOMAR	3	S
ergotamine-caffeine	1	
escitalopram oxalate oral solution	1	QL (600 per 30 days); MO
escitalopram oxalate oral tablet 10 mg	1	QL (60 per 30 days); MO
escitalopram oxalate oral tablet 20 mg	1	QL (30 per 30 days); MO
escitalopram oxalate oral tablet 5 mg	1	QL (120 per 30 days); MO
ESGIC ORAL CAPSULE	1	PA; QL (180 per 30 days)
estazolam	1	QL (30 per 30 days)
eszopiclone	1	QL (30 per 30 days)
ethosuximide oral	1	MO
FANAPT ORAL TABLET 1 MG	3	PA; QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	3	PA; QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	3	PA; QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	3	PA; QL (180 per 30 days); S
FANAPT ORAL TABLET 6 MG	3	PA; QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	3	PA; QL (90 per 30 days); S
FANAPT TITRATION PACK	3	PA
felbamate oral suspension	3	MO; S
felbamate oral tablet	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
fingolimod hcl	3	PA; QL (30 per 30 days)
FINTEPLA	3	PA; LA; S
FIRDAPSE	3	PA; QL (240 per 30 days); LA; S
fluoxetine hcl oral capsule 10 mg	1	MO
fluoxetine hcl oral capsule 20 mg	1	QL (120 per 30 days); MO
fluoxetine hcl oral capsule 40 mg	1	QL (60 per 30 days); MO
fluoxetine hcl oral capsule delayed release	1	QL (4 per 28 days); MO
fluoxetine hcl oral solution	1	QL (600 per 30 days); MO
fluphenazine decanoate injection	1	
fluphenazine hcl injection	1	
fluphenazine hcl oral	1	MO
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	1	QL (90 per 30 days); MO
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	1	QL (60 per 30 days); MO
fluvoxamine maleate oral tablet 100 mg	1	QL (90 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
fluvoxamine maleate oral tablet 25 mg, 50 mg	1	MO
frovatriptan succinate	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	3	PA; QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	PA; QL (30 per 30 days); MO
gabapentin oral capsule 100 mg	1	QL (1080 per 30 days); MO
gabapentin oral capsule 300 mg	1	QL (360 per 30 days); MO
gabapentin oral capsule 400 mg	1	QL (270 per 30 days); MO
gabapentin oral solution	1	QL (2160 per 30 days); MO
gabapentin oral tablet 600 mg	1	QL (180 per 30 days); MO
gabapentin oral tablet 800 mg	1	QL (120 per 30 days); MO
galantamine hydrobromide er	1	QL (30 per 30 days); MO
galantamine hydrobromide oral solution	1	QL (200 per 30 days); MO
galantamine hydrobromide oral tablet	1	QL (60 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	3	PA; QL (30 per 30 days); S
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ ml	3	PA; QL (30 per 30 days); S
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ ml	3	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	PA; QL (12 per 28 days); S
guanfacine hcl er	1	QL (30 per 30 days); MO
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral	1	MO
haloperidol oral	1	MO
imipramine hcl oral	1	PA; MO
imipramine pamoate oral capsule 125 mg, 150 mg	1	PA; MO
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	3	PA; QL (60 per 30 days); S
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	3	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 per 365 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	3	QL (0.75 per 28 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	3	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	3	QL (1.5 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	3	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	3	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	3	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	3	QL (2.63 per 84 days); S
KESIMPTA	3	PA; QL (1.2 per 30 days); S
lacosamide intravenous	3	S
lacosamide oral solution	3	QL (1200 per 30 days); MO
lacosamide oral tablet	3	QL (60 per 30 days); MO
lamotrigine er	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet chewable	1	MO
lamotrigine oral tablet dispersible	1	MO
lamotrigine starter kit-blue	3	
lamotrigine starter kit-orange	3	
levetiracetam er oral tablet extended release 24 hour 500 mg	1	QL (180 per 30 days); MO
levetiracetam er oral tablet extended release 24 hour 750 mg	1	QL (120 per 30 days); MO
levetiracetam intravenous	1	
levetiracetam oral	1	MO
LIBERVANT	3	QL (10 per 30 days)
lithium	2	MO
lithium carbonate er	1	MO
lithium carbonate oral capsule 150 mg, 300 mg	1	MO
lithium carbonate oral capsule 600 mg	1	MO
lithium carbonate oral tablet	1	MO
lorazepam injection	1	
LORAZEPAM INTENSOL	1	QL (150 per 30 days)
lorazepam oral concentrate	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
loxapine succinate oral	1	MO
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	3	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	3	QL (60 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
LYBALVI	3	PA; QL (30 per 30 days); MO; S
MARPLAN	3	MO
MAYZENT ORAL TABLET 0.25 MG	3	PA; QL (120 per 30 days); LA; S
MAYZENT ORAL TABLET 1 MG, 2 MG	3	PA; QL (30 per 30 days); LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA; LA; S
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA; LA
memantine hcl er	1	PA; QL (30 per 30 days); MO
memantine hcl oral solution 2 mg/ml	1	PA; QL (300 per 30 days); MO
memantine hcl oral tablet 10 mg	1	PA; QL (60 per 30 days); MO
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	1	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO
meprobamate	1	PA
methocarbamol oral tablet 500 mg, 750 mg	1	
methsuximide	3	MO
methylphenidate hcl er (cd)	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl er oral tablet extended release	1	PA; QL (90 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	PA; QL (30 per 30 days); MO
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	1	PA; QL (60 per 30 days); MO
methylphenidate hcl oral solution 10 mg/5ml	1	PA; QL (900 per 30 days); MO
methylphenidate hcl oral solution 5 mg/5ml	1	PA; QL (1800 per 30 days); MO
methylphenidate hcl oral tablet	1	PA; QL (90 per 30 days); MO
midazolam hcl oral	1	
MIGERGOT	3	S
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO
mirtazapine oral tablet dispersible	1	QL (30 per 30 days); MO
modafinil oral tablet 100 mg	1	PA; QL (30 per 30 days); MO
modafinil oral tablet 200 mg	1	PA; QL (60 per 30 days); MO
molindone hcl	1	MO
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge	1	

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

Drug Name	Drug Tier	Requirements/ Limits
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	2	
naltrexone hcl oral	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
naratriptan hcl	1	QL (9 per 30 days)
NARCAN	2	
NAYZILAM	3	PA
nefazodone hcl	1	MO
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
nortriptyline hcl oral capsule 10 mg, 25 mg	1	MO
nortriptyline hcl oral capsule 50 mg, 75 mg	1	MO
nortriptyline hcl oral solution	1	MO
NUEDEXTA	3	PA; QL (60 per 30 days); MO; S
NUPLAZID ORAL CAPSULE	3	PA; QL (30 per 30 days); LA; S
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 per 30 days); LA; S
NURTEC	3	PA; QL (16 per 30 days); S
olanzapine intramuscular	1	QL (90 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	1	MO
olanzapine oral tablet 20 mg	1	QL (30 per 30 days); MO
olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg	1	MO
olanzapine oral tablet dispersible 20 mg	1	QL (30 per 30 days); MO
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (30 per 30 days); MO
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1	QL (90 per 30 days); MO
orphenadrine citrate er	1	
oxazepam	1	QL (120 per 30 days)
oxcarbazepine	1	MO
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	1	QL (30 per 30 days); MO
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (60 per 30 days); MO
paliperidone er oral tablet extended release 24 hour 9 mg	3	QL (30 per 30 days); MO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1	QL (30 per 30 days); MO
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1	QL (60 per 30 days); MO
paroxetine hcl oral suspension	3	QL (900 per 30 days); MO
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (45 per 30 days); MO
paroxetine hcl oral tablet 20 mg	1	QL (30 per 30 days); MO
paroxetine hcl oral tablet 30 mg	1	QL (60 per 30 days); MO
perphenazine oral	1	MO
perphenazine-amitriptyline	1	PA; MO

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

Drug Name	Drug Tier	Requirements/ Limits
PERSERIS	3	QL (1 per 28 days); MO; S
phenelzine sulfate oral	1	MO
phenobarbital oral elixir	1	PA; QL (3000 per 30 days); MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	2	PA; QL (120 per 30 days); MO
phenobarbital oral tablet 16.2 mg, 32.4 mg	2	PA; QL (210 per 30 days); MO
PHENYTEK	3	PA; MO
PHENYTOIN INFATABS	1	MO
phenytoin oral	1	MO
phenytoin sodium extended	1	MO
pimozide	1	MO
pramipexole dihydrochloride	1	MO
pramipexole dihydrochloride er	3	MO
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	3	PA; QL (30 per 30 days); MO
pregabalin er oral tablet extended release 24 hour 330 mg	3	PA; QL (60 per 30 days); MO
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
pregabalin oral capsule 200 mg	1	QL (90 per 30 days); MO
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); MO
pregabalin oral solution	1	QL (900 per 30 days); MO
primidone oral	1	MO
protriptyline hcl	1	PA; MO
pyridostigmine bromide er	1	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1	QL (30 per 30 days); MO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 100 mg	1	QL (240 per 30 days); MO
quetiapine fumarate oral tablet 150 mg	1	QL (150 per 30 days); MO
quetiapine fumarate oral tablet 200 mg	1	QL (120 per 30 days); MO
quetiapine fumarate oral tablet 25 mg	1	QL (960 per 30 days); MO
quetiapine fumarate oral tablet 300 mg	1	QL (80 per 30 days); MO
quetiapine fumarate oral tablet 400 mg	1	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 50 mg	1	QL (480 per 30 days); MO
ramelteon	1	QL (30 per 30 days)
rasagiline mesylate oral	1	MO
REGONOL INTRAVENOUS	2	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	1	PA; QL (30 per 30 days); MO
REXULTI	3	PA; QL (30 per 30 days); MO; S
riluzole	1	
risperidone microspheres er intramuscular	3	QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg		
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	3	QL (2 per 28 days); S
risperidone oral solution	1	QL (480 per 30 days); MO
risperidone oral tablet 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet 3 mg, 4 mg	1	QL (120 per 30 days); MO
risperidone oral tablet dispersible 0.25 mg	1	QL (1920 per 30 days); MO
risperidone oral tablet dispersible 0.5 mg	1	QL (960 per 30 days); MO
risperidone oral tablet dispersible 1 mg	1	QL (480 per 30 days); MO
risperidone oral tablet dispersible 2 mg	1	QL (240 per 30 days); MO
risperidone oral tablet dispersible 3 mg	1	QL (150 per 30 days); MO
risperidone oral tablet dispersible 4 mg	1	QL (120 per 30 days); MO
rivastigmine	1	QL (30 per 30 days); MO
rivastigmine tartrate	1	QL (60 per 30 days); MO
rizatriptan benzoate	1	QL (12 per 30 days)
ropinirole hcl	1	MO
ropinirole hcl er	1	MO
ROWEEPRA ORAL TABLET 500 MG	1	MO
rufinamide oral suspension	3	PA; QL (2400 per 30 days); MO; S
rufinamide oral tablet 200 mg	3	PA; QL (480 per 30 days); MO
rufinamide oral tablet 400 mg	3	PA; QL (240 per 30 days); MO; S
RYTARY	3	ST; MO
SAVELLA	3	PA; QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	PA
SECUADO	3	PA; QL (30 per 30 days); MO; S
selegiline hcl oral	1	MO
sertraline hcl oral concentrate	1	QL (300 per 30 days); MO
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO
sodium oxybate	3	PA; QL (540 per 30 days); LA; S
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	3	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	PA; QL (120 per 30 days); MO
SUBVENITE	1	PA; MO
sumatriptan nasal	1	

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

Drug Name	Drug Tier	Requirements/ Limits
sumatriptan succinate oral	1	QL (9 per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	1	QL (6 per 30 days)
SUNOSI	3	PA; QL (30 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	3	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (30 per 30 days); MO; S
tasimelteon	3	PA; QL (30 per 30 days); S
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days)
temazepam oral capsule 22.5 mg, 7.5 mg	3	QL (30 per 30 days)
teriflunomide	3	PA; QL (30 per 30 days); S
tetrabenazine oral tablet 12.5 mg	3	PA; QL (240 per 30 days); S
tetrabenazine oral tablet 25 mg	3	PA; QL (120 per 30 days); S
thioridazine hcl oral	1	MO
thiothixene oral	1	MO
tiagabine hcl	1	MO
tizanidine hcl oral tablet	1	
tolcapone	3	PA; QL (180 per 30 days); MO; S
topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	3	MO
topiramate er oral capsule extended release 24 hour 100 mg	3	QL (30 per 30 days); MO; S
topiramate er oral capsule extended release 24 hour 25 mg, 50 mg	3	QL (30 per 30 days); MO
topiramate oral	1	MO
tranylcypromine sulfate	1	MO
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone hcl oral tablet 300 mg	1	MO
triazolam oral tablet 0.25 mg	1	QL (30 per 30 days)
trifluoperazine hcl oral	1	MO
trihexyphenidyl hcl oral solution	1	PA; MO
trihexyphenidyl hcl oral tablet	1	MO
trimipramine maleate oral	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	QL (0.28 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	QL (0.35 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	QL (0.42 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	QL (0.56 per 56 days); S

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Drug Name	Drug Tier	Requirements/ Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	QL (0.7 per 56 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	QL (0.14 per 28 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	QL (0.21 per 28 days); S
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	1	
valproic acid oral capsule	1	MO
valproic acid oral solution 250 mg/5ml	1	MO
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
varenicline tartrate (starter)	3	PA
varenicline tartrate oral tablet 0.5 mg	3	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)	3	PA; QL (56 per 28 days)
varenicline tartrate(continue)	3	PA; QL (56 per 28 days)
venlafaxine besylate er	3	QL (60 per 30 days); MO
venlafaxine hcl	1	QL (90 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	1	QL (30 per 30 days); MO
VERSACLOZ	3	QL (600 per 30 days)
vigabatrin oral packet	3	PA; QL (150 per 25 days); LA; S
vigabatrin oral tablet	3	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL PACKET	3	PA; QL (150 per 25 days); LA; S
VIGADRONE ORAL TABLET	3	PA; QL (180 per 30 days); S
VIGPODER	3	PA; QL (150 per 25 days); S
VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
vilazodone hcl	3	QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	3	PA; QL (30 per 30 days); MO; S
VUMERITY	3	PA; QL (120 per 30 days); LA; S
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	PA; QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	3	PA; QL (56 per 28 days); MO; S
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	PA; QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	3	PA; QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150	3	PA; QL (56 per 365 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
zaleplon oral capsule 10 mg	1	QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg	1	QL (240 per 30 days); MO
ziprasidone hcl oral capsule 40 mg	1	QL (120 per 30 days); MO
ziprasidone hcl oral capsule 60 mg, 80 mg	1	QL (60 per 30 days); MO
ziprasidone mesylate	3	QL (6 per 3 days)
zolmitriptan oral	1	QL (9 per 30 days)
zolpidem tartrate er	1	QL (30 per 30 days)
zolpidem tartrate oral tablet	1	QL (30 per 30 days)
ZONISADE	3	PA; MO
zonisamide oral	1	MO
ZTALMY	3	QL (1100 per 30 days); S
ZURZUVAE	3	S
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	3	QL (2 per 28 days); S
Dermatological Agents		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
acitretin	3	PA
acyclovir external cream	1	QL (5 per 30 days)
acyclovir external ointment	1	PA; QL (30 per 30 days)
adapalene external cream	1	PA
adapalene external gel	1	PA
ala-cort external cream	1	
alclometasone dipropionate	1	
amcinonide external cream	1	
amcinonide external ointment	2	
ammonium lactate external	1	
AMNESTEEM	1	
azelaic acid external	1	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
bexarotene external	3	PA; QL (60 per 30 days); S
calcipotriene external cream	1	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/ Limits
calcipotriene external ointment	1	QL (120 per 30 days)
calcipotriene external solution	1	QL (60 per 30 days)
calcipotriene-betameth diprop external ointment	1	QL (400 per 28 days)
CALCITRENE	1	QL (120 per 30 days)
calcitriol external	1	QL (800 per 28 days)
cevimeline hcl	1	MO
chlorhexidine gluconate mouth/throat	1	
CICLODAN EXTERNAL SOLUTION	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	QL (90 per 30 days)
ciclopirox olamine external suspension	1	
CLARAVIS	1	
CLINDACIN	1	QL (100 per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	QL (120 per 30 days)
clindamycin phosphate external solution	1	QL (120 per 30 days)
clindamycin phosphate external swab	1	
clindamycin-tretinoin	1	PA
clobetasol propionate e	1	QL (120 per 30 days)
clobetasol propionate emulsion	1	QL (100 per 30 days)
clobetasol propionate external cream	1	QL (120 per 30 days)
clobetasol propionate external foam	1	QL (100 per 30 days)
clobetasol propionate external gel	1	QL (60 per 30 days)
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	QL (120 per 30 days)
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	QL (50 per 30 days)
clocortolone pivalate	1	
CLODAN EXTERNAL SHAMPOO	1	
clotrimazole external cream	1	
clotrimazole external solution	1	
clotrimazole mouth/ throat troche	1	QL (150 per 30 days)
clotrimazole-betamethasone	1	QL (120 per 30 days)
CROTAN	3	
dapsone external	3	
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream	1	QL (100 per 30 days)
desoximetasone external gel	1	
desoximetasone external liquid	3	

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

Drug Name	Drug Tier	Requirements/ Limits
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA; QL (100 per 30 days)
diflorasone diacetate external	1	QL (60 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	3	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA; QL (8 per 28 days); S
econazole nitrate external	1	QL (90 per 30 days)
ery	1	
erythromycin external gel	1	
erythromycin external solution	1	
fluocinolone acetonide body	1	QL (120 per 30 days)
fluocinolone acetonide external	1	QL (120 per 30 days)
fluocinolone acetonide scalp	1	QL (120 per 30 days)
fluocinonide emulsified base	1	QL (240 per 30 days)
fluocinonide external cream 0.05 %	1	QL (240 per 30 days)
fluocinonide external cream 0.1 %	1	QL (120 per 30 days)
fluocinonide external gel	1	QL (240 per 30 days)
fluocinonide external ointment	1	QL (240 per 30 days)
fluocinonide external solution	1	QL (240 per 30 days)
fluorouracil external cream 5 %	1	QL (40 per 28 days)
fluorouracil external solution	1	QL (10 per 28 days)
flurandrenolide external cream	3	S
flurandrenolide external lotion	3	
fluticasone propionate external	1	
gentamicin sulfate external	1	QL (30 per 30 days)
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL OINTMENT	3	
hydrocortisone (perianal) external cream 1 %	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyr lipo base	3	S
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	

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

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	3	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
ketoconazole external cream	1	QL (120 per 30 days)
ketoconazole external foam	3	QL (100 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	1	
luliconazole	3	
mafenide acetate external	1	
malathion external	1	
methoxsalen rapid	3	S
metronidazole external	1	
mometasone furoate external	1	
mupirocin calcium	1	QL (30 per 30 days)
mupirocin external	1	QL (120 per 30 days)
MYORISAN	1	
naftifine hcl external cream	1	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	QL (120 per 30 days)
NYSTOP	1	
ORALONE	1	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	3	S
penciclovir	3	QL (5 per 30 days)
PERIOGARD	1	
permethrin external cream	1	
pilocarpine hcl oral	1	MO
pimecrolimus	1	PA; QL (100 per 30 days)
podofilox external solution	1	
PREVIDENT	3	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	MO
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
RECTIV	3	QL (30 per 30 days)
SANTYL	3	QL (30 per 30 days)
selenium sulfide external lotion	1	
sf	1	MO
sf 5000 plus	1	MO
silver sulfadiazine external	1	
sodium fluoride 5000 plus	1	MO
sodium fluoride 5000 ppm dental cream	1	MO
sodium fluoride 5000 ppm dental gel	1	MO
sodium fluoride dental cream	1	MO
sodium fluoride dental gel 1.1 %	1	MO
sodium fluoride mouth/ throat	1	MO
spinosad	3	
SSD (SILVER SULFADIAZINE)	1	
sulfacetamide sodium (acne)	1	
SULFAMYLON EXTERNAL CREAM	3	
tacrolimus external ointment	1	PA; QL (100 per 30 days)
tazarotene external cream 0.1 %	1	PA
tazarotene external gel	3	PA
tretinoin external cream	1	PA; QL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	1	PA; QL (45 per 30 days)
tretinoin external gel 0.05 %	3	PA; QL (45 per 30 days)
tretinoin microsphere external gel 0.04 %, 0.1 %	3	PA; QL (50 per 30 days)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	3	PA; QL (50 per 30 days)
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	QL (454 per 30 days)
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat	1	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	3	PA; LA; S
ZENATANE	1	
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid oral tablet soluble	3	PA; LA; S
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA

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

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	2	B/D PA
clinimix e/dextrose (8/10)	2	B/D PA
clinimix e/dextrose (8/14)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	2	B/D PA
CLINIMIX/DEXTROSE (5/15)	2	B/D PA
CLINIMIX/DEXTROSE (5/20)	2	B/D PA
clinimix/dextrose (6/5)	2	B/D PA
clinimix/dextrose (8/10)	2	B/D PA
clinimix/dextrose (8/14)	2	B/D PA
CLINISOL SF	3	B/D PA
CLINOLIPID	1	B/D PA
dextrose 5%/electrolyte #48	2	
dextrose in lactated ringers	1	
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	1	
dextrose intravenous solution 250 mg/ml	2	
dextrose-sodium chloride intravenous solution 10-0.2 %	2	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	1	MO
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	2	B/D PA
ISOLYTE-P IN D5W	2	
ISOLYTE-S	2	
ISOLYTE-S PH 7.4	2	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	1	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	1	
kcl-lactated ringers-d5w	2	
KLOR-CON 10	1	MO
KLOR-CON M10	1	MO
KLOR-CON M15	1	MO
KLOR-CON M20	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO
KLOR-CON/EF	1	MO
lactated ringers intravenous	1	
levocarnitine oral solution	1	B/D PA; MO
levocarnitine oral tablet	2	B/D PA; MO
levocarnitine sf	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/ Limits
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	1	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	2	
multiple electro type 1 ph 5.5	2	
multiple electro type 1 ph 7.4	2	
NUTRILIPID	3	B/D PA
PLENAMINE	3	B/D PA
pnv-dha	3	
potassium chloride crys er	1	MO
potassium chloride er	1	MO
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/ 100ml, 40 meq/100ml	3	
potassium chloride intravenous solution 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/ 50ml	1	
potassium chloride oral packet	3	MO
potassium chloride oral solution 10 %, 20 meq/ 15ml (10%), 40 meq/15ml (20%)	1	MO
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	2	B/D PA
prenatal oral tablet 27-1 mg	3	
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	3	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	3	
PROSOL	2	B/D PA
ringers	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %	1	
sodium chloride (pf)	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	1	
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO
sodium fluoride oral tablet chewable	1	MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	2	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	B/D PA
Endocrine And Metabolic Disorder Agents		
acarbose oral	1	QL (90 per 30 days); MO
alendronate sodium oral solution	1	QL (300 per 28 days); MO
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO
AURYXIA	3	PA; MO; S
BYDUREON BCISE	2	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days)
calcitonin (salmon) injection	3	B/D PA; S
calcitonin (salmon) nasal	1	QL (4 per 30 days); MO
calcitriol intravenous solution 1 mcg/ml	1	B/D PA
calcitriol oral	1	B/D PA; MO
calcium acetate (phos binder)	1	MO
calcium acetate oral tablet 667 mg	1	MO
CHEMET	3	
cinacalcet hcl oral tablet 30 mg	1	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 60 mg	3	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	3	B/D PA; QL (120 per 30 days); S
CYCLOSET	3	ST; QL (180 per 30 days); MO
deferasirox oral tablet 90 mg	2	PA
deferasirox oral tablet soluble 125 mg	3	PA
deferasirox oral tablet soluble 250 mg, 500 mg	3	PA; S
deferiprone oral tablet 1000 mg	3	PA; S
deferiprone oral tablet 500 mg	3	PA; LA; S
diazoxide oral	3	MO
doxercalciferol intravenous	1	B/D PA
doxercalciferol oral	3	B/D PA; MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	3	PA; LA; S
FOSAMAX PLUS D	3	QL (4 per 28 days); MO
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO
glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO
glipizide oral tablet 2.5 mg	1	MO
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
glipizide xl oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	2	
glucagon emergency injection kit	2	
glyburide micronized oral tablet 1.5 mg	1	QL (240 per 30 days); MO
glyburide micronized oral tablet 3 mg	1	QL (120 per 30 days); MO
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO
glyburide oral tablet 1.25 mg	1	QL (480 per 30 days); MO
glyburide oral tablet 2.5 mg	1	QL (240 per 30 days); MO
glyburide oral tablet 5 mg	1	QL (120 per 30 days); MO
glyburide-metformin oral tablet 1.25-250 mg	1	QL (240 per 30 days); MO
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG MIX 75/25	2	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	MO
HUMULIN 70/30	2	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN N	2	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMULIN R	2	MO
HUMULIN R U-500 (CONCENTRATED)	3	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; MO; S
ibandronate sodium intravenous	1	B/D PA
ibandronate sodium oral	1	QL (1 per 28 days); MO
insulin lispro (1 unit dial)	2	MO
insulin lispro injection	2	MO
insulin lispro junior kwikpen	2	MO
insulin lispro prot & lispro	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET	3	QL (60 per 30 days); MO
INVOKAMET XR	3	QL (60 per 30 days); MO
INVOKANA	3	QL (30 per 30 days); MO
JANUMET	2	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	QL (60 per 30 days); MO
JANUVIA	2	QL (30 per 30 days); MO
JARDIANCE	2	QL (30 per 30 days); MO
JENTADUETO	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (30 per 30 days); MO
KERENDIA	2	QL (30 per 30 days); MO
KIONEX ORAL SUSPENSION	1	
lanthanum carbonate	3	ST; MO
LANTUS	2	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 per 30 days); MO
liraglutide	1	PA; QL (9 per 30 days)
LOKELMA ORAL PACKET 10 GM	2	QL (34 per 30 days); MO
LOKELMA ORAL PACKET 5 GM	2	QL (90 per 30 days); MO
LYUMJEV	2	MO
LYUMJEV KWIKPEN	2	MO
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO
miglitol	1	QL (90 per 30 days); MO
MOUNJARO	2	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	QL (90 per 30 days); MO
nateglinide oral tablet 60 mg	1	QL (180 per 30 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/ Limits
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	1	
pamidronate disodium intravenous solution 6 mg/ml	2	B/D PA
paricalcitol oral	1	B/D PA; MO
pioglitazone hcl oral tablet 15 mg	1	QL (90 per 30 days); MO
pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days); MO
pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days); MO
pioglitazone hcl-glimepiride	1	QL (30 per 30 days); MO
pioglitazone hcl-metformin hcl	1	QL (90 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (1 per 180 days)
repaglinide oral tablet 0.5 mg	1	QL (960 per 30 days); MO
repaglinide oral tablet 1 mg	1	QL (480 per 30 days); MO
repaglinide oral tablet 2 mg	1	QL (240 per 30 days); MO
risedronate sodium oral tablet 150 mg	1	QL (1 per 28 days); MO
risedronate sodium oral tablet 30 mg	1	QL (30 per 30 days)
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	QL (4 per 28 days); MO
risedronate sodium oral tablet 5 mg	1	QL (30 per 30 days); MO
risedronate sodium oral tablet delayed release	1	QL (4 per 28 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days)
sevelamer carbonate oral packet 0.8 gm	3	QL (540 per 30 days); MO
sevelamer carbonate oral packet 2.4 gm	3	QL (180 per 30 days); MO
sevelamer carbonate oral tablet	1	QL (540 per 30 days); MO
sevelamer hcl oral tablet 400 mg	1	ST; MO
sevelamer hcl oral tablet 800 mg	3	ST; MO
sodium polystyrene sulfonate oral powder	1	
SOLIQUA	2	QL (15 per 25 days); MO
SPS	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (11 per 30 days); MO; S
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (6 per 30 days); MO; S
SYNJARDY	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	2	QL (30 per 30 days); MO
teriparatide	3	PA; QL (3 per 28 days); S
teriparatide (recombinant)	3	PA; QL (3 per 28 days); S
tolvaptan oral tablet 15 mg	3	PA; QL (30 per 30 days); S
tolvaptan oral tablet 30 mg	3	PA; QL (60 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
TOUJEO MAX SOLOSTAR	2	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	2	QL (13.5 per 30 days); MO
TRADJENTA	2	QL (30 per 30 days); MO
TRESIBA	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (30 per 30 days); MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	2	QL (18 per 30 days); MO
trientine hcl	3	PA; S
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	2	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	2	QL (60 per 30 days); MO
TRULICITY	2	PA; QL (2 per 28 days)
TYMLOS	3	PA; QL (1.56 per 28 days); S
VELPHORO	3	QL (180 per 30 days); MO; S
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	3	QL (30 per 30 days); MO; S
VELTASSA ORAL PACKET 8.4 GM	3	QL (90 per 30 days); MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days)
XGEVA	3	PA; QL (5.1 per 28 days); S
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	QL (60 per 30 days); MO
zoledronic acid intravenous concentrate	1	PA
zoledronic acid intravenous solution	1	PA
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg	3	PA; QL (60 per 30 days); MO
alosetron hcl oral tablet 1 mg	3	PA; QL (60 per 30 days); MO; S
aprepitant oral	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 125 mg	3	B/D PA; QL (5 per 30 days); S
aprepitant oral capsule 40 mg	1	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 & 125 mg	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 80 mg	1	B/D PA; QL (10 per 30 days)
balsalazide disodium	1	
budesonide er oral tablet extended release 24 hour	3	PA
budesonide oral	1	
cimetidine hcl oral solution 300 mg/5ml	1	MO
cimetidine oral tablet 200 mg	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	MO
CLENPIQ	3	
COMPRO	1	
constulose	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
CORTIFOAM EXTERNAL	3	
dexlansoprazole	3	ST; QL (30 per 30 days); MO
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
dronabinol	1	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	ST; QL (30 per 30 days); MO
esomeprazole sodium intravenous solution reconstituted 40 mg	1	
famotidine (pf)	1	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	1	
famotidine oral suspension reconstituted	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
famotidine premixed	1	
GATTEX	3	PA; LA; S
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
generlac	1	MO
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	1	
granisetron hcl oral	1	B/D PA; QL (30 per 30 days)
hydrocortisone oral	1	
hydrocortisone rectal enema	1	
hyoscyamine sulfate oral tablet	1	MO
hyoscyamine sulfate oral tablet dispersible	1	MO
hyoscyamine sulfate sublingual	1	MO
lactulose encephalopathy	1	MO
lactulose oral solution	1	MO
lansoprazole oral capsule delayed release 15 mg	1	MO
lansoprazole oral capsule delayed release 30 mg	1	QL (30 per 30 days); MO
LINZESS	2	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	1	QL (60 per 30 days); MO
meclizine hcl oral tablet 12.5 mg, 25 mg	1	

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

Drug Name	Drug Tier	Requirements/ Limits
mesalamine er oral capsule extended release	3	MO
mesalamine er oral capsule extended release 24 hour	1	MO
mesalamine oral capsule delayed release	1	MO
mesalamine oral tablet delayed release 1.2 gm	1	MO
mesalamine oral tablet delayed release 800 mg	1	
mesalamine rectal	1	
mesalamine-cleanser	1	
methscopolamine bromide oral	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
misoprostol oral	1	MO
MOVANTIK	2	QL (30 per 30 days)
na sulfate-k sulfate-mg sulf	2	
nizatidine oral capsule	1	MO
omeprazole oral capsule delayed release	1	MO
ondansetron hcl injection	1	
ondansetron hcl oral solution	1	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	1	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	1	B/D PA; QL (90 per 30 days)
opium	1	
pantoprazole sodium intravenous	1	
pantoprazole sodium oral tablet delayed release	1	MO
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
peg-3350/electrolytes/ ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	3	
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO
promethazine hcl injection	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	PA
PROMETHEGAN	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (30 per 30 days); MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	3	PA; QL (18 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	3	PA; QL (12 per 30 days); S
SANCUSO	3	PA; QL (4 per 28 days); S
scopolamine	1	QL (10 per 28 days)
sucralfate oral	1	MO
sulfasalazine oral	1	MO
SUPREP BOWEL PREP KIT	2	
trimethobenzamide hcl oral	1	
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VOWST	3	PA; QL (12 per 30 days); S
XERMELO	3	PA; QL (90 per 30 days); LA; S
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine	3	LA; S
CREON	2	MO
cromolyn sodium oral	1	MO
CYSTAGON	2	PA; LA
FABRAZYME	3	PA; LA; S
JAVYGTOR	3	PA; S
LUMIZYME	3	PA; LA; S
miglustat	3	PA; LA; S
NAGLAZYME	3	PA; LA; S
nitisinone	3	PA; S
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LA; S
RAVICTI	3	PA; QL (525 per 30 days); LA; S
sapropterin dihydrochloride oral packet	3	PA; S
sapropterin dihydrochloride oral tablet	3	PA; S
sodium phenylbutyrate oral powder 3 gm/tsp	3	PA; S
sodium phenylbutyrate oral tablet	3	PA; S
VPRIV	3	PA; S
YARGESA	3	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	3	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT, 60000-189600 UNIT	3	MO; S
Genitourinary Agents		
alfuzosin hcl er	1	MO
bethanechol chloride oral	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin phosphate vaginal	1	
darifenacin hydrobromide er	1	QL (30 per 30 days); MO
dutasteride oral	1	QL (30 per 30 days); MO
dutasteride-tamsulosin hcl	1	QL (30 per 30 days); MO
ELMIRON	3	S
fesoterodine fumarate er	2	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
flavoxate hcl	1	MO
GEMTESA	3	QL (30 per 30 days); MO
metronidazole vaginal	1	
miconazole 3 vaginal suppository	1	
mirabegron er	3	QL (30 per 30 days); MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1	QL (60 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1	QL (30 per 30 days); MO
oxybutynin chloride oral solution	1	QL (600 per 30 days); MO
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO
OXYTROL	3	ST; QL (8 per 28 days); MO
penicillamine oral tablet	3	S
potassium citrate er	1	
silodosin	1	MO
solifenacin succinate	1	QL (30 per 30 days); MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (30 per 30 days); MO
tamsulosin hcl	1	MO
terconazole	1	
tiopronin oral tablet	3	PA; S
tolterodine tartrate	1	QL (60 per 30 days); MO
tolterodine tartrate er	1	QL (30 per 30 days); MO
trospium chloride	1	QL (60 per 30 days); MO
trospium chloride er	1	QL (30 per 30 days); MO
VANDAZOLE	1	
Hormonal Agents		
ACTHAR	3	PA; LA; S
ACTHAR GEL	3	PA; S
AFIRMELLE	1	MO
ALTAVERA	1	MO
alyacen 1/35	1	MO
alyacen 7/7/7	1	MO
AMETHIA	1	MO
AMETHYST	1	MO
APRI	1	MO
ARANELLE	1	MO
ARMOUR THYROID	2	PA; MO
ASHLYNA	1	MO
AUBRA EQ	1	MO
AUROVELA 1.5/30	1	MO
AUROVELA 1/20	1	MO
AUROVELA 24 FE	1	MO
AUROVELA FE 1.5/30	1	MO
AUROVELA FE 1/20	1	MO
AVIANE	1	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
BLISOVI FE 1/20	1	MO
briellyn	1	MO
cabergoline	1	
CAMILA	1	MO
CAMRESE	1	MO
CAMRESE LO	1	MO
CHARLOTTE 24 FE	1	MO
CHATEAL EQ	1	MO
CLIMARA PRO	2	PA; QL (4 per 28 days); MO
COMBIPATCH	2	PA; QL (8 per 28 days); MO
CRINONE	3	PA
CRYSELLE-28	1	MO
CYRED EQ	1	MO
danazol oral	1	
DASETTA 1/35	1	MO
DASETTA 7/7/7	1	MO
DAYSEE	1	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	1	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	1	MO
desmopressin ace spray refrig	1	MO
desmopressin acetate injection	1	
desmopressin acetate oral	1	MO
desmopressin acetate pf	1	
desmopressin acetate spray	1	MO
desogestrel-ethinyl estradiol	1	MO
DEXAMETHASONE INTENSOL	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
dexamethasone oral tablet 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack	1	
dexamethasone sod phos +rfid	1	
dexamethasone sod phosphate pf injection solution	1	
dexamethasone sodium phosphate injection	1	
DOLISHALE	1	MO
DOTTI	1	PA; QL (8 per 28 days); MO
drospiren-eth estrad-levomefol	1	MO
drospirenone-ethinyl estradiol	1	MO
DUAVEE	3	PA; QL (30 per 30 days); MO
EGRIFTA SV	3	PA; LA; S
ELINEST	1	MO
ELURYNG	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
EMZAHH	1	MO
ENILLORING	1	MO
ENPRESSE-28	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ERRIN	1	MO
ESTARYLLA	1	MO
estradiol oral	1	MO
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/ 0.75gm, 1 mg/gm, 1.25 mg/1.25gm	2	PA; MO
estradiol transdermal patch twice weekly	1	PA; QL (8 per 28 days); MO
estradiol transdermal patch weekly	1	PA; QL (4 per 28 days); MO
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ ml, 40 mg/ml	1	
estradiol-norethindrone acet	1	PA; MO
ESTRING	3	QL (1 per 90 days); MO
ethynodiol diac-eth estradiol	1	MO
etonogestrel-ethinyl estradiol	1	MO
EUTHYROX	1	MO
EVAMIST	2	PA; MO
FALMINA	1	MO
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FINZALA	1	MO
fludrocortisone acetate oral	1	MO
FYAVOLV	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; S
HAILEY 1.5/30	1	MO
HAILEY 24 FE	1	MO
HAILEY FE 1.5/30	1	MO
HAILEY FE 1/20	1	MO
HALOETTE	1	MO
HEATHER	1	MO
HIDEX 6-DAY	1	
HUMATROPE INJECTION CARTRIDGE	3	PA; S
ICLEVIA	1	MO
IMVEXXY MAINTENANCE PACK	2	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	2	QL (18 per 28 days); MO
INCASSIA	1	MO
INCRELEX	3	PA; LA; S
INTROVALE	1	MO
ISIBLOOM	1	MO
JAIMIESS	1	MO
JASMIEL	1	MO
JENCYCLA	1	MO
JINTELI	1	PA; MO
JOLESSA	1	MO
JULEBER	1	MO
JUNEL 1.5/30	1	MO
JUNEL 1/20	1	MO
JUNEL FE 1.5/30	1	MO
JUNEL FE 1/20	1	MO
JUNEL FE 24	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KURVELO	1	MO
KYLEENA	2	
lanreotide acetate	3	PA; S
LARIN 1.5/30	1	MO
LARIN 1/20	1	MO
LARIN 24 FE	1	MO
LARIN FE 1.5/30	1	MO
LARIN FE 1/20	1	MO
LAYOLIS FE	1	MO
LEENA	1	MO
LESSINA	1	MO
LEVO-T	1	MO
LEVONEST	1	MO
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	MO
levonorgest-eth est & eth est	1	MO
levonorgest-eth estrad 91-day	1	MO
levonorgestrel-ethinyl estrad	1	MO
LEVORA 0.15/30 (28)	1	MO
levothyroxine sodium oral tablet	1	MO
LEVOXYL	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
liothyronine sodium intravenous	3	S
liothyronine sodium oral	1	MO
LO-ZUMANDIMINE	1	MO
LOESTRIN 1.5/30 (21)	1	MO
LOESTRIN FE 1.5/30	1	MO
LOESTRIN FE 1/20	1	MO
LOJAIMIESS	1	MO
LORYNA	1	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
marlissa	1	MO
MEDROL ORAL TABLET 2 MG	2	
medroxyprogesterone acetate intramuscular	1	
medroxyprogesterone acetate oral	1	MO
MENEST	3	PA; MO
methimazole oral	1	MO
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	1	
MIBELAS 24 FE	1	MO
MICROGESTIN 1.5/30	1	MO
MICROGESTIN 1/20	1	MO
MICROGESTIN 24 FE	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
mifepristone oral tablet 300 mg	3	PA; LA; S
MILI	1	MO
MILLIPRED ORAL TABLET	3	
MIMVEY	1	PA; MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	2	
MONO-LINYAH	1	MO
NECON 0.5/35 (28)	1	MO
NEXPLANON	2	
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; S
norelgestromin-eth estradiol	1	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
norethin ace-eth estrad-fe oral tablet chewable	1	MO
norethin-eth estradiol-fe	1	MO
norethindron-ethinyl estrad-fe	1	MO
norethindrone acet-ethinyl est oral tablet	1	MO
norethindrone acetate oral	1	MO
norethindrone oral	1	MO
norethindrone-eth estradiol	1	PA; MO
norgestim-eth estrad triphasic	1	MO
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	MO
NORLYDA	1	MO
NORLYROC	1	MO
NORTREL 0.5/35 (28)	1	MO
NORTREL 1/35 (21)	1	MO
NORTREL 1/35 (28)	1	MO
NORTREL 7/7/7	1	MO
NP THYROID	1	PA; MO
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA; S
NYLIA 1/35	1	MO
NYLIA 7/7/7	1	MO
OCELLA	1	MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate injection solution 1000 mcg/ml	3	PA
octreotide acetate injection solution 500 mcg/ml	3	PA; S
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	3	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; S
ORSYTHIA	1	MO
OSPHENA	2	MO
oxandrolone oral tablet 10 mg	1	PA; QL (60 per 30 days)
oxandrolone oral tablet 2.5 mg	1	PA; QL (240 per 30 days)
PHILITH	1	MO
PIMTREA	1	MO
PORTIA-28	1	MO
prednicarbate external ointment	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	1	
PREDNISONE INTENSOL	2	
prednisone oral solution	1	
prednisone oral tablet 1 mg	1	
prednisone oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	1	
prednisone oral tablet therapy pack 10 mg (48), 5 mg (48)	1	
PREMARIN ORAL	2	PA; MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	PA; MO
PREMPRO	2	PA; MO
progesterone oral	1	MO
propylthiouracil oral	1	MO
raloxifene hcl	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RIVELSA	1	MO
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	3	PA; LA; S
SANDOSTATIN LAR DEPOT	3	PA; S
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	3	PA; LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMATULINE DEPOT	3	PA; S
SOMAVERT	3	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	3	PA; S
SYNTHROID	2	MO
TAPERDEX 6-DAY	1	
TARINA 24 FE	1	MO
TARINA FE 1/20 EQ	1	MO
testosterone cypionate intramuscular solution 100 mg/ml	1	PA; MO
testosterone cypionate intramuscular solution	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
200 mg/ml, 200 mg/ml (1 ml)		
testosterone enanthate intramuscular solution	1	PA; MO
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL (150 per 30 days); MO
testosterone transdermal gel 10 mg/act (2%)	1	PA; QL (120 per 30 days); MO
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	PA; QL (300 per 30 days); MO
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	1	PA; QL (112.5 per 30 days); MO
testosterone transdermal solution	1	PA; QL (180 per 30 days); MO
TILIA FE	1	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	2	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	MO
TRI FEMYNOR	1	MO
TRI-ESTARYLLA	1	MO
TRI-LEGEST FE	1	MO
TRI-LINYAH	1	MO
TRI-LO-ESTARYLLA	1	MO
TRI-LO-MARZIA	1	MO
TRI-LO-MILI	1	MO
TRI-LO-SPRINTEC	1	MO
TRI-MILI	1	MO
TRI-NYMYO	1	MO
TRI-SPRINTEC	1	MO
TRI-VYLIBRA	1	MO
TRI-VYLIBRA LO	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	
TRIVORA (28)	1	MO
TURQOZ	1	MO
TYBLUME ORAL TABLET CHEWABLE	1	MO
TYDEMY	1	MO
UNITHROID	1	MO
VELIVET	1	MO
VIENVA	1	MO
viorele	1	MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XULANE	1	MO
yuvafem	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	3	PA; LA; S
ADACEL	2	
ARCALYST	3	PA; S
AREXVY	2	

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

Drug Name	Drug Tier	Requirements/ Limits
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	2	
BENLYSTA	3	PA; S
BEXSERO	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
COSENTYX (300 MG DOSE)	3	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY (300 MG)	3	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY PEN	3	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (2 per 28 days); S
cyclosporine modified	1	B/D PA
cyclosporine oral capsule	1	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
diphtheria-tetanus toxoids dt	2	
ENBREL MINI	3	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	3	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (8 per 28 days); S
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D PA
ENVARSUS XR	3	B/D PA
everolimus oral tablet 0.25 mg	1	B/D PA
everolimus oral tablet 0.5 mg, 1 mg	3	B/D PA; S
everolimus oral tablet 0.75 mg	3	B/D PA
GAMUNEX-C	3	PA; S
GARDASIL 9	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	B/D PA
GENGRAF ORAL SOLUTION	1	B/D PA
HAVRIX	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	B/D PA
HIBERIX INJECTION	2	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/ 0.4ML, 40 MG/0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-	3	PA; QL (2 per 28 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
INJECTOR KIT 80 MG/ 0.8ML		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/ 0.2ML	3	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/ 0.8ML	3	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	3	PA; QL (8 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/ 0.8ML	3	PA; QL (6 per 365 days); S
HUMIRA-PSORIASIS/UVEIT STARTER	3	PA; QL (6 per 365 days); S
HYPERRAB	3	S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
infliximab	3	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYLAMVO	3	ST
JYNNEOS	2	B/D PA
kedrab injection	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
leflunomide oral	1	QL (30 per 30 days); MO
M-M-R II INJECTION	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO	2	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
MRESVIA	2	
mycophenolate mofetil oral capsule	1	B/D PA
mycophenolate mofetil oral suspension reconstituted	3	B/D PA
mycophenolate mofetil oral tablet	1	B/D PA
mycophenolate sodium	1	B/D PA
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	B/D PA
MYHIBBIN	3	B/D PA; S
NULOJIX	3	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/ 100ML	3	PA; S

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

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA ORAL TABLET	3	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	3	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	S
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D PA
PRIORIX	2	
PROGRAF INTRAVENOUS	3	B/D PA; S
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REMICADE	3	PA; S
REZUROCK	3	PA; LA; S
RIDAURA	3	MO; S
RINVOQ	3	PA; QL (30 per 30 days); S
RINVOQ LQ	3	PA; QL (360 per 30 days); S
ROTARIX	2	
ROTATEQ ORAL SOLUTION	2	
SANDIMMUNE ORAL SOLUTION	3	B/D PA
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/ 0.5ML	2	
sirolimus oral solution	3	B/D PA
sirolimus oral tablet 0.5 mg, 1 mg	1	B/D PA
sirolimus oral tablet 2 mg	3	B/D PA
SKYRIZI INTRAVENOUS	3	PA; QL (10 per 28 days); S
SKYRIZI PEN	3	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	3	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	3	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (6 per 365 days); S
STELARA INTRAVENOUS	3	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (1 per 28 days); LA; S
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (1 per 28 days); S
tacrolimus oral	1	B/D PA
TDVAX	2	
TENIVAC	2	
TICOVAC	2	
TREXALL	3	ST

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

Drug Name	Drug Tier	Requirements/ Limits
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA	2	
XATMEP	3	ST
YF-VAX	2	
Infectious Disease Agents		
abacavir sulfate oral solution	1	QL (960 per 30 days)
abacavir sulfate oral tablet	1	QL (60 per 30 days)
abacavir sulfate-lamivudine	1	QL (30 per 30 days)
ABELCET	3	B/D PA
acyclovir oral	1	MO
acyclovir sodium intravenous solution	1	B/D PA
adefovir dipivoxil	1	PA
albendazole oral	3	
amikacin sulfate injection solution 1 gm/ 4ml, 500 mg/2ml	1	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate er	1	
amoxicillin-pot clavulanate oral	1	
amphotericin b intravenous	1	B/D PA
amphotericin b liposome	3	B/D PA; S
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	1	
ampicillin sodium intravenous	1	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	1	
ampicillin-sulbactam sodium intravenous	1	
APTIVUS ORAL CAPSULE	3	QL (120 per 30 days); S
ARIKAYCE	3	LA; S
atazanavir sulfate oral capsule 150 mg, 200 mg	3	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	3	QL (30 per 30 days)
atovaquone oral	3	PA
atovaquone-proguanil hcl	1	
azithromycin intravenous	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	

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

Drug Name	Drug Tier	Requirements/ Limits
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	1	
BARACLUDE ORAL SOLUTION	3	PA; S
BICILLIN C-R	2	
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	3	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	3	QL (30 per 30 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML	3	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML	3	QL (6 per 28 days); S
cefaclor er	2	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted 250 mg/ 5ml	1	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	1	
cefazolin sodium injection solution reconstituted 100 gm, 300 gm	2	
cefazolin sodium intravenous solution reconstituted 1 gm	1	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	2	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	2	
cefdinir	1	
cefepime hcl injection solution reconstituted 1 gm	1	
cefepime hcl intravenous solution	2	
cefepime hcl intravenous solution reconstituted 100 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	1	
cefixime	1	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous	1	
ceftriaxone sodium in dextrose	1	

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

Drug Name	Drug Tier	Requirements/ Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium injection solution reconstituted 100 gm	2	
ceftriaxone sodium intravenous	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	2	
cefuroxime axetil oral tablet 250 mg	1	
cefuroxime axetil oral tablet 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/ 5ml	1	
cephalexin oral suspension reconstituted 250 mg/ 5ml	1	
cephalexin oral tablet	1	
chloroquine phosphate oral	1	MO
cidofovir intravenous	3	B/D PA; S
CIMDUO	3	QL (30 per 30 days); S
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in d5w	1	
clarithromycin er	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9000 mg/60ml	1	
clindamycin phosphate injection solution 900 mg/6ml	3	
COARTEM	3	
colistimethate sodium (cba)	1	
COMPLERA	3	QL (30 per 30 days); S
dapsone oral	1	MO
daptomycin intravenous solution reconstituted 500 mg	3	S
darunavir oral tablet 600 mg	3	QL (60 per 30 days)
darunavir oral tablet 800 mg	3	QL (60 per 30 days); S
DELSTRIGO	3	QL (30 per 30 days); S
demeclocycline hcl oral	1	
DESCOVY	3	QL (30 per 30 days); S

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

Drug Name	Drug Tier	Requirements/ Limits
dicloxacillin sodium	1	
DIFICID	3	PA; S
DOVATO	3	QL (30 per 30 days); S
DOXY 100	1	
doxycycline	3	
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
E.E.S. 400 ORAL TABLET	1	
EDURANT	3	QL (30 per 30 days); S
efavirenz oral capsule 200 mg	1	QL (120 per 30 days)
efavirenz oral capsule 50 mg	1	QL (360 per 30 days)
efavirenz oral tablet	3	QL (30 per 30 days)
efavirenz-emtricitab-tenofo df	3	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	3	QL (30 per 30 days)
emtricitabine	1	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg	3	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	3	QL (30 per 30 days); S
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
entecavir	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	3	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	3	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	3	PA; QL (30 per 30 days); S
ertapenem sodium	3	
ERY-TAB	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1	
erythromycin base oral	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/ 5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/ 5ml	3	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate	3	
erythromycin oral	1	
ethambutol hcl oral	1	

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

Drug Name	Drug Tier	Requirements/ Limits
etravirine oral tablet 100 mg	3	QL (120 per 30 days)
etravirine oral tablet 200 mg	3	QL (60 per 30 days)
EVOTAZ	3	QL (30 per 30 days); S
famciclovir oral tablet 125 mg, 250 mg	1	QL (60 per 30 days)
famciclovir oral tablet 500 mg	1	QL (21 per 7 days)
FIRVANQ	3	QL (1200 per 30 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/ 100ml-%, 400-0.9 mg/ 200ml-%	1	
fluconazole oral	1	
flucytosine oral	3	S
fosamprenavir calcium	3	QL (120 per 30 days)
fosfomycin tromethamine	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	QL (60 per 30 days); S
ganciclovir sodium intravenous solution reconstituted	3	B/D PA; S
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	1	
gentamicin in saline intravenous solution 2-0.9 mg/ml-%	2	
gentamicin sulfate injection	1	
GENVOYA	3	QL (30 per 30 days); S
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
HARVONI	3	PA; QL (28 per 28 days); S
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
imipenem-cilastatin	1	
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	3	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	3	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	3	QL (120 per 30 days); S
ISENTRESS ORAL TABLET CHEWABLE 100 MG	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	QL (720 per 30 days)
isoniazid injection	1	
isoniazid oral syrup	1	MO
isoniazid oral tablet	1	MO
itraconazole oral capsule	1	PA
ivermectin oral	1	PA
JULUCA	3	QL (30 per 30 days); S
ketoconazole oral	1	
LAGEVRIO	3	QL (40 per 90 days); S
lamivudine oral solution	1	QL (960 per 30 days)
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
lamivudine oral tablet 300 mg	1	QL (30 per 30 days)
lamivudine-zidovudine	1	QL (60 per 30 days)
ledipasvir-sofosbuvir	3	PA; QL (28 per 28 days); S
levofloxacin in d5w	1	
levofloxacin intravenous	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
LEXIVA ORAL SUSPENSION	3	QL (1800 per 30 days)
lincomycin hcl injection	1	
linezolid in sodium chloride	3	
linezolid intravenous solution 600 mg/300ml	1	
linezolid oral suspension reconstituted	3	PA; QL (1800 per 30 days); S
linezolid oral tablet	3	PA; QL (56 per 28 days)
LIVTENCITY	3	PA; S
lopinavir-ritonavir oral solution	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	3	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	3	QL (120 per 30 days)
maraviroc	3	QL (120 per 30 days)
MAVYRET ORAL PACKET	3	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	3	PA; QL (90 per 30 days); S
mefloquine hcl	1	MO
meropenem intravenous solution reconstituted 1 gm, 500 mg	1	
methenamine hippurate	1	
methenamine mandelate oral	1	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral	1	
micafungin sodium	3	S
minocycline hcl oral	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	3	
nafcillin sodium intravenous solution reconstituted 10 gm	3	S
neomycin sulfate oral	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	QL (30 per 30 days)
nevirapine oral suspension	1	QL (1200 per 30 days)
nevirapine oral tablet	1	QL (60 per 30 days)
nitazoxanide oral	3	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohyd macro	1	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	3	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NUZYRA ORAL	3	PA; S
nystatin oral tablet	1	

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

Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY	3	QL (30 per 30 days); S
ofloxacin oral tablet 300 mg, 400 mg	1	
oseltamivir phosphate oral capsule 30 mg	1	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 per 365 days)
oxacillin sodium in dextrose intravenous solution 1 gm/50ml	2	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	3	S
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous	3	
PAXLOVID (150/100)	1	QL (20 per 90 days)
PAXLOVID (300/100)	1	QL (30 per 90 days)
penicillin g pot in dextrose	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN	1	
PIFELTRO	3	QL (30 per 30 days); S
piperacillin sod-tazobactam	1	
polymyxin b sulfate injection	1	
posaconazole oral	3	PA; MO; S
praziquantel oral	1	
PREVYMIS ORAL	3	PA; QL (30 per 30 days); S
PREZCOBIX	3	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	3	QL (400 per 30 days); S
PREZISTA ORAL TABLET 150 MG	3	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (300 per 30 days)
PRIFTIN	2	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrazinamide oral	1	
pyrimethamine oral	3	PA; S
quinine sulfate oral	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
REYATAZ ORAL PACKET	3	QL (240 per 30 days)
ribavirin oral capsule	1	
ribavirin oral tablet 200 mg	1	
rifabutin	1	
rifampin intravenous	3	
rifampin oral	1	
rimantadine hcl	1	

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Drug Name	Drug Tier	Requirements/ Limits
ritonavir	1	QL (360 per 30 days)
RUKOBIA	3	QL (60 per 30 days); MO; S
SELZENTRY ORAL SOLUTION	2	QL (1840 per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	QL (60 per 30 days); S
SIRTURO	3	PA; LA; S
sofosbuvir-velpatasvir	3	PA; QL (30 per 30 days); S
streptomycin sulfate intramuscular	3	S
STRIBILD	3	QL (30 per 30 days); S
sulfadiazine oral	3	S
sulfamethoxazole-trimethoprim intravenous	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/ 5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SUNLENCA ORAL	3	LA; S
SUNLENCA SUBCUTANEOUS	3	QL (3 per 168 days); MO; S
SYMTUZA	3	QL (30 per 30 days); S
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	3	S
tenofovir disoproxil fumarate	1	QL (30 per 30 days)
terbinafine hcl oral	1	
tetracycline hcl oral capsule	1	
tigecycline	3	S
tinidazole oral	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	3	QL (60 per 30 days); S
TIVICAY PD	3	QL (360 per 30 days); S
tobramycin sulfate injection solution	1	
tobramycin sulfate injection solution reconstituted	3	S
TRECATOR	3	
trifluridine ophthalmic	1	
trimethoprim oral	1	
TRIUMEQ	3	QL (30 per 30 days); S
TRIUMEQ PD	3	QL (180 per 30 days); S
TRIZIVIR	3	QL (60 per 30 days); S
TROGARZO	3	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
valacyclovir hcl oral tablet 1 gm	1	QL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	1	QL (60 per 30 days)
valganciclovir hcl oral solution reconstituted	3	S

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Drug Name	Drug Tier	Requirements/ Limits
valganciclovir hcl oral tablet	2	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	2	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	2	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg	1	
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 750 mg	2	
vancomycin hcl oral capsule 125 mg	1	PA; QL (240 per 30 days)
vancomycin hcl oral capsule 250 mg	3	PA; QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml	3	PA; QL (1200 per 30 days)
VEMLIDY	3	PA; QL (30 per 30 days); S
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	3	PA; S
VIRACEPT ORAL TABLET 250 MG	3	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	3	QL (120 per 30 days); S
VIREAD ORAL POWDER	3	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	3	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
voriconazole intravenous	3	PA
voriconazole oral suspension reconstituted	3	PA; QL (300 per 30 days); S
voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days); S
voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
VOSEVI	3	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO; S
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
zidovudine oral capsule	1	QL (180 per 30 days)
zidovudine oral syrup	1	QL (1920 per 30 days)
zidovudine oral tablet	1	QL (60 per 30 days)
ZIRGAN	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	3	S
Miscellaneous Therapeutic Agents		
acetic acid irrigation	1	
acetylcysteine intravenous	1	

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Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL SWABS	1	MO
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
GAUZE STERILE PADS 2	1	MO
IGALMI	3	QL (30 per 30 days)
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	3	S
INPEN 100-GREY-NOVOLOG-FIASP	3	S
INPEN 100-PINK-LILLY-HUMALOG	3	S
INPEN 100-PINK-NOVOLOG-FIASP	2	
INSULIN PEN NEEDLE	1	QL (200 per 30 days); MO
INSULIN SYRINGE	1	QL (200 per 30 days); MO
KOSELUGO	3	PA; S
lactated ringers irrigation	1	
mannitol intravenous solution 20 %, 25 %	1	
METHERGINE ORAL	3	S
methylergonovine maleate oral	3	S
neomycin-polymyxin b gu	1	
NOVOPEN ECHO	2	
PHYSIOLYTE	3	
ringers irrigation	1	
sodium chloride irrigation solution 0.9 %	1	
sterile water for irrigation	2	
SYNAGIS	3	PA; S
TIS-U-SOL	1	
Ophthalmic Agents		
acetazolamide er	1	MO
ak-poly-bac	1	
ALOCRIL	3	
ALOMIDE	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
ALREX	3	
apraclonidine hcl	1	
atropine sulfate ophthalmic ointment	2	MO
atropine sulfate ophthalmic solution 1 %	2	MO
azelastine hcl ophthalmic	1	
bacitra-neomycin-polymyxin-hc	1	
bacitracin ophthalmic	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bepotastine besilate	1	
betaxolol hcl ophthalmic	1	MO
BETOPTIC-S	3	MO
bimatoprost ophthalmic	1	MO
brimonidine tartrate ophthalmic	1	MO
brimonidine tartrate-timolol	2	MO
brinzolamide	2	MO
bromfenac sodium (once-daily)	1	

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Drug Name	Drug Tier	Requirements/ Limits
bromfenac sodium ophthalmic solution 0.07 %	3	
carteolol hcl	1	MO
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	MO
cyclosporine ophthalmic	2	QL (60 per 30 days); MO
CYSTARAN	3	LA; S
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	2	
dorzolamide hcl ophthalmic	1	MO
dorzolamide hcl-timolol mal	1	MO
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	MO
epinastine hcl	1	
erythromycin ophthalmic	1	QL (3.5 per 30 days)
FLAREX	3	
fluorometholone ophthalmic	1	
flurbiprofen sodium	1	
FML FORTE	3	
gatifloxacin ophthalmic	1	
GENTAK OPHTHALMIC OINTMENT	1	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ketorolac tromethamine ophthalmic	1	
latanoprost ophthalmic	1	MO
levobunolol hcl ophthalmic solution 0.5 %	1	MO
levofloxacin ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.2 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	MO
MAXIDEX	3	
methazolamide oral	1	MO
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	3	
NEO-POLYCIN	1	
NEO-POLYCIN HC	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	

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Drug Name	Drug Tier	Requirements/ Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	2	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PHOSPHOLINE IODIDE	3	S
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	MO
POLYCIN	1	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone sodium phosphate ophthalmic	2	
proparacaine hcl ophthalmic	1	
RESTASIS	2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL (5.5 per 28 days); MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
sulfacetamide sodium ophthalmic	1	
sulfacetamide-prednisolone ophthalmic solution	1	
tafluprost (pf)	3	MO
timolol maleate (once-daily)	1	MO
TIMOLOL MALEATE OCUDOSE	1	MO
timolol maleate ophthalmic gel forming solution	1	MO
timolol maleate ophthalmic solution 0.25 %	1	MO
timolol maleate ophthalmic solution 0.5 %	1	MO
timolol maleate pf ophthalmic solution 0.5 %	1	MO
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
travoprost (bak free)	1	MO
VYZULTA	3	MO
XDEMVY	3	LA; S
XIIDRA	2	QL (60 per 30 days); MO
ZYLET	2	
Otic Agents		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
FLAC	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	

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

Drug Name	Drug Tier	Requirements/ Limits
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhalation	1	B/D PA
ADEMPAS	3	PA; QL (90 per 30 days); LA; S
ADVAIR HFA	2	QL (12 per 30 days); MO
albuterol sulfate hfa	1	MO
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	B/D PA; QL (360 per 30 days); MO
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	B/D PA; MO
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	B/D PA; QL (60 per 30 days); MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALYQ	3	PA; QL (60 per 30 days); S
ambrisentan	3	PA; QL (30 per 30 days); LA; S
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ ACT	2	QL (60 per 30 days); MO
arformoterol tartrate	3	B/D PA; QL (120 per 30 days); MO
ARNUITY ELLIPTA	2	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
azelastine hcl nasal	1	QL (30 per 25 days)
azelastine-fluticasone	1	QL (23 per 28 days)
bosentan	3	PA; QL (60 per 30 days); LA; S
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	QL (60 per 30 days); MO
breyna	1	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	2	QL (10.7 per 30 days); MO
BRONCHITOL	3	PA; LA; S
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	B/D PA; QL (120 per 30 days); MO
budesonide inhalation suspension 1 mg/2ml	1	B/D PA; QL (60 per 30 days); MO
budesonide-formoterol fumarate	1	QL (30.6 per 30 days); MO
carbinoxamine maleate oral solution	1	PA
carbinoxamine maleate oral tablet 4 mg	1	PA
carbinoxamine maleate oral tablet 6 mg	3	PA; S
CAYSTON	3	PA; LA; S
cetirizine hcl oral solution	1	
clemastine fumarate oral tablet 2.68 mg	1	PA
COMBIVENT RESPIMAT	3	QL (8 per 30 days); MO
cromolyn sodium inhalation	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements/ Limits
cyproheptadine hcl oral syrup	1	PA
cyproheptadine hcl oral tablet	1	
desloratadine	1	
diphenhydramine hcl injection	1	
DULERA	3	QL (13 per 30 days); MO
ELIXOPHYLLIN	2	MO
epinephrine (anaphylaxis)	1	
epinephrine injection solution 0.3 mg/0.3ml	1	QL (2 per 28 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/ 0.3ml	1	QL (2 per 28 days)
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	2	QL (60 per 30 days); MO
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	2	QL (240 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 110 mcg/act	2	QL (12 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 220 mcg/act	2	QL (24 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (11 per 30 days); MO
fluticasone propionate nasal	1	QL (16 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	1	QL (60 per 30 days); MO
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/ act, 232-14 mcg/act, 55-14 mcg/act	1	QL (1 per 30 days); MO
formoterol fumarate inhalation	3	B/D PA; QL (120 per 30 days); MO
hydroxyzine hcl intramuscular	1	
hydroxyzine hcl oral syrup	1	QL (2880 per 28 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg	1	QL (120 per 30 days)
hydroxyzine hcl oral tablet 50 mg	1	QL (240 per 30 days)
hydroxyzine pamoate oral	1	QL (120 per 30 days)
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium bromide nasal	1	QL (30 per 30 days); MO
ipratropium-albuterol	1	B/D PA; QL (540 per 30 days); MO
KALYDECO ORAL TABLET	3	PA; QL (60 per 30 days); S
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	B/D PA; QL (270 per 30 days); MO
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	1	B/D PA; QL (540 per 30 days); MO
levalbuterol tartrate	1	QL (45 per 30 days); MO

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

Drug Name	Drug Tier	Requirements/ Limits
levocetirizine dihydrochloride oral solution	1	QL (300 per 30 days)
levocetirizine dihydrochloride oral tablet	1	QL (30 per 30 days)
mometasone furoate nasal	1	
montelukast sodium oral	1	MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (3 per 28 days); LA; S
OFEV	3	PA; QL (60 per 30 days); S
olopatadine hcl nasal	1	QL (31 per 30 days)
OMNARIS	3	ST; QL (13 per 30 days)
OPSUMIT	3	PA; QL (30 per 30 days); LA; S
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	2	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; LA; S
ORKAMBI ORAL TABLET	3	PA; QL (120 per 30 days); S
pirfenidone oral tablet 267 mg	3	PA; QL (270 per 30 days); S
pirfenidone oral tablet 534 mg, 801 mg	3	PA; QL (90 per 30 days); S
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	B/D PA; S
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (11 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	QL (22 per 30 days); MO
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	3	PA; LA; S
roflumilast	3	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 per 30 days); MO
sildenafil citrate intravenous	3	PA; QL (1125 per 30 days); S
sildenafil citrate oral tablet 20 mg	1	PA; QL (360 per 30 days)
SPIRIVA HANDIHALER	2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	2	QL (4 per 30 days); MO
SYMBICORT	2	QL (30.6 per 30 days); MO
tadalafil (pah)	3	PA; QL (60 per 30 days); S
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	MO
THEO-24	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
theophylline er	1	MO
theophylline oral	1	MO
tobramycin inhalation nebulization solution 300 mg/5ml	3	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	3	PA; QL (120 per 30 days); LA; S
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 per 30 days); MO
treprostinil	3	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	3	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	3	PA; QL (81.2 per 30 days); S
TYVASO REFILL KIT	3	PA; QL (81.2 per 30 days); S
TYVASO STARTER KIT	3	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	3	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	3	PA; LA; S
VENTAVIS	3	PA; QL (270 per 30 days); S
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	1	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	3	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; QL (8 per 28 days); LA; S
zafirlukast	1	MO
ZETONNA	3	ST; QL (6.1 per 30 days)

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

Legend

Generic drugs are shown in lowercase italics (example: *enalapril*).

Brand name drugs are shown in capital letters (example: HUMALOG).

A

B

C

E

H

K

L

N

S

T

U

V

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 the phone number listed on your plan membership card (TTY: 711). Someone who speaks your 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 número de teléfono que figura en su tarjeta de miembro del plan (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 您计划会员卡上的电话号码 (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 您計劃會員卡上的電話號碼 (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 numero ng telepono na nakalista sa iyong membership card ng plano (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 numéro de téléphone inscrit sur votre carte de membre (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 quí vị cần thông dịch viên xin gọi số điện thoại có trên thẻ hội viên chương trình của quý vị (TTY: 711), sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter der auf Ihrer Plan-Mitgliedskarte (TTY: 711) angegebenen Telefonnummer. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 플랜 가입자 카드에 기재된 전화번호(TTY: 711)로 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 номеру телефона, указанному на вашей карте участника плана (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

إننا نقدم خدمات المترج مالفوري المجانية للإجابة نعأي أسئلة تتع قلبالصحة أو جدول الأدوية لدينا. فوري، ليس عليك سوا بلاتصال بنا على رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتكسيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाल्यिा सेवाएँ उपब्धि हैं. एक दुभाल्यिा प्राप्त करने के लिए, बस हमें आपके पिान सदस्यता कार्ड पर कदए गए नंबर पर (TTY: 711) पर फोन करें. कोई व्यलतजिो लहन्दी बोिता 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 di telefono presente sulla vostra tessera di adesione al piano (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 de telefone indicado no seu cartão de membro do plano (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 nimewo telefòn ki endike sou kat manm plan w lan (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 telefonu podany na karcie członka planu (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 の無料の通訳サービスをご利用いただけます。通訳を希望される場合は、プランの会員証に記載されている電話番号 (TTY: 711) にお電話ください。日本語を話す者 が対応いたします。これは無料のサー ビスです。.

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This formulary was updated on September 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-933-1526**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-371-0218**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.