Anthem

List of Covered Drugs

2024 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 April 1, 2024.

For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-812-1797**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

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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 formulary (Drug List) 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 list of the covered Part D drugs for your plan which is current as of 5/1/2024. For an updated formulary, please review the formulary online at **www.anthem.com**, or call Pharmacy Member Services. Our contact information, along with the date we last updated the 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, 2025, 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.

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

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 drug is a Medicare Part D eligible drug. Medicare Part D eligible drugs are all approved by the Food and Drug Administration (FDA) and if brand, the drug manufacturer has agreed to provide the Coverage Gap Discount.
- 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 (Drug List) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year, except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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 provider feels you should use the new drug, you or your provider may request a coverage exception.

This formulary is current as of 5/1/2024. 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 11. 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 11, 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 81. 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 cost less than brand name drugs.

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 provider 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 11. 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 5 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 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.
- You can ask us to waive coverage restrictions or limits 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should call Pharmacy Member Services to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. Our contact information appears on the front and back covers.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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. 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 11 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 81.

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*).

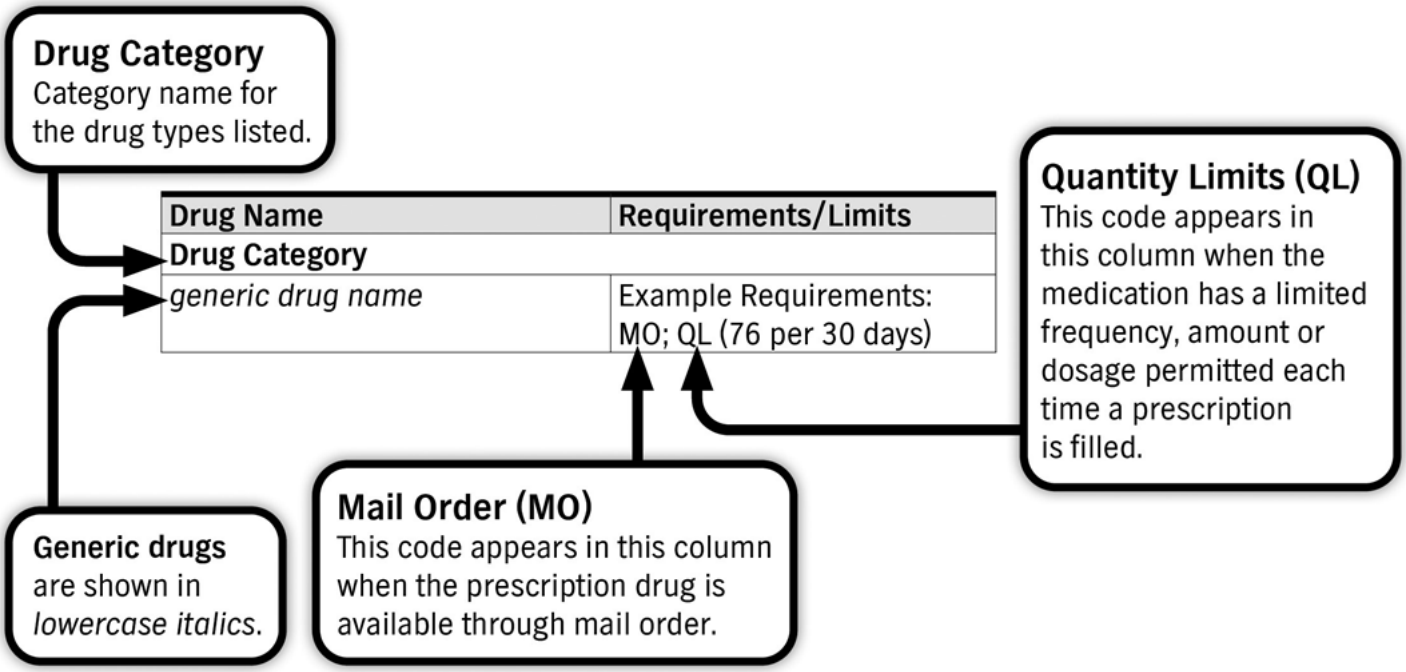
The **second column** of the chart identifies the tier placement of each medication covered in your formulary. Our drug plan groups drugs based upon cost with the lowest cost drugs in Tier 1. These are typically generic drugs. Some newer, more expensive generic drugs may be on a higher tier. To find 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 Brands
3	Non-Preferred Drugs
4	Specialty Drugs

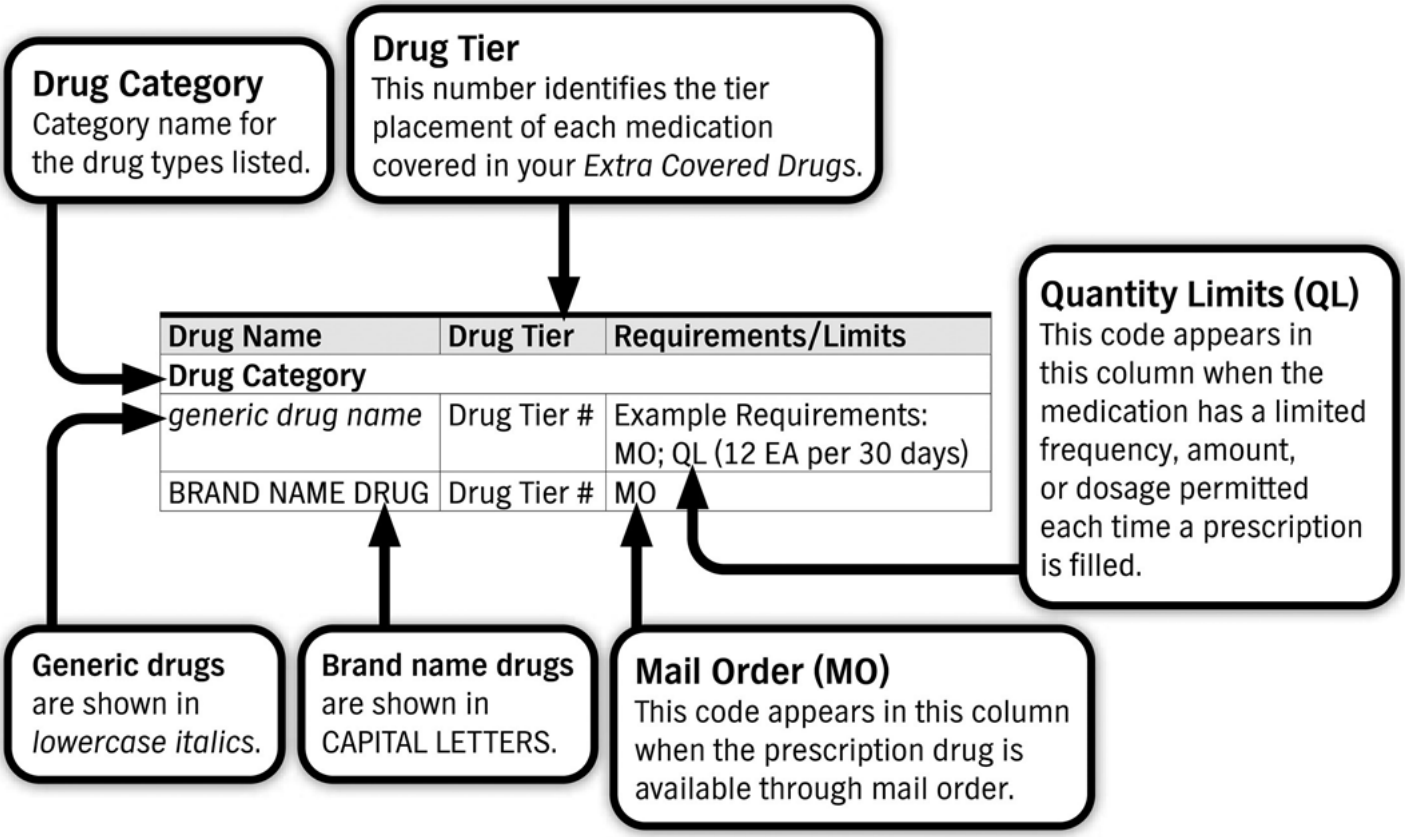
The benefits chart in your *Evidence of Coverage* will also tell you if the amount that you pay for covered drugs changes after the total drug cost paid by you and the plan reaches the initial coverage amount of $5,030. Please check your benefits chart and *Evidence of Coverage* online at **www.anthem.com**, for complete details on the cost you must pay for drugs covered by your drug plan.

The **third column** tells you if your plan has any special requirements for coverage of your drug. The formulary chart legend, located on page 11, 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 2024

You may fill up to a 100-day supply of Select Generics if prescribed by your provider. 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	Requirements /Limits
Cardiovascular Agents	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	
atenolol oral tablet 100 mg, 25 mg, 50 mg	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	QL (30 per 30 days)
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	
bisoprolol fumarate oral tablet 10 mg, 5 mg	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	
chlorthalidone oral tablet 25 mg, 50 mg	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	
furosemide oral tablet 20 mg, 40 mg, 80 mg	
hydrochlorothiazide oral capsule 12.5 mg	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	QL (30 per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	QL (30 per 30 days)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	
losartan potassium oral tablet 100 mg	QL (30 per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	QL (60 per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	QL (60 per 30 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	
olmesartan medoxomil oral tablet 20 mg, 40 mg	QL (30 per 30 days)
olmesartan medoxomil oral tablet 5 mg	QL (60 per 30 days)

Drug Name	Requirements /Limits
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	QL (30 per 30 days)
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	QL (30 per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	
valsartan oral tablet 160 mg	QL (60 per 30 days)
valsartan oral tablet 320 mg	QL (30 per 30 days)
valsartan oral tablet 40 mg, 80 mg	QL (90 per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	QL (30 per 30 days)
Endocrine And Metabolic Disorder Agents	
alendronate sodium oral tablet 10 mg, 5 mg	QL (30 per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	QL (4 per 28 days)
glimepiride oral tablet 1 mg	QL (240 per 30 days)
glimepiride oral tablet 2 mg	QL (120 per 30 days)
glimepiride oral tablet 4 mg	QL (60 per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	QL (60 per 30 days)

Drug Name	Requirements /Limits
glipizide er oral tablet extended release 24 hour 2.5 mg	QL (240 per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	QL (120 per 30 days)
glipizide oral tablet 10 mg	QL (120 per 30 days)
glipizide oral tablet 5 mg	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	QL (60 per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	QL (240 per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	QL (120 per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	QL (240 per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	QL (120 per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	QL (60 per 30 days)
metformin hcl oral tablet 1000 mg	QL (60 per 30 days)
metformin hcl oral tablet 500 mg	QL (150 per 30 days)
metformin hcl oral tablet 850 mg	QL (90 per 30 days)
pioglitazone hcl oral tablet 15 mg	QL (90 per 30 days)
pioglitazone hcl oral tablet 30 mg	QL (45 per 30 days)
pioglitazone hcl oral tablet 45 mg	QL (30 per 30 days)

Covered Medications by Therapeutic Category - Part D Eligible Drugs

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, your doctor or other network provider 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 #2	1	QL (180 per 30 days)
acetaminophen-codeine #3	1	QL (180 per 30 days)
acetaminophen-codeine #4	1	QL (180 per 30 days)
acetaminophen-codeine oral solution	1	QL (900 per 30 days)
acetaminophen-codeine oral tablet	1	QL (180 per 30 days)
allopurinol oral tablet 100 mg, 300 mg	1	MO
ASCOMP-CODEINE	1	PA; QL (180 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr	3	PA; QL (4 per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	1	PA; QL (4 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
buprenorphine transdermal patch weekly 5 mcg/hr, 7.5 mcg/hr	2	PA; QL (4 per 28 days)
butalbital-apap-caff-cod	1	PA; QL (180 per 30 days)
butalbital-asa-caff-codeine	1	PA; QL (180 per 30 days)
butorphanol tartrate injection	1	
butorphanol tartrate nasal	1	QL (5 per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 5 MCG/HR, 7.5 MCG/HR	3	PA; QL (4 per 28 days)
celecoxib oral	1	MO
codeine sulfate oral tablet	2	QL (180 per 30 days)
colchicine oral	1	
colchicine-probenecid	1	MO
CONZIP	3	PA; QL (30 per 30 days)
DAYPRO	3	MO
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	PA
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
DILAUDID ORAL LIQUID	3	QL (720 per 30 days)
DILAUDID ORAL TABLET 2 MG, 4 MG	3	QL (180 per 30 days)
duramorph	1	
ec-naproxen	1	MO

Drug Name	Drug Tier	Requirements /Limits
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days)
etodolac er	1	MO
etodolac oral	1	MO
febuxostat	1	ST; MO
FELDENE	3	MO
fenoprofen calcium oral tablet	1	MO
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg	4	PA; QL (120 per 30 days); S
fentanyl citrate buccal lozenge on a handle 200 mcg, 400 mcg	3	PA; QL (120 per 30 days)
fentanyl citrate buccal tablet	4	PA; QL (120 per 30 days); 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)
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)
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)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	QL (50 per 10 days)
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone hcl oral liquid	1	QL (720 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
hydromorphone hcl oral tablet	1	QL (180 per 30 days)
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
ketoprofen er	1	MO
ketoprofen oral capsule 50 mg	1	MO
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	PA
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)

Drug Name	Drug Tier	Requirements /Limits
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)
methadone hcl oral concentrate	1	QL (180 per 30 days)
methadone hcl oral solution	1	QL (900 per 30 days)
methadone hcl oral tablet	1	PA; QL (180 per 30 days)
METHADOSE SUGAR-FREE	2	QL (180 per 30 days)
MITIGARE	3	
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	QL (180 per 30 days)
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)

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 er oral tablet extended release 100 mg, 200 mg	1	PA; QL (60 per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; QL (90 per 30 days)
morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 50 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	
morphine sulfate oral solution	1	QL (900 per 30 days)
morphine sulfate oral tablet	1	QL (180 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; QL (90 per 30 days)
nabumetone oral	1	MO
NALFON ORAL TABLET	3	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)
oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml	1	QL (180 per 30 days)
oxycodone hcl oral solution	1	QL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
oxycodone hcl oral tablet	1	QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (180 per 30 days)
pentazocine-naloxone hcl	1	PA; QL (360 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG	3	QL (180 per 30 days)
piroxicam oral	1	MO
probenecid oral	1	MO
RELAFEN	1	MO
ROXICODONE ORAL TABLET 15 MG	3	QL (180 per 30 days)
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)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	PA; QL (30 per 30 days)
tramadol hcl er	1	PA; QL (30 per 30 days)
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days)
tramadol-acetaminophen	1	QL (40 per 5 days)
ULORIC ORAL TABLET 80 MG	3	ST; MO
Antineoplastics		
abiraterone acetate oral tablet 250 mg	4	PA; QL (120 per 30 days); S
abiraterone acetate oral tablet 500 mg	4	PA; QL (60 per 30 days); S
ADRIAMYCIN INTRAVENOUS SOLUTION	3	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
adriamycin intravenous solution reconstituted 10 mg	1	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	B/D PA
AKEEGA	4	PA; QL (30 per 30 days); S
ALECENSA	4	PA; QL (240 per 30 days); LA; S
ALUNBRIG ORAL TABLET 180 MG	4	PA; QL (30 per 30 days); LA; S
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (180 per 30 days); LA; S
ALUNBRIG ORAL TABLET 90 MG	4	PA; QL (60 per 30 days); LA; S
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (30 per 180 days); LA; S
anastrozole oral	1	QL (30 per 30 days); MO
AUGTYRO	4	PA; QL (240 per 30 days); S
AVASTIN	4	PA; LA; S
AYVAKIT	4	PA; QL (30 per 30 days); LA; S
azacitidine	4	PA; LA; S
BALVERSA ORAL TABLET 3 MG	4	PA; QL (90 per 30 days); LA; S
BALVERSA ORAL TABLET 4 MG	4	PA; QL (60 per 30 days); LA; S
BALVERSA ORAL TABLET 5 MG	4	PA; QL (30 per 30 days); LA; S
BAVENCIO	4	PA; LA; S
bendamustine hcl intravenous solution	4	B/D PA; S
BENDEKA	4	B/D PA; S
BESREMI	4	PA; LA; S
bexarotene oral	4	PA; QL (300 per 30 days); S
bicalutamide	1	QL (30 per 30 days)
bleomycin sulfate	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
bortezomib injection solution reconstituted 1 mg, 3.5 mg	4	PA; S
bortezomib injection solution reconstituted 2.5 mg	3	PA
bortezomib intravenous solution reconstituted	4	PA; S
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (120 per 30 days); LA; S
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (30 per 30 days); LA; S
BOSULIF ORAL TABLET 100 MG	4	PA; QL (120 per 30 days); S
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 per 30 days); S
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; QL (180 per 30 days); LA; S
BRUKINSA	4	PA; QL (120 per 30 days); LA; S
CABOMETYX	4	PA; QL (30 per 30 days); LA; S
CALQUENCE	4	PA; QL (60 per 30 days); LA; S
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); LA; S
CAPRELSA ORAL TABLET 300 MG	4	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	4	PA; QL (56 per 28 days); LA; S
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	4	PA; QL (112 per 28 days); LA; S
COMETRIQ (60 MG DAILY DOSE)	4	PA; QL (84 per 28 days); LA; S
COPIKTRA	4	PA; QL (60 per 30 days); LA; S
COTELLIC	4	PA; QL (90 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
cyclophosphamide intravenous	4	S
cyclophosphamide oral capsule	2	B/D PA
CYRAMZA	4	PA; LA; S
DARZALEX	4	PA; LA; S
DARZALEX FASPRO	4	PA; S
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days); LA; S
decitabine	4	S
doxorubicin hcl intravenous solution	3	B/D PA
doxorubicin hcl intravenous solution reconstituted	1	B/D PA
doxorubicin hcl liposomal	4	PA; S
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	2	PA
ELIGARD SUBCUTANEOUS KIT 30 MG, 45 MG	3	PA
ELITEK	4	PA; S
EMCYT	4	S
EMPLICITI	4	PA; LA; S
ENHERTU	4	PA; S
ERBITUX	4	PA; S
ERIVEDGE	4	PA; QL (30 per 30 days); LA; S
ERLEADA	4	PA; LA; S
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; QL (30 per 30 days); S
erlotinib hcl oral tablet 25 mg	4	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	4	PA; S
everolimus oral tablet soluble	4	PA; S
exemestane	1	QL (60 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
EXKIVITY	4	PA; QL (120 per 30 days); LA; S
FIRMAGON (240 MG DOSE)	4	PA; S
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA
fluorouracil intravenous	1	B/D PA
FOTIVDA	4	PA; QL (21 per 28 days); S
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days); LA; S
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days); LA; S
fulvestrant intramuscular solution prefilled syringe	4	PA; S
GAVRETO	4	PA; QL (120 per 30 days); LA; S
GAZYVA	4	PA; LA; S
gefitinib	4	PA; QL (30 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	4	PA; QL (30 per 30 days); LA; S
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA
HERCEPTIN HYLECTA	4	B/D PA; S
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	4	B/D PA; S
HYDREA	3	
hydroxyurea 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
IBRANCE	4	PA; QL (21 per 28 days); LA; S
ICLUSIG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
IDHIFA ORAL TABLET 50 MG	4	PA; QL (60 per 30 days); LA; S
imatinib mesylate oral tablet 100 mg	4	PA; QL (90 per 30 days); S
imatinib mesylate oral tablet 400 mg	4	PA; QL (60 per 30 days); S
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days); LA; S
IMBRUVICA ORAL SUSPENSION	4	PA; QL (216 per 27 days); LA; S
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (90 per 30 days); LA; S
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 per 30 days); LA; S
IMFINZI	4	PA; LA; S
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 per 30 days); LA; S
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 per 30 days); LA; S
INQOVI	4	PA; QL (5 per 28 days); LA; S
INREBIC	4	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	4	PA; QL (240 per 30 days); S
JAKAFI	4	PA; QL (60 per 30 days); LA; S
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (60 per 30 days); S
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); S
JEVTANA	4	PA; S
KADCYLA	4	PA; S
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; S
KISQALI (200 MG DOSE)	4	PA; QL (21 per 21 days); S
KISQALI (400 MG DOSE)	4	PA; QL (42 per 21 days); S
KISQALI (600 MG DOSE)	4	PA; QL (63 per 21 days); S
KISQALI FEMARA (200 MG DOSE)	4	PA; QL (49 per 28 days); S
KISQALI FEMARA (400 MG DOSE)	4	PA; QL (70 per 28 days); S
KISQALI FEMARA (600 MG DOSE)	4	PA; QL (91 per 28 days); S
KRAZATI	4	PA; QL (180 per 30 days); S
KYPROLIS	4	PA; LA; S
lapatinib ditosylate	4	PA; QL (180 per 30 days); S
lenalidomide oral capsule 10 mg	4	PA; QL (60 per 30 days); LA; S
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	4	PA; QL (30 per 30 days); LA; S
lenalidomide oral capsule 5 mg	4	PA; QL (150 per 30 days); LA; S
LENVIMA (10 MG DAILY DOSE)	4	PA; QL (30 per 30 days); LA; S
LENVIMA (12 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (14 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
LENVIMA (18 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (20 MG DAILY DOSE)	4	PA; QL (60 per 30 days); LA; S
LENVIMA (24 MG DAILY DOSE)	4	PA; QL (90 per 30 days); LA; S
LENVIMA (4 MG DAILY DOSE)	4	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
LENVIMA (8 MG DAILY DOSE)	4	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	1	B/D PA
leucovorin calcium oral	1	
LEUKERAN	2	
leuprolide acetate (3 month)	3	PA
leuprolide acetate injection	1	PA
LONSURF	4	PA; S
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days); LA; S
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 per 30 days); LA; S
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (240 per 30 days); LA; S
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (90 per 30 days); S
LUPRON DEPOT (1-MONTH)	4	PA; QL (1 per 28 days); S
LUPRON DEPOT (3-MONTH)	4	PA; QL (1 per 84 days); S
LUPRON DEPOT (4-MONTH)	4	PA; QL (1 per 112 days); S
LUPRON DEPOT (6-MONTH)	4	PA; QL (1 per 168 days); S
LYNPARZA ORAL TABLET	4	PA; QL (120 per 30 days); LA; S
LYSODREN	4	S
LYTGOBI (12 MG DAILY DOSE)	4	PA; S
LYTGOBI (16 MG DAILY DOSE)	4	PA; S
LYTGOBI (20 MG DAILY DOSE)	4	PA; S
MATULANE	4	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	4	PA; QL (1200 per 30 days); S
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 per 30 days); LA; S
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 per 30 days); LA; S
MEKTOVI	4	PA; QL (180 per 30 days); LA; S
melphalan	1	B/D PA
mercaptopurine oral	1	
mesna	1	
MESNEX ORAL	4	S
mitomycin intravenous solution reconstituted 20 mg, 40 mg	4	B/D PA; S
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	4	B/D PA; S
NERLYNX	4	PA; QL (180 per 30 days); LA; S
nilutamide	4	QL (30 per 30 days); S
NINLARO	4	PA; QL (3 per 28 days); S
NUBEQA	4	PA; QL (120 per 30 days); LA; S
ODOMZO	4	PA; QL (30 per 30 days); LA; S
OGSIVEO	4	PA; QL (180 per 30 days); S
OJJAARA	4	PA; QL (30 per 30 days); LA; S
ONUREG	4	PA; QL (14 per 28 days); LA; S
OPDIVO	4	PA; LA; S
ORGOVYX	4	PA; QL (32 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
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days); S
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days); S
oxaliplatin intravenous solution	1	B/D PA
oxaliplatin intravenous solution reconstituted 100 mg	3	B/D PA
oxaliplatin intravenous solution reconstituted 50 mg	4	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	4	PA; S
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	1	B/D PA
pazopanib hcl	4	PA; QL (120 per 30 days); S
PEMAZYRE	4	PA; QL (14 per 21 days); LA; S
pemetrexed disodium intravenous solution reconstituted 100 mg	4	PA; S
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	4	S
pemetrexed disodium intravenous solution reconstituted 500 mg	3	PA
PERJETA	4	PA; S
PHESGO	4	PA; S
PIQRAY (200 MG DAILY DOSE)	4	PA; QL (28 per 28 days); S
PIQRAY (250 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
PIQRAY (300 MG DAILY DOSE)	4	PA; QL (56 per 28 days); S
POMALYST	4	PA; QL (21 per 28 days); LA; S

Drug Name	Drug Tier	Requirements /Limits
POTELIGEO	4	B/D PA; LA; S
PURIXAN	4	PA; S
QINLOCK	4	PA; QL (90 per 30 days); S
RETEVMO ORAL CAPSULE 40 MG	4	PA; QL (180 per 30 days); S
RETEVMO ORAL CAPSULE 80 MG	4	PA; QL (120 per 30 days); S
REZLIDHIA	4	PA; QL (60 per 30 days); LA; S
RIABNI	4	B/D PA; S
RITUXAN HYCELA	4	B/D PA; LA; S
RITUXAN INTRAVENOUS SOLUTION	4	B/D PA; LA; S
romidepsin intravenous solution reconstituted	4	S
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 per 30 days); LA; S
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 per 30 days); LA; S
ROZLYTREK ORAL PACKET	4	PA; QL (240 per 30 days); LA; S
RUBRACA	4	PA; QL (120 per 30 days); LA; S
RYBREVANT	4	PA; S
RYDAPT	4	PA; QL (240 per 30 days); S
RYLAZE	4	PA; S
SARCLISA	4	PA; S
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 per 30 days); S
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days); S
SOLTAMOX	3	MO
sorafenib tosylate	4	PA; QL (120 per 30 days); S
SPRYCEL	4	PA; QL (30 per 30 days); S
STIVARGA	4	PA; QL (84 per 28 days); LA; S
sunitinib malate	4	PA; 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
SYNRIBO	4	PA; S
TABLOID	3	
TABRECTA	4	PA; QL (120 per 30 days); S
TAFINLAR ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
TAFINLAR ORAL TABLET SOLUBLE	4	PA; QL (900 per 30 days); S
TAGRISSO	4	PA; QL (30 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; QL (30 per 30 days); S
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 per 30 days); LA; S
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 per 30 days); LA; S
tamoxifen citrate oral	1	MO
TASIGNA	4	PA; QL (112 per 28 days); S
TAZVERIK	4	PA; QL (240 per 30 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	4	PA; QL (20 per 21 days); LA; S
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	4	PA; QL (28 per 28 days); LA; S
TECVAYLI	4	PA; S
TEPMETKO	4	PA; QL (60 per 30 days); LA; S
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (30 per 30 days); S
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (60 per 30 days); S
TIBSOVO	4	PA; QL (60 per 30 days); LA; S
TICE BCG	2	B/D PA
toremifene citrate	3	QL (30 per 30 days)
tretinoin oral	4	S
TRODELVY	4	PA; S
TRUQAP	4	PA; QL (64 per 28 days); S
TRUSELTIQ (100MG DAILY DOSE)	4	PA; QL (21 per 28 days); LA; S
TRUSELTIQ (125MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (50MG DAILY DOSE)	4	PA; QL (42 per 28 days); LA; S
TRUSELTIQ (75MG DAILY DOSE)	4	PA; QL (63 per 28 days); LA; S
TUKYSA	4	PA; QL (120 per 30 days); LA; S
TURALIO ORAL CAPSULE 125 MG	4	PA; QL (120 per 30 days); LA; S
VANFLYTA	4	PA; QL (56 per 28 days); S
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	4	PA; S
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	4	PA; QL (180 per 30 days); LA; S
VENCLEXTA ORAL TABLET 50 MG	4	PA; QL (30 per 30 days); LA; S
VENCLEXTA STARTING PACK	4	PA; LA; S
VERZENIO	4	PA; QL (60 per 30 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	4	PA; QL (60 per 30 days); LA; S
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (180 per 30 days); LA; S
VITRAKVI ORAL SOLUTION	4	PA; QL (300 per 30 days); LA; S
VIZIMPRO	4	PA; QL (30 per 30 days); LA; S
VONJO	4	PA; QL (120 per 30 days); LA; S
WELIREG	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE	4	PA; QL (120 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
XALKORI ORAL CAPSULE SPRINKLE 150 MG	4	PA; QL (90 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 20 MG	4	PA; QL (120 per 30 days); LA; S
XALKORI ORAL CAPSULE SPRINKLE 50 MG	4	PA; QL (60 per 30 days); LA; S
XOSPATA	4	PA; QL (90 per 30 days); LA; S
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	4	PA; QL (4 per 28 days); LA; S
XPOVIO (60 MG TWICE WEEKLY)	4	PA; QL (24 per 28 days); LA; S
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 per 28 days); LA; S
XPOVIO (80 MG TWICE WEEKLY)	4	PA; QL (32 per 28 days); LA; S
XTANDI ORAL CAPSULE	4	PA; QL (120 per 30 days); LA; S
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 per 30 days); S
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 per 30 days); S
YERVOY	4	PA; S
YONSA	4	PA; QL (120 per 30 days); S
ZEJULA ORAL CAPSULE	4	PA; QL (90 per 30 days); LA; S
ZEJULA ORAL TABLET 100 MG	4	PA; QL (90 per 30 days); S
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; QL (30 per 30 days); S
ZELBORAF	4	PA; QL (240 per 30 days); LA; S
ZEPZELCA	4	PA; S
ZOLINZA	4	PA; QL (120 per 30 days); S
ZYDELIG	4	PA; QL (60 per 30 days); LA; S
ZYKADIA ORAL TABLET	4	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	4	PA; S
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 40 MCG/ML	3	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	4	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	4	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

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
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)
ENDARI	4	LA; S
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/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	4	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	4	QL (12 per 30 days); S
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	4	QL (18 per 30 days); S
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	4	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	4	S
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	
FULPHILA	4	PA; QL (1.2 per 28 days); S
GRANIX	4	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	4	PA; S
JANTOVEN	1	MO
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA; S
MOZOBIL	4	PA; S
NEULASTA ONPRO	4	PA; QL (1.2 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
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 per 28 days); S
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	3	PA
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML	4	PA; S
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	PA; S
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; S
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	3	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	PA
pentoxifylline er	1	MO
plerixafor	3	PA
PRADAXA ORAL CAPSULE	3	QL (60 per 30 days); MO
prasugrel hcl	1	QL (30 per 30 days); MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	4	PA; S
PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROMACTA ORAL PACKET 12.5 MG	4	PA; QL (360 per 30 days); LA; S
PROMACTA ORAL PACKET 25 MG	4	PA; QL (180 per 30 days); LA; S
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (30 per 30 days); LA; S
PROMACTA ORAL TABLET 50 MG	4	PA; QL (90 per 30 days); LA; S
PROMACTA ORAL TABLET 75 MG	4	PA; QL (60 per 30 days); LA; S
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; S

Drug Name	Drug Tier	Requirements /Limits
tranexamic acid intravenous solution 1000 mg/10ml	1	
tranexamic acid oral	1	
UDENYCA	4	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	4	PA; S
ZIEXTENZO	4	PA; QL (1.2 per 28 days); S
Cardiovascular Agents		
ACCUPRIL	3	MO
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	MO
acebutolol hcl oral	1	MO
acetazolamide oral	1	MO
ALDACTAZIDE ORAL TABLET 50-50 MG	3	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	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

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
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
AVALIDE ORAL TABLET 150-12.5 MG	3	QL (60 per 30 days); MO
AVALIDE ORAL TABLET 300-12.5 MG	3	QL (30 per 30 days); MO
benazepril hcl oral	1	MO
benazepril-hydrochlorothiazide	1	MO
BETAPACE AF ORAL TABLET 120 MG, 80 MG	3	MO
betaxolol hcl oral	1	MO
BIDIL	2	QL (180 per 30 days); MO
bisoprolol fumarate oral	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	
bumetanide oral	1	MO
BYSTOLIC	3	MO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-40 MG, 5-80 MG	3	QL (30 per 30 days); 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
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	1	MO
captopril-hydrochlorothiazide	1	MO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG	3	MO
CARDIZEM ORAL TABLET 60 MG	4	MO; S
CARDURA ORAL TABLET 1 MG, 8 MG	3	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
COLESTID	3	MO
COLESTID FLAVORED ORAL PACKET	3	MO
colestipol hcl	1	MO
CORGARD ORAL TABLET 20 MG, 40 MG	3	MO
CORLANOR ORAL SOLUTION	3	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	3	PA; QL (60 per 30 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

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
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	3	PA; QL (180 per 30 days)
droxidopa oral capsule 300 mg	4	PA; QL (180 per 30 days); S
EDARBI	3	QL (30 per 30 days); MO
EDARBYCLOR	3	QL (30 per 30 days); MO
enalapril maleate oral tablet	1	MO
enalapril-hydrochlorothiazide	1	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
ezetimibe	1	MO

Drug Name	Drug Tier	Requirements /Limits
ezetimibe-simvastatin	1	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
FENOGLIDE ORAL TABLET 40 MG	3	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	1	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	3	MO
indapamide oral	1	MO
INSPRA	3	MO
irbesartan	1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	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
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	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	4	MO; S
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
isradipine	1	MO
labetalol hcl intravenous solution	1	
labetalol hcl oral	1	MO
LANOXIN ORAL TABLET 125 MCG	3	QL (30 per 30 days); MO
LANOXIN ORAL TABLET 250 MCG	3	PA; QL (60 per 30 days); MO
LESCOL XL	3	QL (30 per 30 days); MO
LIPOFEN ORAL CAPSULE 150 MG	3	MO
LIPOFEN ORAL CAPSULE 50 MG	2	MO
lisinopril oral	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPID	3	MO
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO
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
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-40 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
lovastatin oral	1	QL (60 per 30 days); MO
MATZIM LA	1	MO
MAXZIDE	3	MO
MAXZIDE-25	3	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	4	S
mexiletine hcl oral	1	MO
midodrine hcl	1	
MINIPRESS	3	MO
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 (antihyper-lipidemic)	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

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
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	MO; S
nitroglycerin intravenous	2	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual solution	1	MO
NITROSTAT	3	MO
NORPACE	3	PA; 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	4	S
pindolol	1	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days); MO
pravastatin sodium	1	QL (30 per 30 days); MO
prazosin hcl oral	1	MO
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

Drug Name	Drug Tier	Requirements /Limits
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
propranolol hcl oral tablet 60 mg	1	MO
QUESTRAN	3	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
quinapril hcl	1	MO
quinapril-hydrochlorothiazide	1	MO
quinidine sulfate oral	1	MO
ramipril	1	MO
ranolazine er	1	PA; MO
REPATHA	2	PA; QL (3 per 28 days); MO
REPATHA PUSHTRONEX SYSTEM	2	PA; QL (3.5 per 28 days); MO
REPATHA SURECLICK	2	PA; QL (3 per 28 days); MO
rosuvastatin calcium	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
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG	3	MO
TAZTIA XT	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
TEKTURNA	3	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
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN ORAL TABLET 100 MG, 50 MG	3	MO
terazosin hcl oral	1	MO
TIADYLT ER	1	MO
TIAZAC	3	MO
TIKOSYN	3	
timolol maleate oral	1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil hcl er	1	MO
triamterene-hctz oral capsule 37.5-25 mg	1	MO
triamterene-hctz oral tablet	1	MO
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG	3	QL (30 per 30 days); MO
TRILIPIX	3	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

Drug Name	Drug Tier	Requirements /Limits
VASCEPA	3	MO
VASERETIC	3	MO
VASOTEC ORAL TABLET 2.5 MG	3	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
VERELAN	3	MO
VERELAN PM	3	MO
VERQUVO	3	PA; MO
VYTORIN ORAL TABLET 10-80 MG	3	QL (30 per 30 days); MO
WELCHOL ORAL PACKET	3	MO
ZESTORETIC	3	MO
ZESTRIL ORAL TABLET 2.5 MG	3	MO
ZIAC	3	MO
ZOCOR ORAL TABLET 10 MG	3	QL (30 per 30 days); MO
Central Nervous System Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	4	QL (2.4 per 56 days); S
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	4	QL (3.2 per 56 days); S
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	QL (1 per 28 days); MO; S
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	QL (1 per 28 days); MO; S
acamprosate calcium	1	MO
ADDERALL ORAL TABLET 5 MG, 7.5 MG	3	PA; 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
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	4	PA; QL (60 per 30 days); S
APTIOM	4	ST; MO; S
ARICEPT ORAL TABLET 23 MG	3	ST; QL (30 per 30 days); MO
ARICEPT ORAL TABLET 5 MG	3	QL (30 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
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
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	4	QL (4.8 per 365 days); S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 per 60 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	4	QL (1.6 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	4	QL (2.4 per 28 days); MO; S
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	4	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
AUBAGIO	4	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
AUVELITY	4	PA; QL (60 per 30 days); MO; S
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 per 28 days); S
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 per 28 days); S
AZILECT ORAL TABLET 0.5 MG	4	MO; S
BAC	1	PA; QL (180 per 30 days)
baclofen oral tablet 10 mg, 5 mg	1	QL (90 per 30 days)
baclofen oral tablet 20 mg	1	QL (120 per 30 days)
BELSOMRA	3	QL (30 per 30 days)
benztropine mesylate injection	1	PA
benztropine mesylate oral	1	PA; MO
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 per 30 days); S
BOTOX	3	PA
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL SOLUTION	4	QL (600 per 30 days); MO; S
BRIVIACT ORAL TABLET	4	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)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	QL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (60 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (240 per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (120 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (480 per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (120 per 30 days)
bupropion hcl er (smoking det)	1	QL (60 per 30 days); MO
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	4	QL (30 per 30 days); MO; S
carbamazepine er	1	MO
carbamazepine oral	1	MO
carbidopa oral	1	MO
carbidopa-levodopa	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
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
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)

Drug Name	Drug Tier	Requirements /Limits
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	4	QL (120 per 30 days); S
clozapine oral tablet dispersible 25 mg	1	QL (1080 per 30 days)
COMTAN	3	MO
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	3	PA; QL (30 per 30 days); MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); S
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
cyclobenzaprine hcl oral	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
dalfampridine er	2	PA; QL (60 per 30 days)
DANTRIUM ORAL CAPSULE 25 MG	3	
dantrolene sodium oral	1	
DEPAKOTE	3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	MO
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	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (180 per 30 days); LA; S
DIACOMIT ORAL PACKET 250 MG	4	PA; QL (360 per 30 days); LA; S
DIACOMIT ORAL PACKET 500 MG	4	PA; QL (180 per 30 days); LA; S
DIASTAT ACUDIAL RECTAL GEL 10 MG	3	

Drug Name	Drug Tier	Requirements /Limits
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	4	PA; S
dihydroergotamine mesylate nasal	4	QL (8 per 28 days); S
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
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)
duloxetine hcl oral capsule delayed release particles 20 mg	1	QL (180 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
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	4	PA; QL (30 per 30 days); MO; S
entacapone	1	MO
EPIDIOLEX	4	PA; LA; S
EPITOL	1	MO
EPRONTIA	3	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	4	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)
ESGIC ORAL TABLET	3	PA; QL (180 per 30 days)
estazolam	1	QL (30 per 30 days)
eszopiclone	1	QL (30 per 30 days)
ethosuximide oral	1	MO
EVEKEO ORAL TABLET 10 MG	3	PA; QL (180 per 30 days); MO
EVEKEO ORAL TABLET 5 MG	3	PA; QL (90 per 30 days); MO
FANAPT ORAL TABLET 1 MG	4	QL (720 per 30 days); S
FANAPT ORAL TABLET 10 MG, 12 MG	4	QL (60 per 30 days); S
FANAPT ORAL TABLET 2 MG	4	QL (360 per 30 days); S
FANAPT ORAL TABLET 4 MG	4	QL (180 per 30 days); S
FANAPT ORAL TABLET 6 MG	4	QL (120 per 30 days); S
FANAPT ORAL TABLET 8 MG	4	QL (90 per 30 days); S
FANAPT TITRATION PACK	3	
felbamate	1	MO
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
fingolimod hcl	4	PA; QL (30 per 30 days); S
FINTEPLA	4	PA; LA; S
FIRDAPSE	4	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

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
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
fluvoxamine maleate oral tablet 25 mg, 50 mg	1	MO
FOCALIN	3	QL (60 per 30 days); MO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (30 per 30 days); MO
frovatriptan succinate	1	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	4	QL (720 per 30 days); MO; S
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	4	QL (30 per 30 days); MO; S
FYCOMPA ORAL TABLET 2 MG	3	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
GABITRIL ORAL TABLET 12 MG	4	MO; S
GABITRIL ORAL TABLET 16 MG, 2 MG, 4 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
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	4	PA; QL (30 per 30 days); S
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (30 per 30 days); S
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (12 per 28 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); S
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; QL (12 per 28 days); S
guanfacine hcl er	1	PA; 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
IMITREX NASAL SOLUTION 5 MG/ACT	3	
IMITREX ORAL TABLET 25 MG	3	QL (9 per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	QL (6 per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	QL (6 per 30 days)
INGREZZA ORAL CAPSULE 40 MG	4	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
INGREZZA ORAL CAPSULE 60 MG, 80 MG	4	PA; QL (30 per 30 days); S
INGREZZA ORAL CAPSULE THERAPY PACK	4	PA; QL (56 per 365 days); S
INTUNIV	3	PA; QL (30 per 30 days); MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	4	QL (3.5 per 180 days); S
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	4	QL (5 per 180 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	4	QL (0.75 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	4	QL (1 per 28 days); S
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	4	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	4	QL (0.5 per 28 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	4	QL (0.88 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	4	QL (1.32 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	4	QL (1.75 per 84 days); S
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	4	QL (2.63 per 84 days); S
KESIMPTA	4	PA; QL (1.2 per 30 days); S
lacosamide intravenous	4	QL (1200 per 30 days); S
lacosamide oral solution	3	QL (1200 per 30 days); MO
lacosamide oral tablet	3	QL (60 per 30 days); MO
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 25 MG, 50 MG	3	MO
LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG	4	MO; S
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	3	
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	4	S
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
lithium	2	MO
lithium carbonate er	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
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	4	QL (30 per 30 days); MO; S
lurasidone hcl oral tablet 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
LYBALVI	4	QL (30 per 30 days); MO; S
MARPLAN	3	MO
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 per 30 days); LA; S
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 per 30 days); LA; S
MAYZENT STARTER PACK	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	

Drug Name	Drug Tier	Requirements /Limits
methsuximide	3	MO
METHYLIN ORAL SOLUTION 10 MG/5ML	3	PA; QL (900 per 30 days); MO
METHYLIN ORAL SOLUTION 5 MG/5ML	3	PA; QL (1800 per 30 days); 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	4	S
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 3 MG, 3.75 MG	3	MO
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO
mirtazapine oral tablet 45 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
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	
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	
nefazodone hcl	1	MO
NEUPRO	3	QL (30 per 30 days); MO
NEURONTIN ORAL SOLUTION	3	QL (2160 per 30 days); MO
NICOTROL	3	
NICOTROL NS	3	QL (120 per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	PA; MO
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	4	PA; QL (60 per 30 days); MO; S

Drug Name	Drug Tier	Requirements /Limits
NUPLAZID ORAL CAPSULE	4	PA; QL (30 per 30 days); LA; S
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 per 30 days); LA; S
NURTEC	4	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
PARLODEL	3	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

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
paroxetine hcl oral suspension	3	QL (900 per 30 days); MO
paroxetine hcl oral tablet 10 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
paroxetine hcl oral tablet 40 mg	1	QL (45 per 30 days); MO
PAXIL ORAL SUSPENSION	4	QL (900 per 30 days); MO; S
PAXIL ORAL TABLET 10 MG	3	QL (45 per 30 days); MO
perphenazine oral	1	MO
perphenazine-amitriptyline	1	PA; MO
PERSERIS	4	QL (1 per 28 days); MO; S
PEXEVA ORAL TABLET 10 MG, 40 MG	3	QL (45 per 30 days); MO
PEXEVA ORAL TABLET 20 MG	3	QL (30 per 30 days); MO
PEXEVA ORAL TABLET 30 MG	3	QL (60 per 30 days); MO
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	1	PA; QL (120 per 30 days); MO
phenobarbital oral tablet 16.2 mg, 32.4 mg	1	PA; QL (210 per 30 days); MO
PHENYTEK	3	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

Drug Name	Drug Tier	Requirements /Limits
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	4	S
pyridostigmine bromide oral tablet	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	3	MO
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

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Drug Name	Drug Tier	Requirements /Limits
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
RELPAX	3	QL (9 per 30 days)
REMERON SOLTAB	3	QL (30 per 30 days); MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	QL (60 per 30 days); MO; S
REXULTI ORAL TABLET 3 MG, 4 MG	4	QL (30 per 30 days); MO; S
riluzole	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	4	QL (2 per 28 days); S
risperidone er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	3	QL (2 per 28 days)
risperidone er intramuscular suspension reconstituted er 50 mg	4	QL (2 per 28 days); S
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	3	QL (2 per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	4	QL (2 per 28 days); S
risperidone oral solution	1	QL (480 per 30 days); MO

Drug Name	Drug Tier	Requirements /Limits
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
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	3	PA; QL (60 per 30 days); MO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	3	PA; QL (30 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	4	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	4	PA; QL (240 per 30 days); MO; 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
RYTARY	3	ST; MO
SAVELLA	3	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	3	
SECUADO	4	QL (30 per 30 days); MO; S
selegiline hcl oral	1	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	QL (30 per 30 days); MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	4	QL (60 per 30 days); MO; S
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	QL (60 per 30 days); 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
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
SPRAVATO (56 MG DOSE)	3	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	4	PA; QL (24 per 28 days); S
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	3	QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	3	QL (120 per 30 days); MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	QL (60 per 30 days); MO
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	QL (30 per 30 days); MO
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBVENITE	1	MO
sumatriptan nasal	1	

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	QL (30 per 30 days); MO
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	QL (90 per 30 days); MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 per 30 days); MO; S
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (30 per 30 days); MO
tasimelteon	4	PA; QL (30 per 30 days); S
TECFIDERA ORAL	4	PA; LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	4	PA; QL (14 per 7 days); LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	4	PA; QL (60 per 30 days); LA; S
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	4	PA; LA; S
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	3	MO
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)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days); S
tetrabenazine oral tablet 25 mg	4	PA; QL (120 per 30 days); S
thioridazine hcl oral	1	MO
thiothixene 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
tiagabine hcl	1	MO
tizanidine hcl oral tablet	1	
tolcapone	4	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	4	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
TRILEPTAL ORAL SUSPENSION	3	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG	3	MO
trimipramine maleate oral	1	MO
TRINTELLIX	3	QL (30 per 30 days); MO
TYSABRI	4	PA; LA; S
UBRELVY ORAL TABLET 100 MG	4	PA; QL (16 per 30 days); S
UBRELVY ORAL TABLET 50 MG	4	PA; QL (20 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	4	QL (0.28 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	4	QL (0.35 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	4	QL (0.42 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	4	QL (0.56 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	4	QL (0.7 per 60 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	4	QL (0.14 per 30 days); S
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	4	QL (0.21 per 30 days); S
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	1	
valproic acid oral capsule	1	MO
valproic acid oral solution	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	3	PA; QL (56 per 28 days)
varenicline tartrate oral tablet therapy pack	3	PA
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

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
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	4	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL PACKET	4	PA; QL (180 per 30 days); LA; S
VIGADRONE ORAL TABLET	4	PA; QL (180 per 30 days); S
VIGPODER	4	PA; QL (180 per 30 days); S
VIIBRYD ORAL TABLET	3	ST; QL (30 per 30 days); MO
vilazodone hcl	3	ST; QL (30 per 30 days); MO
VIMPAT ORAL TABLET 50 MG	3	MO
VRAYLAR ORAL CAPSULE	4	QL (30 per 30 days); MO; S
VRAYLAR ORAL CAPSULE THERAPY PACK	3	
VUMERITY	4	PA; QL (120 per 30 days); LA; S
WAKIX	4	PA; QL (60 per 30 days); S
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	3	QL (120 per 30 days); MO
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 3 MG	3	QL (90 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	4	QL (90 per 30 days); S
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 per 28 days); MO; S
XCOPRI (350 MG DAILY DOSE)	4	QL (56 per 28 days); MO; S

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 per 30 days); MO; S
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 per 30 days); MO; S
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	QL (56 per 365 days); S
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT	3	PA
XYREM	4	PA; QL (540 per 30 days); LA; S
zaleplon oral capsule 10 mg	1	QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	QL (30 per 30 days)
ZANAFLEX	3	
ZARONTIN	3	MO
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 nasal solution 2.5 mg	1	
zolmitriptan oral	1	QL (9 per 30 days)
ZOLOFT ORAL CONCENTRATE	3	QL (300 per 30 days); MO
zolpidem tartrate er	1	QL (30 per 30 days)
zolpidem tartrate oral tablet	1	QL (30 per 30 days)
ZOMIG NASAL	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
ZOMIG ORAL TABLET 2.5 MG	3	QL (9 per 30 days)
ZONISADE	4	MO; S
zonisamide oral	1	MO
ZTALMY	4	QL (1100 per 30 days); S
ZURZUVAE	4	S
ZYPREXA INTRAMUSCULAR	3	QL (90 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	3	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	QL (2 per 28 days); S
Dermatological Agents		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	1	
acitretin	3	
acyclovir external cream	1	QL (5 per 30 days)
acyclovir external ointment	1	QL (30 per 30 days)
adapalene external cream	1	
adapalene external gel	1	
ala-cort external cream	1	
alclometasone dipropionate	1	
amcinonide external cream	1	
amcinonide external ointment	2	
ammonium lactate external	1	
AMNESTEEM	1	
ANUSOL-HC EXTERNAL	3	
ATRALIN	3	PA; QL (45 per 30 days)
azelaic acid external	1	
BENZAMYCIN	3	

Drug Name	Drug Tier	Requirements /Limits
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
bexarotene external	4	PA; QL (60 per 30 days); S
calcipotriene external cream	1	QL (120 per 30 days)
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)
CAPEX	3	
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	
CLEOCIN-T EXTERNAL LOTION	3	QL (120 per 30 days)
CLINDACIN	1	QL (100 per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external gel	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
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 prop emollient base	1	QL (120 per 30 days)
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	
CLODERM	3	
clotrimazole external cream	1	
clotrimazole external solution	1	
clotrimazole mouth/throat troche	1	QL (150 per 30 days)
clotrimazole-betamethasone external cream	1	QL (120 per 30 days)
clotrimazole-betamethasone external lotion	1	

Drug Name	Drug Tier	Requirements /Limits
CORDRAN EXTERNAL CREAM 0.05 %	4	S
CORDRAN EXTERNAL LOTION	3	
CROTAN	4	S
dapsone external	3	
DENTA 5000 PLUS	1	MO
DENTAGEL	1	MO
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN EXTERNAL CREAM	3	
desoximetasone external cream	1	QL (100 per 30 days)
desoximetasone external gel	1	
desoximetasone external liquid	3	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	PA; QL (100 per 30 days)
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	
diflorasone diacetate external	1	QL (60 per 30 days)
DIPROLENE EXTERNAL OINTMENT	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	4	PA; QL (4.56 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	4	PA; QL (8 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; QL (1.34 per 28 days); S
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4	PA; QL (4.56 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
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; QL (8 per 28 days); S
econazole nitrate external	1	QL (90 per 30 days)
ELIDEL	3	PA; QL (100 per 30 days)
EPIDUO	3	PA
ery	1	
ERYGEL	3	
erythromycin external gel	1	
erythromycin external solution	1	
EXELDERM	3	
FINACEA EXTERNAL GEL	3	
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	
fluorouracil external solution	1	
flurandrenolide	3	
fluticasone propionate external	1	
gentamicin sulfate external	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	3	
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	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	1	
isotretinoin oral capsule 25 mg	4	S
JUST RIGHT 5000 DENTAL PASTE	1	MO
KENALOG EXTERNAL	3	
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)

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
KETODAN EXTERNAL FOAM	3	QL (100 per 30 days)
KLARON	3	
KLAYESTA	1	
KOURZEQ	1	
lindane external shampoo	1	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM	3	
luliconazole	3	
LUZU	3	
mafenide acetate external	1	
malathion external	1	
methoxsalen rapid	4	S
METROCREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION	3	
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	
NATROBA	3	
nitroglycerin rectal	3	QL (30 per 30 days)
NYAMYC	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin-triamcinolone	1	
NYSTOP	1	
ORALONE	1	
OVIDE	3	
oxiconazole nitrate	3	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	3	
PANDEL	3	
PANRETIN	4	S

Drug Name	Drug Tier	Requirements /Limits
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
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
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)
RETIN-A EXTERNAL GEL 0.01 %	3	PA; QL (45 per 30 days)
RETIN-A MICRO EXTERNAL GEL 0.04 %	3	PA; QL (50 per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %	3	PA; QL (50 per 30 days)
SALAGEN	3	MO
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

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
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	1	PA
tazarotene external gel	3	PA
TAZORAC EXTERNAL CREAM 0.1 %	4	PA; S
TAZORAC EXTERNAL GEL 0.05 %	3	PA
TOPICORT EXTERNAL CREAM	3	QL (100 per 30 days)
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY	3	
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)

Drug Name	Drug Tier	Requirements /Limits
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	4	PA; LA; S
VECTICAL	3	QL (800 per 28 days)
ZENATANE	1	
ZIANA	3	PA
Electrolytes / Minerals / Metals / Vitamins		
carglumic acid oral tablet soluble	4	PA; LA; S
CARNITOR ORAL	3	B/D PA; MO
CARNITOR SF	3	B/D PA; MO
CLINIMIX E/DEXTROSE (2.75/5)	2	B/D PA
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	

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
dextrose intravenous solution 10 %, 5 %, 50 %, 70 %	1	
dextrose intravenous solution 250 mg/ml	2	
dextrose-nacl intravenous solution 10-0.2 %	2	
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	1	
dextrose-sodium chloride intravenous solution 10-0.2 %	2	
dextrose-sodium chloride intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 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	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	MO
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
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
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
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

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
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

Drug Name	Drug Tier	Requirements /Limits
acarbose oral	1	QL (90 per 30 days); MO
ACTONEL ORAL TABLET 150 MG	3	QL (1 per 28 days); MO
ACTONEL ORAL TABLET 35 MG	3	QL (4 per 28 days); MO
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL (90 per 30 days); MO
ACTOS ORAL TABLET 45 MG	3	QL (30 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
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO
ATELVIA	3	QL (4 per 28 days); MO
AURYXIA	4	PA; MO; S
BYDUREON BCISE	2	PA; QL (4 per 28 days); MO
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (2.4 per 30 days); MO
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (1.2 per 30 days); MO
calcitonin (salmon) injection	4	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	4	B/D PA; QL (120 per 30 days); S
CYCLOSET	3	ST; QL (180 per 30 days); MO
deferasirox oral tablet soluble 125 mg	3	PA
deferasirox oral tablet soluble 250 mg, 500 mg	4	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
deferiprone oral tablet 1000 mg	4	PA; S
deferiprone oral tablet 500 mg	4	PA; LA; S
diazoxide oral	4	MO; S
doxercalciferol intravenous	1	B/D PA
doxercalciferol oral	3	B/D PA; MO
DUETACT	3	QL (30 per 30 days); MO
FARXIGA	2	QL (30 per 30 days); MO
FERRIPROX ORAL SOLUTION	4	PA; LA; S
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	4	PA; QL (3 per 28 days); S
FOSAMAX ORAL TABLET 70 MG	3	QL (4 per 28 days); MO
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

Drug Name	Drug Tier	Requirements /Limits
glipizide xl oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO
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
GLYNASE ORAL TABLET 3 MG	3	QL (120 per 30 days); MO
GLYXAMBI	2	QL (30 per 30 days); MO
HUMALOG INJECTION	2	MO
HUMALOG JUNIOR KWIKPEN	2	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
HUMALOG MIX 50/50	2	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	MO
HUMALOG MIX 75/25	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
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)	4	PA; MO; S
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	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
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 ORAL TABLET 100 MG	2	QL (30 per 30 days); MO
JANUVIA ORAL TABLET 25 MG	2	QL (120 per 30 days); MO
JANUVIA ORAL TABLET 50 MG	2	QL (60 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
lanthanum carbonate	3	ST; MO
LANTUS	2	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO
LEVEMIR	2	MO
LOKELMA	2	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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	2	PA; QL (2 per 28 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
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	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
NATPARA	4	PA; QL (2 per 28 days); S
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	PA; QL (1.5 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 per 28 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 per 28 days); MO
OZEMPIC (2 MG/DOSE)	2	PA; QL (3 per 28 days); MO
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	1	QL (4 per 28 days); MO
risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)	1	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
ROCALTROL ORAL CAPSULE 0.5 MCG	3	B/D PA; MO
ROCALTROL ORAL SOLUTION	3	B/D PA; MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (60 per 365 days); MO
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	4	PA; QL (11 per 30 days); MO; 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
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	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	4	PA; QL (3 per 28 days); S
teriparatide (recombinant)	4	PA; QL (3 per 28 days); S
tolvaptan oral tablet 15 mg	4	PA; QL (30 per 30 days); S
tolvaptan oral tablet 30 mg	4	PA; QL (60 per 30 days); S
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	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	4	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); MO
TYMLOS	4	PA; QL (1.56 per 28 days); S

Drug Name	Drug Tier	Requirements /Limits
VELPHORO	4	QL (180 per 30 days); MO; S
VELTASSA	4	MO; S
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (9 per 30 days); MO
XGEVA	4	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
ZEMPLAR ORAL CAPSULE 1 MCG	3	B/D PA; 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	4	PA; QL (60 per 30 days); MO; S
aprepitant oral	1	B/D PA; QL (15 per 30 days)
aprepitant oral capsule 125 mg	1	B/D PA; QL (5 per 30 days)
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	4	PA; S
budesonide oral	1	
cimetidine hcl oral solution 300 mg/5ml	1	MO
cimetidine oral tablet 200 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
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	MO
CLENPIQ	3	
COMPRO	1	
constulose	1	MO
CORTEF ORAL TABLET 20 MG	3	
CORTIFOAM EXTERNAL	3	
CYTOTEC	3	MO
dexlansoprazole	3	ST; QL (30 per 30 days); MO
DICLEGIS	3	PA; QL (120 per 30 days)
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 CAPSULE 80 MG	4	B/D PA; QL (10 per 30 days); S
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
enulose	1	MO
esomeprazole magnesium oral capsule delayed release	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	

Drug Name	Drug Tier	Requirements /Limits
GATTEX	4	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	
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

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 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)
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	2	
nizatidine oral capsule	1	MO
omeprazole oral capsule delayed release	1	MO
ondansetron	1	B/D PA; QL (90 per 30 days)
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)
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	

Drug Name	Drug Tier	Requirements /Limits
prochlorperazine	1	
prochlorperazine edisylate injection solution 10 mg/2ml	1	
prochlorperazine maleate oral	1	MO
promethazine hcl injection	1	
promethazine hcl oral	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
REGLAN ORAL	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	4	PA; QL (18 per 30 days); S
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	4	S
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	PA; QL (12 per 30 days); S
ROWASA RECTAL	3	
SANCUSO	4	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	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	2	QL (10 per 28 days)
trimethobenzamide hcl oral	1	
URSO 250	3	MO
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
XERMELO	4	PA; QL (90 per 30 days); LA; S
ZEGERID ORAL CAPSULE 20-1100 MG	4	QL (30 per 30 days); MO; S

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

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
betaine	4	LA; S
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA; LA
CREON	2	MO
cromolyn sodium oral	1	MO
CYSTAGON	2	LA
FABRAZYME	4	PA; LA; S
GASTROCROM	3	MO
JAVYGTOR	4	PA; S
LUMIZYME	4	PA; LA; S
miglustat	4	PA; LA; S
NAGLAZYME	4	PA; LA; S
nitisinone	4	PA; S
PROLASTIN-C	4	PA; LA; S
RAVICTI	4	PA; QL (525 per 30 days); LA; S
sapropterin dihydrochloride oral packet	4	PA; S
sapropterin dihydrochloride oral tablet	4	PA; S
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; S
sodium phenylbutyrate oral tablet	4	PA; S
VIOKACE ORAL TABLET 10440-39150 UNIT	3	MO
VIOKACE ORAL TABLET 20880-78300 UNIT	4	MO; S
VPRIV	4	PA; S
YARGESA	4	PA; S
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	2	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT	4	MO; S

Genitourinary Agents

Drug Name	Drug Tier	Requirements /Limits
alfuzosin hcl er	1	MO
bethanechol chloride oral	1	
CARDURA XL	3	MO
CLEOCIN VAGINAL	3	
clindamycin phosphate vaginal	1	
darifenacin hydrobromide er	1	QL (30 per 30 days); MO
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG	3	ST; QL (30 per 30 days); MO
DETROL ORAL TABLET 1 MG	3	ST; QL (60 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	
fesoterodine fumarate er	2	QL (30 per 30 days); MO
finasteride oral tablet 5 mg	1	MO
flavoxate hcl	1	MO
GEMTESA	3	QL (30 per 30 days); MO
JALYN	3	QL (30 per 30 days); MO
metronidazole vaginal	1	
miconazole 3 vaginal suppository	1	
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

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
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	4	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	4	PA; S
tolterodine tartrate	1	QL (60 per 30 days); MO
tolterodine tartrate er	1	QL (30 per 30 days); MO
TOVIAZ	2	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
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VANDAZOLE	1	
VESICARE	3	ST; QL (30 per 30 days); MO

Hormonal Agents

Drug Name	Drug Tier	Requirements /Limits
ACTHAR	4	PA; LA; S
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
AFIRMELLE	1	MO
ALTAVERA	1	MO
alyacen 1/35	1	MO
alyacen 7/7/7	1	MO
AMABELZ ORAL TABLET 0.5-0.1 MG	1	PA; 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
AYGESTIN	3	MO
AYUNA	1	MO
AZURETTE	1	MO
BALZIVA	1	MO
BEYAZ	3	MO
BIJUVA	2	PA; MO
BLISOVI 24 FE	1	MO
BLISOVI FE 1.5/30	1	MO
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

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
DAYSEE	1	MO
DDAVP ORAL	3	MO
DEBLITANE	1	MO
DELYLA	1	MO
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
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 phosphate pf injection solution	1	
dexamethasone sodium phosphate injection	1	

Drug Name	Drug Tier	Requirements /Limits
DIVIGEL	2	PA; MO
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	4	PA; LA; S
ELINEST	1	MO
ELURYNG	1	MO
EMOQUETTE	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
ESTRACE ORAL	3	MO
estradiol oral	1	MO
estradiol transdermal gel	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

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
FEMRING	3	QL (1 per 90 days); MO
FEMYNOR	1	MO
FINZALA	1	MO
fludrocortisone acetate oral	1	MO
FORTESTA	3	PA; QL (120 per 30 days); MO
FYAVOLV	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA; S
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	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	4	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	4	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

Drug Name	Drug Tier	Requirements /Limits
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
KAITLIB FE	1	MO
KALLIGA	1	MO
KARIVA	1	MO
KELNOR 1/35	1	MO
KELNOR 1/50	1	MO
KORLYM	4	PA; LA; S
KURVELO	1	MO
KYLEENA	2	
lanreotide acetate	4	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

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
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
liothyronine sodium intravenous	4	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
LOSEASONIQUE	3	MO
LOW-OGESTREL	1	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	4	PA; QL (1 per 28 days); S
LUTERA	1	MO
LYLEQ	1	MO
LYZA	1	MO
marlissa	1	MO
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
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
MICROGESTIN FE 1.5/30	1	MO
MICROGESTIN FE 1/20	1	MO
mifepristone oral tablet 300 mg	4	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
NIKKI	1	MO
NORA-BE	1	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	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

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
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	4	PA; LA; S
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; LA; S
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; LA
NUVARING	3	MO
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, 500 mcg/ml	3	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	4	PA; S
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; LA; S
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA
ORAPRED ODT	3	
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)

Drug Name	Drug Tier	Requirements /Limits
PHILITH	1	MO
PIMTREA	1	MO
PIRMELLA 1/35	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
PROMETRIUM ORAL CAPSULE 200 MG	3	MO
propylthiouracil oral	1	MO
PROVERA ORAL TABLET 10 MG, 2.5 MG	3	MO
QUARTETTE	3	MO
raloxifene hcl	1	QL (30 per 30 days); MO
RECLIPSEN	1	MO
RIVELSA	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
SAFYRAL	3	MO
SAIZEN	4	PA; LA; S
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML	4	PA; S
SANDOSTATIN INJECTION SOLUTION 50 MCG/ML	3	PA
SANDOSTATIN LAR DEPOT	4	PA; S
SEASONIQUE	3	MO
SETLAKIN	1	MO
SHAROBEL	1	MO
SIGNIFOR	4	PA; LA; S
SIMLIYA	1	MO
SIMPESSE	1	MO
SKYLA	2	
SOMATULINE DEPOT	4	PA; S
SOMAVERT	4	PA; LA; S
SPRINTEC 28	1	MO
SRONYX	1	MO
SYEDA	1	MO
SYNAREL	4	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 200 mg/ml, 200 mg/ml (1 ml)	1	MO
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 137 MCG, 175 MCG, 200 MCG, 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
VAGIFEM VAGINAL TABLET 10 MCG	3	MO
VELIVET	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
VIENVA	1	MO
viorele	1	MO
VOGELXO PUMP	3	PA; QL (300 per 30 days); MO
VOLNEA	1	MO
VYFEMLA	1	MO
VYLIBRA	1	MO
WERA	1	MO
WYMZYA FE	1	MO
XULANE	1	MO
YASMIN 28	3	MO
YAZ	3	MO
YUVAFEM	1	MO
ZAFEMY	1	MO
ZOVIA 1/35 (28)	1	MO
ZUMANDIMINE	1	MO
Immunological Agents		
ABRYSVO	2	
ACTHIB	2	
ACTIMMUNE	4	PA; LA; S
ADACEL	2	
ARAVA ORAL TABLET 10 MG	4	QL (30 per 30 days); MO; S
ARCALYST	4	PA; S
AREXVY	2	
azathioprine oral tablet 50 mg	1	B/D PA
bcg vaccine injection solution reconstituted	2	
BENLYSTA	4	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)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY (300 MG)	4	PA; QL (8 per 28 days); LA; S
COSENTYX SENSOREADY PEN	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL (8 per 28 days); LA; S
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (2 per 28 days); S
cyclosporine intravenous	1	B/D PA
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	4	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	4	PA; QL (4 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	4	PA; QL (4.08 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	4	PA; QL (8 per 28 days); S
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (8 per 28 days); S
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	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, 0.75 mg	3	B/D PA
everolimus oral tablet 1 mg	4	B/D PA; S
GAMUNEX-C	4	PA; S
GARDASIL 9	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
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	4	PA; QL (4 per 28 days); S
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	4	PA; QL (2 per 28 days); S
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	4	PA; QL (4 per 365 days); S
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA; QL (4 per 28 days); S
HUMIRA PEN-PEDIATRIC UC START	4	PA; QL (8 per 365 days); S
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; QL (4 per 28 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; QL (12 per 365 days); S
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	4	PA; QL (6 per 365 days); S
HUMIRA-PS/UV/ADOL HS STARTER	4	PA; QL (8 per 365 days); S
HUMIRA-PSORIASIS/UVEIT STARTER	4	PA; QL (6 per 365 days); S
HYPERRAB	4	S
ILARIS SUBCUTANEOUS SOLUTION	4	PA; LA; S
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
INFANRIX	2	
infliximab	4	PA; S
IPOL	2	
IXCHIQ	2	
IXIARO	2	
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 oral	1	
methotrexate sodium (pf) injection solution 1 gm/ 40ml, 250 mg/10ml, 50 mg/ 2ml	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
methotrexate sodium injection solution 1000 mg/ 40ml, 250 mg/10ml, 50 mg/ 2ml	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	B/D PA
mycophenolate mofetil oral suspension reconstituted	4	B/D PA; S
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
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	3	B/D PA
NULOJIX	4	PA; S
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	4	PA; S
OTEZLA ORAL TABLET	4	PA; QL (60 per 30 days); S
OTEZLA ORAL TABLET THERAPY PACK	4	PA; S
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	S
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	S
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D PA
PRIORIX	2	

Drug Name	Drug Tier	Requirements /Limits
PROGRAF INTRAVENOUS	4	B/D PA; S
PROGRAF ORAL CAPSULE 5 MG	3	B/D PA
PROGRAF ORAL PACKET	3	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D PA
REMICADE	4	PA; S
REZUROCK	4	PA; LA; S
RIDAURA	4	MO; S
RINVOQ	4	PA; QL (30 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	4	B/D PA; S
sirolimus oral tablet 0.5 mg, 1 mg	1	B/D PA
sirolimus oral tablet 2 mg	3	B/D PA
SKYRIZI INTRAVENOUS	4	PA; QL (10 per 28 days); S
SKYRIZI PEN	4	PA; QL (6 per 365 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	4	PA; QL (1.2 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	4	PA; QL (2.4 per 56 days); S
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 per 365 days); S
STELARA INTRAVENOUS	4	PA; LA; S
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	PA; QL (1 per 28 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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 28 days); S
tacrolimus oral	1	B/D PA
TDVAX	2	
TENIVAC	2	
TICOVAC	2	
TREXALL	3	ST
TRUMENBA	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
XATMEP	3	ST
YF-VAX	2	

Infectious Disease Agents

Drug Name	Drug Tier	Requirements /Limits
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	4	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	4	QL (120 per 30 days); 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	
azithromycin oral tablet 250 mg, 250 mg (6 pack)	1	
azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg	1	
aztreonam	1	
BACTRIM	3	
BACTRIM DS	3	
BARACLUDE ORAL SOLUTION	4	PA; S
BICILLIN C-R	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
BICILLIN C-R 900/300	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BIKTARVY ORAL TABLET 30-120-15 MG	4	QL (30 per 30 days); MO; S
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (30 per 30 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	4	QL (4 per 28 days); S
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	4	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	
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	

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
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	1	B/D PA
CIMDUO	4	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	
CLEOCIN ORAL CAPSULE 300 MG, 75 MG	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate injection solution 300 mg/ 2ml, 600 mg/4ml, 9 gm/ 60ml, 9000 mg/60ml	1	
clindamycin phosphate injection solution 900 mg/ 6ml	3	
COARTEM	3	
colistimethate sodium (cba)	1	
COMPLERA	4	QL (30 per 30 days); S
dapsone oral	1	MO

Drug Name	Drug Tier	Requirements /Limits
daptomycin intravenous solution reconstituted 500 mg	4	S
darunavir	4	QL (60 per 30 days); S
DELSTRIGO	4	QL (30 per 30 days); S
demeclocycline hcl oral	1	
DESCOVY	4	QL (30 per 30 days); S
dicloxacillin sodium	1	
DIFICID	4	PA; S
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET 100 MG	3	
DOVATO	4	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	4	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)

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
efavirenz-emtricitab-tenofo df	3	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	4	QL (30 per 30 days); S
emtricitabine	1	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL (30 per 30 days); S
emtricitabine-tenofovir df oral tablet 200-300 mg	3	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE	3	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	QL (850 per 30 days)
entecavir	1	PA
EPCLUSA ORAL PACKET 150-37.5 MG	4	PA; QL (30 per 30 days); S
EPCLUSA ORAL PACKET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (60 per 30 days); S
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (30 per 30 days); S
EPIVIR HBV ORAL SOLUTION	2	
EPIVIR HBV ORAL TABLET	3	
EPIVIR ORAL SOLUTION	3	QL (960 per 30 days)
EPIVIR ORAL TABLET 150 MG	3	QL (60 per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 per 30 days)
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	1	

Drug Name	Drug Tier	Requirements /Limits
erythromycin lactobionate	3	
erythromycin oral	1	
erythromycin stearate oral tablet 250 mg	1	
ethambutol hcl oral	1	
etravirine oral tablet 100 mg	4	QL (120 per 30 days); S
etravirine oral tablet 200 mg	4	QL (60 per 30 days); S
EVOTAZ	4	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)
FLAGYL ORAL CAPSULE	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
fluconazole oral	1	
flucytosine oral	4	S
fosamprenavir calcium	3	QL (120 per 30 days)
fosfomycin tromethamine	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 per 30 days); S
ganciclovir sodium intravenous solution reconstituted	4	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	4	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
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
HARVONI	4	PA; QL (28 per 28 days); S
HIPREX	3	
hydroxychloroquine sulfate oral tablet 200 mg	1	MO
imipenem-cilastatin	1	
INTELENCE ORAL TABLET 25 MG	3	QL (480 per 30 days)
ISENTRESS HD	4	QL (60 per 30 days); S
ISENTRESS ORAL PACKET	4	QL (180 per 30 days); S
ISENTRESS ORAL TABLET	4	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	4	QL (30 per 30 days); S
KALETRA ORAL TABLET 100-25 MG	3	QL (300 per 30 days)
ketoconazole oral	1	
LAGEVRIO	4	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)
lamivudine oral tablet 300 mg	1	QL (30 per 30 days)
lamivudine-zidovudine	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ledipasvir-sofosbuvir	4	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)
LINCOCIN	3	
lincomycin hcl injection	1	
linezolid in sodium chloride	3	
linezolid intravenous solution 600 mg/300ml	1	
linezolid oral suspension reconstituted	4	PA; QL (1800 per 30 days); S
linezolid oral tablet	3	PA; QL (56 per 28 days)
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)
MACRODANTIN	3	
MALARONE	3	
maraviroc	4	QL (120 per 30 days); S
MAVYRET ORAL PACKET	4	PA; QL (180 per 30 days); S
MAVYRET ORAL TABLET	4	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	4	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
minocycline hcl oral	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	1	
moxifloxacin hcl in nacl	1	
moxifloxacin hcl oral	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	3	
nafcillin sodium intravenous solution reconstituted 10 gm	4	S
NEBUPENT	3	B/D PA
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	4	S
NORVIR ORAL PACKET	3	QL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	4	PA; MO; S
NUZYRA ORAL	4	S
nystatin oral tablet	1	
ODEFSEY	4	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)

Drug Name	Drug Tier	Requirements /Limits
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	4	S
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	1	
oxacillin sodium intravenous	3	
paromomycin sulfate oral	1	
PAXLOVID (150/100)	4	QL (20 per 90 days); S
PAXLOVID (300/100)	4	QL (30 per 90 days); S
penicillin g pot in dextrose	3	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium	1	
PENTAM	3	
pentamidine isethionate inhalation	1	B/D PA
pentamidine isethionate injection	1	
PFIZERPEN	1	
PIFELTRO	4	QL (30 per 30 days); S
piperacillin sod-tazobactam	1	
polymyxin b sulfate injection	1	
posaconazole oral	4	PA; MO; S
praziquantel oral	1	
PREVYMIS ORAL	4	QL (30 per 30 days); S
PREZCOBIX	4	QL (30 per 30 days); S
PREZISTA ORAL SUSPENSION	4	QL (400 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
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	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
pyrazinamide oral	1	
pyrimethamine oral	4	S
QUALAQUIN	3	PA
quinine sulfate oral	1	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL CAPSULE	3	QL (180 per 30 days)
RETROVIR ORAL SYRUP	3	QL (1920 per 30 days)
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	
ritonavir	1	QL (360 per 30 days)
RUKOBIA	4	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	4	QL (60 per 30 days); S
SIRTURO	4	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
sofosbuvir-velpatasvir	4	PA; QL (30 per 30 days); S
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG, 65 MG	3	
streptomycin sulfate intramuscular	4	S
STRIBILD	4	QL (30 per 30 days); S
STROMECTOL	3	PA
sulfadiazine oral	4	S
sulfamethoxazole-trimethoprim intravenous	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SUNLENCA ORAL	2	LA
SUNLENCA SUBCUTANEOUS	4	QL (3 per 168 days); MO; S
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
SYMTUZA	4	QL (30 per 30 days); S
TAMIFLU ORAL CAPSULE 30 MG	3	QL (168 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (84 per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (1080 per 365 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	1	
TEFLARO	4	S
tenofovir disoproxil fumarate	1	QL (30 per 30 days)
terbinafine 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
tetracycline hcl oral capsule	1	
tigecycline	4	S
tinidazole oral	1	
TIVICAY ORAL TABLET 10 MG	3	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60 per 30 days); S
TIVICAY PD	4	QL (360 per 30 days); S
tobramycin sulfate injection	1	
TRECATOR	3	
trifluridine ophthalmic	1	
trimethoprim oral	1	
TRIUMEQ	4	QL (30 per 30 days); S
TRIUMEQ PD	4	QL (180 per 30 days); S
TRIZIVIR	4	QL (60 per 30 days); S
TROGARZO	4	PA; QL (23.94 per 28 days); LA; S
TYBOST	2	QL (30 per 30 days)
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
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	
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	4	PA; QL (30 per 30 days); S
VFEND ORAL TABLET 50 MG	3	PA; QL (120 per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	4	PA; S
VIBRAMYCIN ORAL CAPSULE	3	
VIRACEPT ORAL TABLET 250 MG	4	QL (300 per 30 days); S
VIRACEPT ORAL TABLET 625 MG	4	QL (120 per 30 days); S
VIREAD ORAL POWDER	4	QL (240 per 30 days); S
VIREAD ORAL TABLET 150 MG, 250 MG	4	QL (30 per 30 days); S
VIREAD ORAL TABLET 200 MG	3	QL (30 per 30 days)
voriconazole intravenous	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
voriconazole oral suspension reconstituted	4	PA; QL (300 per 30 days); S
voriconazole oral tablet 200 mg	3	PA; QL (60 per 30 days)
voriconazole oral tablet 50 mg	1	PA; QL (120 per 30 days)
VOSEVI	4	PA; QL (30 per 30 days); S
XIFAXAN ORAL TABLET 550 MG	4	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	
ZIAGEN ORAL SOLUTION	3	QL (960 per 30 days)
ZIAGEN ORAL TABLET	3	QL (60 per 30 days)
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	
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 500 MG	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	4	S
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	3	

Miscellaneous Therapeutic Agents

Drug Name	Drug Tier	Requirements /Limits
acetic acid irrigation	1	
acetylcysteine intravenous	1	
ALCOHOL SWABS	1	MO
atropine sulfate injection solution 0.4 mg/ml	1	
AUTOPEN	2	
BD PEN	2	
BD PEN MINI	2	
CEQUR SIMPLICITY 2U	2	
CEQUR SIMPLICITY INSERTER	2	
GAUZE STERILE PADS 2	1	MO
INPEN 100-BLUE-LILLY-HUMALOG	2	
INPEN 100-BLUE-NOVOLOG-FIASP	2	
INPEN 100-GREY-LILLY-HUMALOG	2	
INPEN 100-GREY-NOVOLOG-FIASP	2	
INPEN 100-PINK-LILLY-HUMALOG	2	
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	4	PA; S
lactated ringers irrigation	1	
mannitol intravenous solution 20 %, 25 %	1	
METHERGINE ORAL	4	S
methylergonovine maleate oral	4	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	4	PA; S
TIS-U-SOL	1	

Ophthalmic Agents

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
acetazolamide er	1	MO
ACULAR	3	
ACULAR LS	3	
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	
bromfenac sodium ophthalmic solution 0.07 %	3	
carteolol hcl	1	MO
ciprofloxacin hcl ophthalmic	1	
COMBIGAN	2	MO
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	1	MO

Drug Name	Drug Tier	Requirements /Limits
cyclosporine ophthalmic	2	QL (60 per 30 days); MO
CYSTARAN	4	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
DUREZOL	2	
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	

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
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	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
NEVANAC	2	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PHOSPHOLINE IODIDE	3	
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	

Drug Name	Drug Tier	Requirements /Limits
PROLENSA	3	
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
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TOBRADEX OPHTHALMIC OINTMENT	2	
TOBRADEX ST	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
travoprost (bak free)	1	MO
VYZULTA	3	MO
XIIDRA	2	QL (60 per 30 days); MO
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	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
ZYLET	2	
Otic Agents		
acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX	2	
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	
ofloxacin otic	1	
Respiratory Tract/Pulmonary Agents		
ACCOLATE ORAL TABLET 10 MG	3	MO
acetylcysteine inhalation	1	B/D PA
ADEMPAS	4	PA; LA; S
ADRENALIN INJECTION SOLUTION 1 MG/ML	2	
ADVAIR HFA	2	QL (12 per 30 days); MO
AIRDUO RESPICLICK 113/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 232/14	3	QL (1 per 30 days); MO
AIRDUO RESPICLICK 55/14	3	QL (1 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%, 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

Drug Name	Drug Tier	Requirements /Limits
ALYQ	4	PA; QL (60 per 30 days); S
ambrisentan	4	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	4	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	4	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	4	PA; S
CAYSTON	4	PA; 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
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
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	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (2 per 28 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	QL (2 per 28 days)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 per 30 days); S
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 per 30 days); S
FASENRA	4	PA; QL (1 per 28 days); LA; S
FASENRA PEN	4	PA; QL (1 per 28 days); S
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

Drug Name	Drug Tier	Requirements /Limits
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	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
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	4	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	ST; 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	4	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; QL (0.4 per 28 days); LA; S
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (3 per 28 days); LA; S
OFEV	4	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	4	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	4	PA; LA; S
ORKAMBI ORAL TABLET	4	PA; QL (120 per 30 days); S
PERFOROMIST	3	B/D PA; QL (120 per 30 days); MO
pirfenidone oral tablet 267 mg	4	PA; QL (270 per 30 days); S
pirfenidone oral tablet 534 mg, 801 mg	4	PA; QL (90 per 30 days); S
PROAIR RESPICLICK	2	MO
PULMICORT FLEXHALER	3	QL (2 per 30 days); MO
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	3	B/D PA; QL (120 per 30 days); MO
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	4	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	4	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	4	PA; QL (1125 per 30 days); S
sildenafil citrate oral tablet 20 mg	1	PA; QL (360 per 30 days)
SINGULAIR ORAL PACKET	3	MO
SINGULAIR ORAL TABLET CHEWABLE	3	MO
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)	4	PA; QL (60 per 30 days); S
terbutaline sulfate injection	1	
terbutaline sulfate oral	1	MO
THEO-24	2	MO
theophylline er	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
theophylline oral	1	MO
tobramycin inhalation nebulization solution 300 mg/5ml	4	B/D PA; QL (280 per 28 days); S
TRACLEER ORAL TABLET SOLUBLE	4	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	4	PA; LA; S
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 per 28 days); LA; S
TRIKAFTA ORAL THERAPY PACK	4	PA; QL (56 per 28 days); S
TUDORZA PRESSAIR	3	QL (1 per 30 days); MO
TYVASO	4	PA; QL (81.2 per 30 days); S
TYVASO REFILL	4	PA; QL (81.2 per 30 days); S
TYVASO STARTER	4	PA; QL (81.2 per 365 days); S
UPTRAVI ORAL	4	PA; QL (60 per 30 days); LA; S
UPTRAVI TITRATION	4	PA; LA; S

Drug Name	Drug Tier	Requirements /Limits
VENTAVIS	4	PA; QL (270 per 30 days); S
VENTOLIN HFA	3	ST; MO
VISTARIL ORAL CAPSULE 50 MG	3	
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	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	4	PA; QL (8 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA; QL (4 per 28 days); LA; S
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	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.

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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.

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(Expires 12/31/25)

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.

Arabic: إذا كان لديك أي أسئلة عن التغطية الصحية أو الأدوية، يمكنك الاتصال بمترجم فوري مجاني. للحصول على مترجم فوري، اتصل بالرقم المدرج على بطاقة عضويتك (TTY: **711**). سيساعدك شخص يتحدث العربية. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 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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For more recent information or other pharmacy-related benefits questions, please contact Pharmacy Member Services at **1-833-360-3662**, or for TTY users, **711**, 24 hours a day, 7 days a week.

For all other questions, please contact Member Services at **1-833-812-1797**, or for TTY users, **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

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